

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>215273</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WALDORF CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4140 OLD WASHINGTON HIGHWAY WALDORF, MD 20602</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 0620  <b>Level of harm - Potential for minimal harm</b>  <b>Residents Affected - Many</b>	<p><b>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on reviews of active and closed medical records [REDACTED]. This was evident for 3 of 13 residents reviewed during an Infection Control survey. The findings include: During the initial tour of the infection Control Survey on 08/24/2020, the facility Director of Nurses (DON) indicated that the facility has long-term care residents and residents who are receiving rehabilitation services. The facility DON stated that there are no COVID positive residents currently in the facility. In a continued discussion, the facility DON stated, the facility has not currently dedicated a unit, inside the facility, to handle COVID positive residents. The facility DON followed up and stated that if a current resident is identified as being COVID positive, that resident would have to be discharged to another facility. 1) Review of Resident #1's closed medical record on 08/24/2020, it was discovered that Resident #1 was admitted to the facility on [DATE] and was identified as being COVID positive on 08/03/2020. The facility transferred Resident #1 to a sister (same corporate ownership) long term care facility located in the region on 08/03/2020. Further review of Resident #1's medical record failed to reveal that Resident #1 was given notice that the facility would have to discharge Resident #1 to another long-term care facility if they were identified as being COVID positive. 2) Review of Resident #2's medical record on 08/24/2020, it was discovered that Resident #2 was admitted on [DATE]. Further review of Resident #2's medical record failed to reveal that Resident #2 was given notice during his admission that the facility would have to discharge Resident #2 to another long-term care facility if they were identified as being COVID positive. 3) Review of Resident #3's medical record on 08/24/2020, it was discovered that Resident #3 was admitted to the facility on [DATE]. Further review of Resident #3's medical record failed to reveal that Resident #3 was given notice during her admission that the facility would have to discharge Resident #3 to another long-term care facility if they were identified as being COVID positive. In an interview with the facility Administrator on 08/25/2020 at 9:34 AM, the Nursing Home Administrator confirmed that none of the current long term care residents residing in the facility, nor Resident #1, has received any notification that if the said resident was determined to be COVID positive the facility would take steps and transfer the resident to another facility. The facility needs to take steps to notify all current residents that the resident would have to be transferred to another facility if it is discovered the resident is COVID positive.</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.