

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2020
NAME OF PROVIDER OF SUPPLIER OVERLEA HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 6116 BELAIR ROAD BALTIMORE, MD 21206	
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 - Immediate jeopardy Residents Affected - Many	<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 documentation review, it was determined the facility failed to ensure an effective infection prevention and control program by; 1) failing to implement an effective system to ensure that symptomatic staff could not and did not work during a declared health emergency, 2) failing to ensure that staff followed accepted standards of practice for hand hygiene during the declared health emergency and 3) failing to ensure that staff utilized personal protective equipment (PPE) in a manner that met minimum standards and minimized risk for infectious spread. These interrelated system failures in the infection prevention and control program placed all residents, staff and visitors at increased risk for exposure to COVID-19, and thereby at increased risk for harm and possible death. As a result of these findings, an immediate jeopardy was declared on 7/22/2020 at 1:50 PM for failure to ensure that symptomatic staff could not and did not work during a declared health emergency. The facility submitted a plan of removal at 10:46 PM and it was accepted by the State Agency at 11:08 PM. The immediacy was removed on 7/24/2020 at 12:38 PM after validation that the plan had been implemented. After removal of the immediacy, the deficient practice continued with a scope and severity of F with potential for more than minimal harm for the remaining residents. The findings include: On 3/5/2020 the Governor of the State of Maryland declared that a state of emergency and catastrophic health emergency existed within the entire state of Maryland related to the spread of COVID-19. 1. The facility failed to ensure that symptomatic staff could not and did not work during the declared COVID-19 emergency. On 4/2/2020, The Centers for Medicare and Medicaid Services published COVID-19 Long-Term Care Facility Guidance which provided, that every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. On 5/8/2020 the Centers for Disease Control and Prevention (CDC) published updated guidance on COVID-19 symptoms. In addition to fever, cough, and shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, persistent pain or pressure in the chest, trouble breathing, new confusion, inability to arouse, and bluish lips or face, the CDC added gastrointestinal symptoms including nausea, vomiting and diarrhea. Review of the CDC website for Coronavirus on 7/20/2020 at 2:50 PM revealed an update on 5/13/2020 for symptoms of Coronavirus which documented, anyone can have mild to severe symptoms. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. Watch for symptoms which may appear 2-14 days after exposure to [MEDICAL CONDITION]. Interview of the Nursing Home Administrator (NHA) and Infection Preventionist (IP) on 7/20/2020 at 9:10 AM revealed that the facility was currently experiencing an outbreak of COVID-19 which had begun on or by 6/26/2020. The NHA stated that the outbreak had spread to 32 active cases in the building as of 7/20/2020 and 3 current residents were hospitalized with confirmed COVID-19. In addition, per the NHA on 7/20/2020, 30 employees tested positive and there were 11 resident deaths related to COVID-19 since the 6/26/2020 outbreak. The NHA was asked how the outbreak originated and he stated, Staff #11. When Staff #11 was screened, Staff #11 did not have an elevated temperature. Staff #11 had GI (gastrointestinal) issues and worked 2 days with GI issues. On Friday, 6/26/2020, Staff #11 had a temp and they sent her home, but Staff #11 did not tell anyone she was having symptoms until she got screened with the elevated temp. Staff #11 was interviewed on 7/21/2020 at 10:06 AM and stated that her symptoms started when she got home from work on 6/23/2020. Staff #11 reported that she had GI symptoms, headache, and muscle aches, all of which by 6/23/2020 were symptoms known to be associated with COVID-19. Staff #11 reported that these symptoms continued and that she developed fever in the evening of 6/24/2020 and 6/25/20, however when she woke up her fever was gone. With these symptoms, Staff #11 worked on 6/24/2020 and 6/25/2020. Staff #11 also stated that she had training on COVID-19 and the sick policy back in March or April 2020 and said that staff were told, to make sure you call and tell your supervisor if you have symptoms. Staff #11 stated the facility was always having updates and the IP was always coming around with education. The facility screening process did not identify and enforce that Staff #11 should not work when she reported to the facility with symptoms on 6/24/2020 and 6/25/2020. On 7/20/2020 at 1:15 PM, the surveyor observed the ground floor screening area and reviewed the screening binder. The screening form entitled, Employee and Essential Healthcare Personnel Screening log had 14 columns. The fourth column stated, do you have any of the following symptoms: fever, cough, shortness of breath, sore throat? (yes/no) *if yes, indicate symptoms. The form did not include all symptoms known to be associated with COVID-19 by 6/23/2020, including GI symptoms. The surveyor requested a copy of the form and was told that the IP would have to get the form. On 7/20/2020 at 2:31 PM the IP gave the surveyor a blank Employee and Essential Healthcare Personnel Screening log form and stated, A new screening tool was implemented on 6/23/2020 that had other symptoms on it. We had done mock (survey) and they said there was an update to the screening tool. The literature had stayed the same but there were a couple of changes on that. In the process of getting this uploaded and changed over it wasn't done. The surveyor asked if the form was updated why wasn't it in the screening book. The IP stated that someone needed copies of the tool, so they took the master copy and made copies and used those copies instead of the updated form. The updated form, with the additional symptoms to screen for, was used on 6/23/2020, but was then not used on the days that followed, until nearly a month later when the surveyor requested a copy on 7/20/2020. On 7/20/20, the IP stated, that was fixed today, and I will make sure I check up on that. On 7/20/20 at 2:43 PM the IP gave the surveyor copies of the screening logs dated, 6/23, 6/24, 6/25 and 6/26/2020. Review of the Employee and Essential Healthcare Personnel Screening Log revealed the updated symptoms of fever, cough, shortness of breath, sore throat, chills, rigors, muscle pain, headache, or new loss of taste or smell. On 6/23/2020, Staff #11 answered no to those symptoms. Further review of the Employee and Essential Healthcare Personnel Screening Log documented that Staff #11 did not have a fever, cough, shortness of breath or sore throat on 6/24/2020, 6/25/2020 and 6/26/2020, but the form did not screen for the GI symptoms that Staff #11 was experiencing. The employee answered no to taking fever reducing medications on 6/24 and 6/25, having contact with known COVID-19 in the past 14 day or any exposure to COVID-19. On 6/26/2020 it was documented yes to have taken fever reducing medication and yes to evidence of exposure to COVID-19. The IP stated that she spoke to the nurse that screened Staff #11 on 6/26/2020 and was told Staff #11 didn't look good, so the Director of Nursing (DON) was notified and after Staff #11 said she had someone at home that was sick, they sent her home. Staff #11 also stated she took Tylenol the day before. The IP stated, once I looked at the line listing, I talked to her to see when she started to feel unwell. She said, I got sent home Friday (6/26/2020) and she said that she started 2 days before that with weakness, and stomach upset. First it was muscle aches, headache, and nausea started on 6/23/2020. Staff #11 got tested for COVID-19 on 6/26/2020 and the results of that test were reported as positive on 6/27/2020. Initially she attributed it to yogurt that she and her (family member) ate, that she thought it upset her stomach. When I talked to her the week after and we talked about the symptoms, she was upset about it because she didn't think about it as blatant. Interview of Registered Nurse (RN) #10 on 7/20/20 at 3:00 PM revealed she screened Staff #11 on 6/26/2020 prior to the employee entering the building. RN #10 stated, her eyes looked sleepy, tired and that's when I asked her how she was feeling and probed her a little bit of what was going on. Staff #11 told me a family member had</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 - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>some type of stomach upset and she had it and she did not feel good and was so tired. I made her stay and I called the Director of Nursing and Staff #11 was sent home. Line listings are utilized by Infection Preventionists in healthcare settings to track symptoms of residents, staff and visitors in order to track for common symptoms and promptly isolate any potential evolving outbreak(s). Review of the facility line listing on 7/21/2020 at 9:30 AM, (provided to the surveyor by the IP on 7/20/2020), revealed that Staff #11 started having symptoms on 6/23/2020, was tested for COVID-19 on 6/26/2020 with results obtained on 6/27/2020 indicated Staff #1 was positive for COVID-19. Additionally, it was noted on the line listing that Staff #12 started with a headache on 6/27/2020, was tested for COVID-19 on 6/29/2020 with results obtained on 7/2/2020 which indicated Staff #12 was positive for COVID-19. The IP stated during an interview on 7/21/2020 at 3:10 PM, We called her (Staff #12) on 7/2/2020 with the results and she did not come back to work. Before she came to work on 6/27/2020, she was tired and had a headache. This is the struggle. It's May or June in Maryland, dander, dust/allergies [REDACTED]. Review of education sign-in sheets on 7/21/2020 at 10:30 AM revealed documentation that Staff #11 signed an in-service training sheet dated 3/17/2020 for the topic, COVID-19 Resident Symptoms Update. The overview documented about the new temperature to monitor for was 99.6 Fahrenheit, social distancing, emergency warning signs for COVID-19. A second page included COVID-19 which documented, staff should not report to work if showing signs or symptoms and must call out to a supervisor. The facility screening tool was not updated timely with new symptoms in guidance released on 5/13/2020. After updating the screening tool on 6/23/2020, the old screening tool continued in use for nearly another month. The older screening tool in use did not include the symptoms; nausea, vomiting, diarrhea, fatigue, body aches, congestion or runny nose. On 6/24/2020 and 6/25/2020 Staff #11 worked for 2 days while experiencing GI symptoms and Staff #11 did not report the symptoms prior to working these two days. 2. The facility failed to ensure that staff followed accepted standards of practice for hand hygiene during the declared health emergency. On 4/29/2020, the State of Maryland Health Secretary issued a Directive and Order Regarding Nursing Home Matters pursuant to Executive Order No. 20-04-05-01. This Order required that facilities licensed under Title 19, subtitles 3 and 14 of the Health-General Article and [MEDICAL CONDITION] (nursing homes) shall immediately ensure that they are in full compliance with all U.S. Centers for Disease Control and Prevention (CDC), U.S. Centers for Medicare & Medicaid Services (CMS) and the Maryland Department of Health (MDH) guidance related to COVID-19. On 6/19/2020 in updated Directive and Order Regarding Nursing Home Matters the MDH continued these same requirements. On 5/8/2020 The Centers for Disease Control and Prevention released updated guidance on Hand Hygiene noting that hand hygiene should be performed in the following situations: before resident contact, even if PPE (personal protective equipment) is worn; after contact with the resident; after contact with blood, body fluids, or contaminated surfaces or equipment; before performing aseptic tasks; and after removing PPE. On 7/20/2020 from 10:00 AM to 10:20 AM on the third floor nursing unit Geriatric Nursing Assistant (GNA) #8 was observed carrying a plastic bag with unknown contents out of room [ROOM NUMBER] and then walked into room [ROOM NUMBER]. GNA #8 was wearing a glove on his right hand and the left hand was bare. GNA #8 took the glove off his right hand and threw it in the trash can in room [ROOM NUMBER], then without gloves on took a soiled breakfast tray to the dining room at the end of the hall. GNA #8 had not washed his hands during this observation. GNA #8 then went to the nurse's station, got a hand full of gloves out of the glove box, with his still unwashed bare hands, touched all the gloves as he separated them and put the gloves in his pocket. GNA #8 then walked down the hallway and opened the doorknob to room [ROOM NUMBER], with his bare hands, and entered the room. Staff with bare hands GNA #8 picked up the plastic bag that he had placed on the floor and walked into room [ROOM NUMBER], turned on the light switch, and placed the plastic bag on the floor inside the room. GNA #8 then put gloves on both hands and emptied the trash from the roommate in B bed. In the meantime, a resident had walked down the hall and knocked on the door of room [ROOM NUMBER] and opened the door using the doorknob with bare hands. GNA #8 then emptied the trash for A bed with gloves on. GNA #8 took the gloves off and exited the room and went into room [ROOM NUMBER]. GNA #8 had not sanitized his hands. GNA #8 came out of the room, touched the door handle with bare hands and then walked down the hall and opened the linen cart, touched the gowns, pads, and towels and carried that linen back in room [ROOM NUMBER] after touching the door handle with bare hands and shutting the door. The GNA, at no time, sanitized his hands after touching soiled objects. GNA #8 also brought items from one resident room into another resident's room. The NHA and IP were notified of the observation on 7/20/2020 at 12:30 PM. As a result of these findings, a state of immediate jeopardy was declared on 7/22/2020 at 1:50 PM and an IJ summary tool was provided to the facility at that time. The facility submitted the first draft of their plan to remove the immediacy at 6:42 PM and it was not accepted. The facility submitted a second additional draft that was not accepted. The third draft was submitted at 10:46 PM and it was accepted by the state agency at 11:08 PM. The provisions of the plan to remove the immediacy included the following: Education will be completed by Infection Preventionist to department heads on current standard public health emergency guidance regarding working when sick. Education will be completed by the Department heads to their employees on current standard public health emergency guidance regarding working when sick. The Assistant Director of Nursing (ADON) will ensure that all employees receive this training prior to returning to work. This will be monitored by facility education line listing. This education will be completed by 7/23/2020 at 12:00 PM and staff will not be able to return to work until education is completed. Infection Preventionist will continue to follow up with staff who are out with symptoms to determine date of onset and ensure proper reporting, via line listing form, which is submitted to the local health department daily. If any staff reports symptoms prior to last date worked, the QAPI (Quality Assurance and Performance Improvement) team including medical director and clinical consultant will be convened to determine if additional infection prevention measures need to be implemented. The facility has updated its screening tool, including to ask symptoms over the last 24 hours. The facility has added the symptom education to their agency orientation packet to ensure all staff receive additional education. The facility has posted the symptom education at the facility screening table for additional staff opportunity for education. The Immediate Jeopardy was removed on 7/24/2020 at 12:38 PM after validation of the implementation of the plan by the surveyor who was onsite at the facility. 3. The facility failed to ensure that staff utilized personal protective equipment in a manner that met minimum standards and minimized risk for infectious spread. On 4/2/2020, The Centers for Medicare & Medicaid Services published COVID-19 Long-Term Care Facility Guidance which provided for the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. Consistent with the 4/2/2020 CMS guidance, on 6/25/2020, the Centers for Disease Control and Prevention (CDC) published updated guidance (from earlier 3/21/2020, 4/15/2020 and 5/19/2020) entitled Preparing for COVID-19 in Nursing Homes. The CDC directed that healthcare personnel should wear a facemask at all times while they are in the facility. On 4/29/2020, the State of Maryland Health Secretary issued a Directive and Order Regarding Nursing Home Matters pursuant to Executive Order No. 20-04-05-01. This Order required that facilities licensed under Title 19, subtitles 3 and 14 of the Health-General Article and [MEDICAL CONDITION] (nursing homes) shall immediately ensure that they are in full compliance with all U.S. Centers for Disease Control and Prevention (CDC), U.S. Centers for Medicare & Medicaid Services (CMS) and the Maryland Department of Health (MDH) guidance related to COVID-19. On 6/19/2020 in updated Directive and Order Regarding Nursing Home Matters the MDH continued these same requirements. On 7/20/2020 at 8:50 AM, the surveyor observed the facility screening area and process. Without a mask or facial cover, a staff member walked into the building and up to the screening table. The screener took the staff member's temperature via the staff member's forehead. The staff member filled out a paper on the screening table and still with no mask or facial cover on, walked past the screening table, down the hall and went into a room on the right side of the hallway. The IP was informed on 7/20/2020 at 12:07 PM of the observation. The IP stated it typically doesn't work that way and that the staff member walked into the room where masks are located. The IP stated, people usually have on a mask when they enter the building. A second observation was made on 7/24/2020 at 8:38 AM. The NHA and the surveyor were standing by the wall at the entrance to the facility watching the screening process. With no mask or facial cover on, Staff #16 walked into the building and proceeded to the screening table where she waited for her temperature to be taken. Staff #16 was screened for symptoms questions. Staff #16 answered questions and then signed a form. At that time the NHA walked over and gave Staff #16 a mask. The NHA was asked if staff were supposed to wear a mask when entering the building and the response was, I prefer it. Observation was made on 7/24/2020 at 8:40 AM of a sign by the front door that stated, masks are required upon entering facility. Facility staff failed to follow the CMS direction, the CDC guidance, or the facility posted instructions. Cross reference [MEDICAL CONDITION](A)</p>		