

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>215301</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MANOR CARE HEALTH SERVICES - ROLAND PARK</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4669 FALLS ROAD BALTIMORE, MD 21209</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>Based on observations, record reviews and interviews it was determined that the facility failed to 1) ensure staff wore personal protective equipment (PPE) appropriately as evidenced by observation of one geriatric nursing assistant observed wearing a mask below their nose. 2) Residents on observation were placed in private rooms among COVID negative residents, 3) ensure nursing staff completed daily COVID assessments and that vital sign and oxygen saturation information was current when the COVID assessments were completed. These deficient practices put all the residents in the facility at risk for contracting COVID-19. This is also the 2nd infection Control survey done. The 1st one was done on 7/17/20 and no POC was put into place to address these same issues. 1) On 8/5/20 approx. 12:45 PM this surveyor went to the 2nd floor to start a tour of the facility. As I stood at the Nursing desk I saw GNA # 4 walking down the hall toward the nursing station. This hallway had observation residents along with residents who were not on observation. She had on a regular non surgical mask that was around her neck not covering her nose and mouth. When she/he noticed me she/he adjusted the mask to cover his/her face. This surveyor approached the GNA and asked why the mask was not on properly and why she did not have an N 95 mask on. GNA # 4 responded by saying the mask to too hot to wear all the time. She/He also stated that she/he has been educated regarding PPE and she/he has a N 95 mask in her/his locker along with a face shield. As this surveyor went to the 3rd floor which also houses observation residents mixed the resident that are no on observation, there were at least 3 GNAs who had non surgical masks on around their mouth but did not cover their nose. When I approached the unit, the DON was there and all the GNAs I saw scattered about so this surveyor was unable to get their names. I asked the Director of Nursing why these GNAs did not have N 95 masks on and why did these GNAs not have them covering their nose and mouth and he stated he didn't know as they have all been educated how to properly wear PPE. 2) In the entrance conference this surveyor was told there is a separate covid positive unit and the observation unit is on the second and 3 rd floor which was true, however the observation rooms are located in the same area as other non observation rooms are located. Observations rooms due have isolation carts outside the rooms and a small sign on the door that stated Stop see the nurse before entering. Rooms # 321, 201, 208 the bedroom doors were left partially open. 3) A total of 3 medical charts were reviewed. Resident # 6705 who is on isolation and observation did not have V.S taken every day as required. Blood pressure was missing for 8/1 and 2 2020, Pulse was missing for 7/26, 7/28, 7/30, and 8/4. Respiratory was missing for 7/26, 7/28, 7/30, 7/31, and 8/4/20. O2 stats were missing for 7/23, 7/27, and 8/4/2020. Resident # 6701 who is also on isolation and observation had O2 sats missing (7/20/20, 7/23, 7/24, 7/25, and 7/29/20).</p>		
F 0885  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p>Based on review of pertinent documentation and interview it was determined that the facility failed to ensure the website used to convey COVID status and updates were updated when indicated; and failed to have a process in place to ensure residents and family who do not have Internet access were kept informed of COVID status and updates. These failures have the potential to affect all of the residents and responsible representatives. The finding include: 1) On 8/5/2020 the Administrator reported that the facility website has live time updates regarding COVID status. Administrator provided a copy of the information currently available on the website. Review of this printout and review of the referenced website revealed information on the number of residents with pending COVID tests, number testing positive, and number meeting COVID recovered criteria. Information was also found for the number of employees with pending test results and number of employees COVID positive. Of note, this information was provided in a grid format and included the information for more than 50 other facilities. On 8/5/2020 at 9:30 AM the Administrator reported that in regard to the staff numbers listed on the website, he was not sure if those numbers were cumulative or current. Surveyor reviewed the concern that if he is unable to interpret these numbers how were resident's and representative to know the status of COVID infections in the facility. 2) On 8/5/2020 at 9:30 AM the Administrator was unable to provide information regarding how a resident or family would be able to get facility updates if they did not have Internet access. In addition, the administrator stated the liaisons for Manor Care that primarily work in the hospitals will notify the families or responsible parties of any updates. The administrator handed me the latest update which was unreadable. The print was so small I told the administrator I could not accept it. He stated he could not make the print larger and gave me another copy of a spread sheet in which the print was larger, but it was difficult to understand. There were numerous blanks in the notification part of the spread sheet were something should have been documented on, but were blank. This was also brought up during the 1st infection Control survey on 7/17/20 and there is no plan as of yet to correct this.</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.