

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215191	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE AT MALLARD BAY		STREET ADDRESS, CITY, STATE, ZIP 520 GLENBURN AVENUE CAMBRIDGE, MD 21613	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record reviews and staff interview it was determined the facility staff failed to follow the posted transmission-based precautions required to prevent the spread of COVID-19 infection while entering Resident #3 and Resident #4's room. This was evident for 2 of 4 residents reviewed during this COVID-19 Focused Survey. The findings include: Residents #3 and Resident #4 in room [ROOM NUMBER] were placed on transmission-based precautions on 7-22-2020 due to Resident #2 in room [ROOM NUMBER] exhibiting COVID-19 like symptoms. rooms [ROOM NUMBERS] share a bathroom that is open to both rooms. Resident #2's physician ordered on 7-22-2020 for the resident to be placed on droplet precautions and to have a chest x-ray to rule out pneumonia. Resident #2 was also treated with antibiotics and waiting for the results of their ordered COVID-19 test. The Centers for Medicare and Medicaid COVID-19 Focused Survey states that for residents with an undiagnosed respiratory infection the staff should follow Standard, Contact, and Droplet Precautions requiring mask, gown, goggles, and gloves when caring for the residents. On 7-24-2020 at 10:10 AM while touring the facility it was noted that rooms [ROOM NUMBERS] had isolation precautions signs posted stating Droplet Precautions. The signs with descriptive drawings further stated that to enter the rooms the facility staff would need to wear a mask, goggles, gown, and gloves. A container was outside the rooms with gowns and gloves. The facility staff were noted during the tour to all be wearing masks. On 7-24-2020 at 10:15 AM Nurse #1 was observed opening the container outside room [ROOM NUMBER] and donning a gown and gloves. Nurse #1 was wearing a mask but no goggles. Nurse #1 then entered room [ROOM NUMBER], closed the door and completed a task. Nurse #1 then opened the door at 10:20 AM and had removed the gown and gloves in the room and left the room using hand sanitizer. On 7-24-2020 at 10:20 AM this surveyor asked Nurse #1 if she wore the goggles that the posted precautions sign required he/she should wear to enter room [ROOM NUMBER]. Nurse #1 responded, no, goggles have been assigned to us but we're not really wearing them. Mine are at the nurses station. Interview with Environmental Service Staff (EVS) #2 on 7-24-2020 at 10:25 AM revealed he/she did not know where the goggles are kept but would put on a gown and gloves to clean room [ROOM NUMBER]. During the entrance conference on 7-24-2020 at 10:15 AM in the facility conference room this surveyor noted multiple boxes containing Personal Protective Equipment including goggles. Nurse #1 not wearing the required goggles to enter room [ROOM NUMBER] and EVS #2 not knowing where to find goggles was confirmed with the Director of Nursing on 7-24-2020 at 12:30 PM.</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.