

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER CARROLL LUTHERAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 200 ST. LUKE'S CIRCLE WESTMINSTER, MD 21157	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on medical record review and staff interview, it was determined the facility failed to develop and implement a comprehensive person-centered care plan for residents who were diagnosed with [REDACTED], #1, #3) of 4 residents reviewed during a focused COVID-19 infection control survey. The findings include: A care plan is a guide that addresses the unique needs of each resident. It is used to plan, assess and evaluate the effectiveness of the resident's care. 1) Review of Resident #1's medical record, on 6/9/2020 at 9:30 AM, revealed a nurse's progress note, on 3/30/2020 at 4:44 PM, that documented the resident had tested positive for Flu A. The physician was aware and that the COVID-19 test was sent to the state lab. On 3/31/2020, the resident was started on [MEDICATION NAME] 75 milligrams, twice per day for 5 days for Flu A. A nurse's progress note, dated 4/1/2020 at 4:49 PM, documented that Resident # 1 tested positive for the COVID-19 virus. A nurse's progress note, dated 4/1/2020 at 11:54, documented the resident received the first dose of [MEDICATION NAME] 400 mg. [MEDICATION NAME] ([MEDICATION NAME]) is a drug that was originally used to prevent or treat [DIAGNOSES REDACTED] and was now also considered a disease modifying anti-rheumatic drug to aid in decreasing pain and swelling due to arthritis. Review of Resident #1's comprehensive care plans revealed that there was a care plan for Flu-A that was initiated on 3/31/2020, however, there was no care plan for COVID-19, which should have included the resident being administered an anti-[DIAGNOSES REDACTED] drug as treatment. 2) Review of Resident #3's medical record on, 6/9/2020 at 11:30 AM, revealed a nurse's progress note, dated 4/5/2020 at 6:12 PM, that the resident was positive for COVID-19 and was being moved to a different room. A nurse's progress note, dated 4/7/2020 at 11:33 PM, documented the resident was receiving [MEDICATION NAME], Zinc and [MEDICATION NAME] (antibiotic) for COVID-19. Review of Resident #3's comprehensive care plans revealed that there was no care plan for COVID-19, and the use of the [MEDICATION NAME] and [MEDICATION NAME]. Interview of the Director of Nursing (DON) on 6/8/2020 at 12:20 PM, revealed she was aware that some residents didn't have a COVID-19 care plan and that was something they were working on.</p>		
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>Based on observation, staff interview, and facility documentation review, it was determined the facility failed to ensure that all staff members scheduled to work during the COVID-19 pandemic were trained in COVID-19 and hand hygiene. This was evident for 1 (staff #6) of 12 employees interviewed and for 16 nursing department employees who either worked or were scheduled to work from June 1, 2020 to June 14, 2020 during a COVID-19 infection control survey. The findings include: Observation was made, on 6/8/2020 at 10:43 AM, on the 400 hallway of Staff #6 and Staff #7 at a beverage cart in the hallway. Both staff members were wearing gloves and a mask. Observation was made of staff going in and out of resident rooms delivering beverages. Staff #6, a homemaker/life enrichment staff member was interviewed and stated that it was his first day back to work, that he was a student and he didn't work during the outbreak. Staff #6 was asked about the training he had received related to COVID-19. Staff #6 stated he had not received any COVID-19 training, that he just came in, filled out the questionnaire (screening questionnaire required upon entry), wore a mask and gloves. When asked if he received hand hygiene training, Staff #6 said, no. Staff #6 was asked, did you receive any recent hand hygiene training or COVID-19 training since the pandemic started in March? Staff #6 stated, no, I have not received any training. Staff #6 was asked how long he had worked at the facility and he said, since August 2018 and that was the last time I had hand hygiene training. He was asked again, so prior to starting on the unit today, you did not have any hand hygiene training or COVID-19 training, and his response was no. Staff #7, the life enrichment coordinator, was interviewed on 6/8/2020 at 10:45 AM and stated, I have worked at the facility for 8 years and I was helping Staff #6 with the refreshment cart today and showing him what to do. Staff #7 stated she had received COVID-19 and hand washing training in March 2020. On 6/8/2020 at 12:20 PM, an interview was conducted with the Infection Control Nurse (IC) and the Director of Nursing (DON). They were asked if a staff member was working on the unit, did they expect that hand hygiene and COVID-19 training would have been done prior to working on the unit. They both stated, yes. The surveyor informed both the IC nurse and DON about the observation that was made and they both stated that they would expect hand hygiene training to have been done prior to entering the unit to pass refreshments. The IC nurse stated, the head of the department should have reached out to Infection Control and said this is what I am going to need. At that time, the surveyor requested all in-service sign-in sheets and any documentation related to hand washing and COVID-19 training. On 6/8/2020 at 12:36 PM, the Nursing Home Administrator (NHA) was informed of the observation of a staff member interacting with residents and not being up to date on hand hygiene and COVID training. Prior to leaving the building the surveyor was provided with in-service sheets related to hand washing and COVID-19 training. A telephone interview was conducted with the IC nurse on 6/10/2020 at 10:46 AM. The IC nurse was asked if she had any more in-service sign-in sheets and she stated, that is what I have. I might have dietary. The surveyor asked what the process was for educating staff and documenting the education. The IC nurse stated, I had started doing that spreadsheet in the beginning and I was going to continue but things got crazy. Every day I went through, and I would look at the schedule to see who was working and I did train for a week and I would hit the morning and evening shifts. With every new update, I would train, and I would go from there and I would just keep walking around and remind people. The IC nurse was asked what the policy was for staff members in other departments and the response was, typically it is their manager, like Staff #7 for homemakers and life enrichment and they are supposed to give me the in-service sheets and they may have been holding on to them. When asked if she was auditing hand hygiene, she stated she was, but was unable to produce documentation. The IC nurse stated, I just started right before the pandemic started and have never worked in long term care. I worked in the hospital and I am still learning and working with the in-services, which is new to me. A review was done on 6/10/2020 at 8:00 AM of in-service sheets that were provided by the IC nurse and compared to the 6/1/2020 to 6/14/2020 nursing schedule. There were (6) Geriatric Nursing Assistants (#16, #18, #19, #23, #25, #28), 1 nursing supervisor (#17), 1 resident care supervisor (#24), 5 nurses (#20, #21, #22, #27, #31) and 3 certified medicine assistants (#26, #29, #30) that were listed as either worked from 6/1/2020 to 6/10/2020 or scheduled to work from 6/11/2020 to 6/14/2020. There was no documentation that was provided to the surveyor that those nursing staff members had received additional training. Review of the Nursing Policy and Procedure for Infection Control Program documented Duties and Responsibilities, #12 ensuring that infection control orientation and in-service training programs are provided to employees on a timely basis. Review of the Coronavirus Surveillance Policy #8 documented, The Infection Preventionist and employee health nurse, or designee, will track the following information: d) employee compliance with hand hygiene, 3) employee compliance with standard and transmission-based precautions, f) employee compliance with cleaning and disinfection policies and procedures. A pre-survey review, on May 5, 2020 of the COVID-19 Focused Survey for Nursing Infection Control,</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>Self-Assessment by the facility, checked off that the facility provided education to staff on COVID-19 and that the facility conveyed updates on COVID-19 to all staff. A pre-survey review, on May 5, 2020 of the CDC (Centers for Disease Control) form, Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings revealed check marks for, Plans and material developed for education and job-specific training of HCP (health care professionals) which includes information on recommended infection control measures to prevent the spread of COVID-19 which included, how to keep residents, visitors and HCP safe by using correct infection control practices including proper hand hygiene and selection and use of PPE. Training should include return demonstrations to document competency. On 5/6/2020, a pre-survey phone call was done to review the facility's responses to both above assessments with the NHA, DON and IC nurse. The surveyor asked about training for staff related to hand hygiene. The IC nurse stated they were doing random audits and that IC was doing competencies when everything started and approximately 1 month before May 5, 2020. On 6/10/2020 at 2:15 PM, a telephonic interview was conducted with the IC nurse to review the findings. The IC nurse stated she felt the above staff were either PRN (when necessary) or agency nursing staff. The IC nurse stated, we have come up with an action plan to make sure everyone is educated, we just haven't put it into place yet. On 6/10/2020 at 2:30 PM, an exit conference was conducted telephonically with the DON, NHA, IC nurse, and 2 executives from the organization. They were informed of the concerns and findings.</p>		