

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>215181</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OAKWOOD CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1300 WINDLASS DRIVE BALTIMORE, MD 21220</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	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation it was determined that the facility staff failed to provide a safe, sanitary environment to prevent transmission of disease and infection. This was evident during an initial tour of the facility. The findings include: During a walk through of the facility on 8/7/2020 at 9:30 AM a clean linen cart was observed outside room [ROOM NUMBER]. The front cover of the linen cart was observed lifted up and over the top of the cart exposing the clean linens within. The front cover of the linen cart remained open as surveyors left the hallway at 9:40 AM. Furthermore, at 9:40 AM, Resident #1 was observed reaching into a clean linen cart outside room [ROOM NUMBER]. Resident #1 proceeded to touch and sort through multiple towels before selecting one to bring back into their room. The findings were reviewed with the Administrator and Director of Nursing during the exit conference on 8/7/2020.</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.