

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2020
NAME OF PROVIDER OF SUPPLIER CHESAPEAKE WOODS CENTER		STREET ADDRESS, CITY, STATE, ZIP 525 GLENBURN AVENUE CAMBRIDGE, MD 21613	
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 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and staff interview while conducting a tour of the facility on 7-23-2020 it was determined that facility staff failed to serve lunch on the Memory Care Unit in a manner that ensures sanitary food distribution during the COVID-19 Focused Survey. The findings include: Observation on 7-23-2020 at 12:40 PM on the Memory Care Unit (COVID-19 negative unit) revealed lunch was observed being served from a rolling steam table that did not have adequate protection for the food being served, otherwise known as a sneeze guard on the front or sides. Interview with Geriatric Nursing Assistant (GNA) #1 on 7-23-2020 at 12:40 PM revealed the steam table which arrived from the kitchen does not have a sneeze guard. GNA #1 plated the resident's food from the steam table. The lunch food was then taken covered by other staff to the residents. The serving staff waited by the steam table to receive the plated food. The Administrator confirmed on 7-23-2020 at 1:50 PM the rolling steam table for the Memory Care Unit does not have the required protection/sneeze guard.		
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.