

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>085055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WESTON SENIOR LIVING CENTER AT HIGHFIELD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4800 LANCASTER PIKE WILMINGTON, DE 19807</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and review of the Centers for Disease Control and Prevention (CDC) COVID-19 guidelines, it was determined that the facility failed to follow COVID-19 recommendations for wearing a face mask and performance of hand hygiene. Findings include: Review of the CDC Hand Hygiene Guidance last reviewed 1/30/2020, indicated the following: The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings. Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: Immediately before touching a patient; Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices; Before moving from work on a soiled body site to a clean body site on the same patient; After touching a patient or the patient's immediate environment; After contact with blood, body fluids, or contaminated surfaces; Immediately after glove removal; Healthcare facilities should require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations <a href="https://www.cdc.gov/handhygiene/providers/guideline.html">https://www.cdc.gov/handhygiene/providers/guideline.html</a>. Review of the CDC guidance on using PPE, last reviewed 4/3/2020, in the section entitled How to Put On (Don) PPE Gear indicated the following related to donning a face mask: put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html</a>. 5/20/2020 9:15 AM - During the entrance conference with E2 (AIT) it was reported the facility had two newly admitted residents on 14 day quarantine, to assess for COVID-19 symptoms, in room [ROOM NUMBER]. 5/20/2020 9:45 AM- E4 (RN) was observed in room [ROOM NUMBER] pulling covers up over R2 who was in bed, E4's face mask was lowered exposing E4's entire nose. When E4 left room [ROOM NUMBER], E4 came out of the room still wearing the gloves worn while caring for R2. E4 was interviewed by the surveyor immediately upon leaving room [ROOM NUMBER] and when asked what was the appropriate way to don a face mask?, E4 articulated the recommended way to don a face mask then stated, mine must have slipped. E4's face mask did not appear to have been molded at the top to prevent it from slipping down. When asked when was the appropriate time to perform hand hygiene when caring for residents E4 held out their gloved hands and stated, they're still clean. E4 was asked to articulate the donning and doffing of gloves, E4 then removed the same gloves and then put them on again while explaining the donning and doffing procedure for gloves. E4 then re-entered room [ROOM NUMBER], removed the gloves and performed handwashing. During an interview on 5/20/2020 at 10:00 AM with E3 (DON), it was confirmed that staff were expected to wear PPE appropriately and perform hand hygiene before and after care of residents. These findings were reviewed on May 27, 2020 at 2:00 PM during a telephone exit conference with E1 (NHA) and E3 (DON).</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.