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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215071 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/17/2020 |
| NAME OF PROVIDER OF SUPPLIER HEBREW HOME OF GREATER WASHINGTON | | STREET ADDRESS, CITY, STATE, ZIP 6121 MONTROSE ROAD ROCKVILLE, MD 20852 | |
| 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 - Few | <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 surveyor review of the clinical records, observation and facility staff interviews, it was determined that the facility staff failed to implement an infection control program to help prevent the development and transmission of communicable disease and infection. This was identified during the tour of 1 of 2 identified Covid-19 units. The findings include: On 06-15-2020 at 9:30 AM, surveyor review of the facility's infection control program, policies and procedures, Covid-19 education, observation and monitoring plan revealed a plan that required facility staff who work in the Covid-19 identified units were required to wear face masks, goggles and isolation gowns. Further review revealed that the facility staff were required to don (put on) and doff (take off) their isolation gowns face masks and goggles and all other personal protective equipment (PPE) in an identified area called, Donning and Doffing off area, prior to and at the end of their shift and during breaks. In addition, facility staff were required to wash their hands after doffing off their PPE to prevent the transmission of microorganisms to other residents and the environment. 06-15-2020 at 11:20 AM observation during a tour of the 4 East unit, which was identified as 1 of 2 Covid-19 positive units, revealed Staff #1 cleaning room [ROOM NUMBER]. Staff #1 was wearing a face mask, goggles, and a blue disposable gown. At 11:26 AM Staff #1 came out of room [ROOM NUMBER] and went straight to the unused residents dining room with all the PPE in place. At 11:28 AM, Staff #1 was observed removing the goggles, facial mask and the gown in the dining area. Staff #1 folded the used gown, placed it in a clear plastic Ziplock bag. The face mask and the goggles were left on the bare dining table. Staff 1 then proceeded to set up the table for his/her lunch break. Staff #1 did not doff his/her PPE in the identified doffing area as stated in the facility's plan and procedure. In addition, there was no evidence that staff 1 washed or sanitize his/her hands after removing the PPE. On 06-15-2020 at 11:30 AM, an interview with Staff 1 revealed that he/she forgot to go to the doffing room to remove the PPE. On 06-15-2020 at 12:10 PM, an interview with the Unit Manager, Infection Prevention Specialist, the Director of Nursing, and the Environmental Director revealed that Staff 1 was aware of the facility plan and procedure and had attended training for donning and doffing including hand washing. No new information was provided regarding Staff 1.</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.