

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215231	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER CLINTON HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 9211 STUART LANE CLINTON, MD 20735	
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 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview it was determined that the facility staff failed to ensure that medications were disposed of in a proper manner. This was evident during a tour of the facility on 8-26-2020. The findings include: A tour of the facility was conducted with the Assistant Executive Director (AED) on 8-26-2020. Outside of room [ROOM NUMBER] on 8-26-2020 at 11:10 AM, a medication cart had an open trash can attached. Visible to anyone was a plastic cup with a pink pill and a red pill. The unused medications had been disposed of in the trash can and not in a proper receptacle. The AED confirmed at the time that the unused pills were disposed of in the trash can.		
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, interview and medical record review it was determined that the facility failed to ensure that a safe and effective infection prevention and control program was provided by failing to ensure that a Resident (#4) admitted to the facility with an undetermined COVID-19 status was isolated using proper precautions. This was evident for 1 of 4 residents reviewed during the complaint survey. The findings include: Resident #4 was admitted to the facility on [DATE] from the hospital and placed on Transmission - Based Precautions due to an unknown COVID status. On 8-26-2020 at 11:00 AM during a facility tour with the Assistant Executive Director (AED), Resident #4's private room had plastic covering the door with a zipper for staff to enter. The plastic had a hole at least 3 inches by 3 inches midway up from the floor and a gap of at least 2 inches at the floor. These 2 breaks in Transmission-Based Precautions allow air to travel freely from the room to the hallway. The inadequate precautions were confirmed by the AED on 8-26-2020 at 11:00 AM.		

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.