

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER ADELPHI NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1801 METZEROTT ROAD ADELPHI, MD 20783	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews, record review, and review of the facility's policies and procedures, the facility failed to ensure proper infection prevention and control procedures were followed while providing care to one of five sampled residents (Resident (R) 2) who was on transmission-based contact and droplet precautions. On 08/05/20, a Physical Therapy Assistant (PTA) was observed providing care to R2 without utilizing the required personal protective equipment (PPE). This failure has the potential to infect the staff person with Coronavirus who in turn could infect other staff and residents. Findings include: On 08/05/20 from 10:35 AM to 10:50 AM, PTA1 was observed providing therapy services to R2. The observation revealed PTA1 and R2 were wearing face masks. However, PTA1 and R2 were not wearing gowns, gloves, face shields, or goggles. Signs located on the door of R2's room indicated R2 was on transmission-based contact and droplet precautions. A review of R2's medical record revealed the resident was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. Further review revealed R2 had a negative test for COVID-19 on 07/01/20 and had a positive COVID-19 test on 07/14/20. R2 was retested for COVID-19 on 08/03/20 and the results of the tests had not been received by the facility. Review of the facility policy's titled, COVID-19 ([MEDICAL CONDITION]) Prevention and Monitoring, dated revised 03/29/20, stated, During the care of any resident, all staff shall adhere to standard precautions, which are the foundation for preventing transmission of infectious agents in all healthcare setting. The policy indicated proper hand hygiene, the use of disposable gloves, a gown, a face mask, and a face shield or goggles should be worn when providing care to residents on contact precautions. In addition, the policy stated, Droplet precautions will be implemented for residents with suspected or confirmed [MEDICAL CONDITION]. The policy further stated, Residents with suspected [MEDICAL CONDITION] will be placed in a private room or area and monitored according to CDC guidelines. In addition, the policy stated, Staff will don a facemask when entering the room of a resident with suspected or confirmed [MEDICAL CONDITION]. When leaving the resident's room, the facemask will be removed, disposed of in a waste container, and staff will perform hand hygiene. On 08/05/20 at 10:45 AM, during an interview, PTA1 stated he forgot to utilize all of the required PPE while providing therapy services to R2. PTA1 further stated he was aware the gown, gloves, and face shield were required in addition to the face mask while providing care to R2 and had been trained on the proper utilization of PPE while providing care. On 08/05/20 at 11:05 AM, an interview was conducted with the Director of Therapy Services (DTS). The DTS stated he expected therapy services staff members to follow the facility's guidelines related to infection control practices and stated all therapy services staff members have been trained on proper use of PPE. The DTS further stated PTA1 should have worn a gown, gloves, a face mask, and a face shield while providing care to R2. On 08/05/20 at 11:10 AM, an interview was conducted with the Infection Control Nurse (ICN). The ICN stated PTA1 should have worn a gown, gloves, a face mask, and a face shield while providing care to R2. On 08/05/20 at 12:00 PM, an interview was conducted with the Director of Nursing (DON). The DON stated she expected all facility staff to follow proper infection control practices and acknowledged PTA1 should have worn a gown, gloves, a face mask, and a face shield while providing care to R2. In addition, the DON confirmed R2 was currently on COVID-19 transmission-based precautions, to include contact and droplet precautions. On 08/05/20 at 12:20 PM, the Administrator stated all staff have been trained on the proper use of PPE and the infection control practices of the facility. The Administrator acknowledged PTA should have worn a gown, gloves, face mask, and a face shield or goggles while providing care to R2 because the resident was currently on COVID-19 transmission-based precautions, to include contact and droplet precautions.</p>		
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.