

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 085039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2020
NAME OF PROVIDER OF SUPPLIER NEW CASTLE HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 32 BUENA VISTA DRIVE NEW CASTLE, DE 19720	
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 - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of CDC (Centers for Disease Control) COVID-19 guidelines and facility policies, and staff interview, it was determined that the facility failed to follow manufacturer direction for disinfecting equipment and failed to wear appropriate personal protective equipment (PPE) when inserting an intravenous needle for 1 of 2 presumptive COVID-19 Residents (R1). The findings include: During an interview with Employee (E)1 on 4/7/20 at 10:25 AM, she stated that all therapies are being performed in the resident's room. If we take any equipment into a resident's room, when we come back, we put it into the basin and let the equipment soak and disinfect for less than a minute. E1 identified the solution in the basin as NDC (Neutral Disinfectant Cleanser), and no equipment had been disinfected. Review of the manufacturer's direction for use for NDC reads, DISINFECTION - To disinfect inanimate, hard non-porous surfaces add 2 ounces of this product per gallon of water. Apply solution with a mop, cloth, sponge, hand pump trigger sprayer or low pressure coarse sprayer so as to wet all surfaces thoroughly. Allow to remain wet for 10 minutes, then remove excess liquid. For sprayer applications, spray 6-8 inches from surface, rub with brush, sponge or cloth. Do not breathe spray mist. For heavily soiled areas, a pre-cleaning step is required. An observation on 4/7/20 at 10:45 AM, revealed E2 and E3 were at R1's bedside inserting a needle into R1's right arm for intravenous liquids. E2 and E3 were wearing the following PPE: disposable yellow gowns, gloves, and face mask but no goggles for eye protection. During an interview at 11:35 AM with the Director of Nursing and E2, E2 confirmed that neither staff member (E2 and E3) were wearing goggles while inserting an intravenous needle into a presumptive COVID-19 resident. Review of the CMS (Centers for Medicare and Medicaid Services)/CDC guidelines read Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE. 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. Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE. If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 [DIAGNOSES REDACTED].		
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.