

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215121	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OF SUPPLIER SNOW HILL NURSING & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 430 WEST MARKET STREET SNOW HILL, MD 21863	
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)		
E 0024 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Establish policies and procedures for volunteers. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on emergency staffing policy and procedure review, observation and interview it was determined that the facility failed to ensure there was sufficient environmental services (EVS) personnel on the weekends to contain the spread of COVID-19 and to include EVS weekend staffing in the emergency staffing policy and procedure. This was evident for residents of the COVID-19 unit. The findings include: On 8-3-2020 the facility opened their COVID-19 unit due to their first positive case of [MEDICAL CONDITION] per interview with the Administrator on 8-19-2020 at 10:00 AM. Prior to opening the COVID-19 unit the facility had staffed weekends with 2 EVS personnel to clean the facility's 2 nursing units and 1 laundry personnel. This practice continued after opening the COVID-19 Unit. On 8-19-2020 at 11:00 AM an interview with the Housekeeping Director revealed that the COVID-19 unit is only cleaned by the Housekeeping Director Monday through Friday. Other environmental services staff (EVS) are not asked to clean the COVID-19 unit. When asked who cleans the COVID-19 unit on Saturday and Sunday the Housekeeping Director responded, no one, it is cleaned on Monday by me. I have 2 EVS staff on the weekends and one laundry. These two EVS clean the facility's 2 nursing units but not the COVID unit. On 8-19-2020 at 12:00 PM review of the emergency staffing plan revealed EVS staff was not included. Interview with the Administrator on 8-19-2020 confirmed that the COVID-19 unit is not cleaned on the weekends and necessary EVS staffing to cover all days was not included in the emergency plan</p>		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and staff interview while conducting a tour of the facility it was determined that facility staff failed to distribute ice to residents in a manner that ensures sanitary food distribution during the COVID-19 Focused Survey. This was evident for the residents of the Federal nursing unit. The findings include: On 8-19-2020 at 10:25 AM while touring the Federal unit of the facility with the Assistant Director of Nursing (ADON) this surveyor opened the lid to the ice chest. The scoop was lying in the ice rather than in it's holder outside the chest. Facility staff would have to touch the ice to retrieve the scoop to fill resident's water cups. The scoop that was not stored outside the ice chest in it's holder, preventing sanitary ice distribution, was confirmed by the ADON on 8-19-2020 at 10:25 AM.</p>		
F 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview of facility staff, it was determined that the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents and staff. This was evident for the Cypress Hall nursing unit. The findings include: During a tour of the facility on 8-19-2020 at 10:30 AM with the Assistant Director of Nursing (ADON), Nurse # 4 was interviewed concerning cleaning hands when leaving a room where a resident was under observation due to experiencing symptoms of COVID-19. Nurse #4 stated he/she would remove person protective equipment in the room and then walk across the hall and enter a code in the key pad and open the door to a room with a sink. Nurse #4 would then wash his/her hands. Alcohol based hand rub (ABHR) is readily available in storage at the facility but the Cypress Hall only had 2 bottles available to staff as they left resident's rooms. One was located by room [ROOM NUMBER] and the other at the nurse's station. ABHR was not available immediately outside of residents rooms to maintain safety of residents and staff. This finding was discussed with the Administrator and ADON on 8-19-2020 at 12:30 AM.</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.