

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>215044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST. ELIZABETH REHAB. &amp; NSG. CE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3320 BENSON AVENUE BALTIMORE, MD 21227</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, review of facility policy and protocol, and staff interviews, it was determined that the facility failed to implement the use of goggles or eye protection for 5 of 42 Employees (E) (E1, E2, E3, E4, and E5). The findings include: During the entrance conference with the Administrator and Director of Nursing (DON) on 9/15/20 at 11:00 AM, it was identified that the designated COVID-19 unit was on the (NAME)'s Circle hallway. The facility's protocol was staff were required to wear a mask (N-95 if on the Covid unit), goggles, and isolation gowns on any resident's units. Posting reading the same, were located at entrance to the 3 resident's floors and at time clocks. The Infection Preventionist identified that this practice has been in place and last updated on 7/14/20 based on the Maryland Department of Health guidance. During tours with the Administrator and DON on 9/15/20 the following were observed: At 12 noon, E1 was observed on the Noah's Place hallway wearing an isolation gown and a surgical mask. Her goggles were located on top of her head. She stated, They fall off when I look down, when asked why she has the goggles on her forehead and not covering her eyes. At 12:37 PM, E2 was observed on the Joseph's Way hallway wearing an isolation gown and surgical mask with no goggles or any eye protection. At 12:39 PM, E3 was observed on the Joseph's Way hallway wearing an isolation gown and surgical mask with no goggles for eye protection. When asked if she had the education requiring the PPE (Personal Protective Equipment) which is to be worn when on the resident floors? She stated, 'Yes. When asked to looked at the Administrator, DON, and this surveyor and our PPE, what was she missing. She stated that she didn't have goggles. At 3:10 PM, E4 was observed in the (NAME) Court hallway, wearing gloves, an isolation gown, and surgical mask. She had her goggles on her forehead rather on her eyes for protection. At 3:17 PM, E5, a contractor, was observed in the Abrams Avenue hallway with a gown and surgical masks. He had no goggles or face shield in place. When questioned, if he saw the signs on entrance to the building, at the elevator entrance, or on each floor that read, Required PPE MASK - @ ALL TIMES, GOGGLES - @ ALL TIMES, ISOLATION GOWN - WHEN ON UNIT, REPLACEMENT PPE LOCATED BY UNIT MANAGERS OFFICE ON EACH UNIT. He stated, No, he didn't.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.