

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215308	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER OAK CREST VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 8800 WALTHER BOULEVARD PARKVILLE, MD 21234	
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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, medical record review and interviews, it was determined that the facility failed to ensure that facility staff utilized effective infection control practices to prevent the spread of COVID-19. This was evidenced by: 1) facility staff failed to implement droplet precautions based on Centers for Disease Control (CDC) protocol for observation rooms. This was evident for 3 out of 15 rooms; and 2) facility staff failed to provide residents sitting together in a common area a mask (Resident #6 & #7); This was evident for 2 out of 2 residents observed in common areas sitting together. The findings include: 1. The facility staff failed to implement droplet precautions for observation rooms. During tour of the facility on 8/11/20 at 12:00 PM with the Assistant Director of Nursing (ADON), the ADON indicated 15 rooms were being used for observation of residents for COVID-19 who have been admitted or readmitted to the facility. The DON showed the surveyor the 15 rooms during the tour. Three of the 15 rooms (204A on 2 South, 202A and 209A on 2 North) had the doors open. The observation rooms were located throughout the facility and not separated from the remaining rooms. Interview with the ADON at that time of the tour confirmed the doors were open for observation rooms 204A on 2 South, 202A and 209A on 2 North. Review of the Management of newly admitted resident without COVID-19 form provided by the facility, states Resident being accepted from hospital with non-COVID [DIAGNOSES REDACTED]. 2. The facility staff failed to provide residents masks while in a common area of the facility. Review of the Maryland Department of Health Directive and Order regarding Nursing Home Matters dated 7/24/20 states: To the extent possible, residents should wear face coverings in the following circumstances: if they leave their rooms or when they are within close proximity (under six feet) of others inside the facility During tour on 8/11/20 at 12:30 PM with the Assistant Director of Nursing (ADON) of 3 North unit, Residents #6 and #7 were seated at a table sitting next to each other talking without face masks. Resident #6 and #7 were asked if they had face masks, both residents stated no and that they were never given face masks. Resident #6 and #7 were then asked if given a mask would they wear it, both residents stated yes. Interview with the ADON at the time of the tour confirmed Resident #6 and #7 did not have face masks in place in the common area. Findings were reviewed with the Nursing Home Administrator and Interim Director of Nursing on 8/12/20 at 1:05 PM.		

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.