

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215189	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER CALVERT MANOR CENTER FOR REHABILITATION AND HEALTH		STREET ADDRESS, CITY, STATE, ZIP 1881 TELEGRAPH ROAD RISING SUN, MD 21911	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and facility documentation review, it was determined the facility failed to ensure that staff followed accepted standards of practice for hand hygiene during the COVID-19 declared health emergency. This was evident for 1 (Staff #11) of 8 staff members observed during observation of the nursing units. The findings include: COVID-19 (Coronavirus Disease 2019), is a disease caused by the coronavirus [DIAGNOSES REDACTED] -CoV-2. COVID-19 spreads from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes. An interview was conducted with Staff #11 (housekeeper) on 6/15/2020 at 9:35 AM. During the interview Staff #11 stated she had training for COVID-19 and hand hygiene. After interview surveyors stood in the hallway and observed activity on the nursing unit. Observation was made of Staff #11 walking out of room [ROOM NUMBER] with gloved hands holding a damp cloth. Staff #11 walked over to the housekeeping cart, which was in the hallway outside of the next room. Staff #11 put the damp cloth in a plastic bag, took her gloves off and put another pair of gloves on. Staff #11 did not sanitize her hands prior to putting the second pair of gloves on. Staff #11 picked up the broom off the housekeeping cart and went back in room [ROOM NUMBER] and swept the floor. Staff #11 walked back out of the room and placed the broom back on the housekeeping cart, retrieved a dustpan and small brush and a Swiffer. Staff #11 put her hands in a yellow bucket of water and pulled out a wet cloth. Staff #11 went back into room [ROOM NUMBER]. Once Staff #11 mopped the floor in room [ROOM NUMBER], she came out of the room and walked to the housekeeping cart and proceeded to put the dustpan and brush back on the cart and placed the wet cloth in a plastic bag. With the same gloved hands, Staff #11 wheeled the housekeeping cart down the hall, put her soiled gloved hands into her pocket and pulled out a set keys. Staff #11 opened a compartment on the housekeeping cart with the keys, pulled out a cloth and put the keys back into her pocket. Staff #11 then walked into room [ROOM NUMBER] with the same soiled gloved hands and wiped down objects in the room which included the sink and bed. Staff #11 proceeded to remove the trash from the trash can, walked out of the room and put the soiled cloth in a plastic bag and put the trash in another plastic bag. Staff #11 retrieved the broom off the cart and went back into room [ROOM NUMBER]. Staff #11 walked back out of the room, put the cloth in a plastic bag, put the broom back and got the dustpan and brush and went back into room [ROOM NUMBER]. Staff #11 walked back out of the room to the housekeeping cart and then proceeded to walk into the bathing room. Staff #11 tied the dirty linen bag and pushed the dirty linen cart, with soiled gloves, down the hall, opened the soiled utility room door with soiled gloved hands and went in the room. Staff #11 did not change her gloves and did not sanitize her hands in between cleaning resident rooms and touching contaminated surfaces. An interview was conducted on 6/15/2020 at 11:30 AM with the Infection Control (IC) Nurse. The IC Nurse was asked if hand hygiene in-services were done for COVID-19. The IC Nurse stated she did them constantly and required staff to do return competencies. Review of the in-service sheets that the IC Nurse provided to the surveyor revealed that Staff #11 had an in-service on 5/10/2020. The scenario above was described to the IC Nurse who confirmed that Staff #11 should have sanitized her hands between changing gloves and should have changed her gloves and sanitized her hands once she came out of the resident's room and after touching contaminated surfaces. A review of the Policy NSG 7.0.A Infection Prevention and Control Program that was given to the surveyor by the NHA (Nursing Home Administrator) was conducted on 6/15/2020 at 1:00 PM. Policy Explanation and Compliance Guideline #5a stated, all staff must wash their hands when coming on duty, between resident contacts, after handling contaminated objects, after PPE (personal protective equipment) removal, after eating, and after toileting. Review of the NSG 7.22 Coronavirus Disease 2019 (COVID-19) for Long Term Care Policy, PPE, Gloves documented, remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene. On 6/15/2020 at 2:22 PM the Director of Nursing (DON), NHA and Corporate Nurse were informed of the infection control concern with Staff #11. The NHA stated that the IC Nurse was already doing another one on one in-service with Staff #11.</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.