

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2020
NAME OF PROVIDER OF SUPPLIER MANOR CARE HEALTH SERVICES -TOWSON		STREET ADDRESS, CITY, STATE, ZIP 509 EAST JOPPA ROAD TOWSON, MD 21286	
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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and reviews of a medical record, it was determined that the facility failed to take steps and place signage on 2 resident doors notifying staff of the needed precautions before entering the resident's room. This was observed for 2 of 9 residents located on the facility COVID19 isolation unit. The findings include: Per CDC definitions: Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. During an observational tour of the facility COVID19 unit on 08/07/20 at 9:45 AM, the surveyor observed Droplet Precaution signs place on the doors on several of the resident rooms. Review of the facility resident roster revealed 2 rooms that did not have any signage posted on the doors for rooms [ROOM NUMBERS]. This was brought to the attention of the facility administrator during the exit conference. Review of Resident #1's medical record on 08/07/20, at 2 PM, revealed a physician's orders [REDACTED].#1 on Droplet Precautions for every shift x 14 days. Review of Resident #2's medical record on 08/07/20, at 2 PM, revealed a physician's orders [REDACTED].#2 on Droplet Precautions for every shift x 14 days.		

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.