

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>215336</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HAGERSTOWN HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>750 DUAL HIGHWAY HAGERSTOWN, MD 21740</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and documentation review, it was determined the facility failed to ensure an effective infection prevention and control program by; 1) failing to implement an effective system to ensure that all staff were thoroughly screened for signs and symptoms of COVID-19 during a declared health emergency, 2) failing to ensure that staff utilized personal protective equipment (PPE) in a manner that met minimum standards and minimized risk for infectious spread and 3) failed to ensure that linen storage racks were covered to prevent contamination from airborne dust, dirt and pathogens. The interrelated, noncompliant practices within the facility infection prevention and control program left all residents, staff and visitors at increased risk for harm during a declared health pandemic. The findings include: On 3/5/20 the Governor of the State of Maryland declared that a state of emergency and catastrophic health emergency exists within the entire state of Maryland related to the spread of COVID-19. 1. The facility failed to ensure that all staff were screened for all signs and symptoms of COVID-19 during the declared COVID-19 health emergency. On 4/2/2020, The Centers for Medicare and Medicaid Services published COVID-19 Long-Term Care Facility Guidance which provided, that every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. On 4/29/2020, the State of Maryland Health (MDH) Secretary issued a Directive and Order Regarding Nursing Home Matters pursuant to Executive Order No. 20-04-05-01. This Order required that facilities licensed under Title 19, subtitles 3 and 14 of the Health-General Article and [MEDICAL CONDITION] (nursing homes) shall immediately ensure that they are in full compliance with all U.S. Centers for Disease Control and Prevention (CDC), U.S. Centers for Medicare &amp; Medicaid Services (CMS) and the Maryland Department of Health (MDH) guidance related to COVID-19. In updated Directive and Order Regarding Nursing Home Matters on 6/19/20, and 7/24/20 the MDH continued these same requirements. On 5/8/2020, the Centers for Disease Control and Prevention (CDC) published updated guidance on COVID-19 symptoms. In addition to fever, cough, and shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, persistent pain or pressure in the chest, trouble breathing, new confusion, inability to arouse, and bluish lips or face, the CDC added gastrointestinal symptoms including nausea, vomiting and diarrhea. On 7/27/2020 at 10:15 AM upon entry to the facility, the receptionist desk in the lobby was observed The surveyor was greeted by the receptionist and the receptionist took the surveyor's temperature. The receptionist then told the surveyor to complete a screening form that everyone entering the building was required to complete. The form included the following items: Date, time in, name, who they are visiting and what part of the facility will they be in, temperature within normal limits - Y/N (do not record actual temp), Traveled outside the US/or New York/New Orleans within the past 14 days? Y/N, any signs/symptoms of illness including cough, body aches, shortness of breath, headaches, Y/N only - not specifics, initials of person taking temperature, time visitor or vendor exited. The receptionist did not ask any other questions. The surveyor asked if this was the form that all employees filled out and the receptionist stated yes. An interview was conducted with the Infection Preventionist (IP) on 4/27/2020 at 10:55 AM about the screening form only covering 4 symptoms of COVID-19. The IP looked at the form and said that they could update the form to include the additional symptoms. The Nursing Home Administrator (NHA) and the Administrator in Training (AIT) were informed on 4/27/2020 at 4:08 PM that the screening form that the facility was using to screen employees and visitors was not updated with new symptoms per the guidance released on 5/8/2020 from the CDC. 2. The facility failed to ensure that staff utilized personal protective equipment in a manner that met minimum standards and minimized risk for infectious spread. On 4/2/2020, The Centers for Medicare &amp; Medicaid Services published COVID-19 Long-Term Care Facility Guidance which provided for the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. Consistent with the 4/2/2020 CMS guidance, on 6/25/2020, the Centers for Disease Control and Prevention (CDC) published updated guidance (from earlier 3/21/2020, 4/15/2020 and 5/19/2020) entitled Preparing for COVID-19 in Nursing Homes. The CDC directed that healthcare personnel should wear a facemask at all times while they are in the facility. On 4/29/2020, the State of Maryland Health Secretary issued a Directive and Order Regarding Nursing Home Matters pursuant to Executive Order No. 20-04-05-01. This Order required that facilities licensed under Title 19, subtitles 3 and 14 of the Health-General Article and [MEDICAL CONDITION] (nursing homes) shall immediately ensure that they are in full compliance with all U.S. Centers for Disease Control and Prevention (CDC), U.S. Centers for Medicare &amp; Medicaid Services (CMS) and the Maryland Department of Health (MDH) guidance related to COVID-19. On 6/19/2020 in updated Directive and Order Regarding Nursing Home Matters the MDH continued these same requirements. 2a. An entrance conference was held with the NHA and AIT on 7/27/2020 at 10:31 AM. While sitting at the table in the dining room, during the entrance conference at 10:36 AM, a dietary staff member walked through the dietary doors into the dining area and walked into the lobby area by the elevator doors. The dietary staff member was wearing a mask that was not worn properly, as it exposed her entire nose and only covered her mouth. 2b. A tour was conducted of the Observation Unit on 7/27/2020 at 12:10 PM. The Observation Unit consisted of residents admitted from an acute care facility or [MEDICAL TREATMENT] residents that went in and out of the building to [MEDICAL TREATMENT] appointments. These residents were on isolation precautions for 14 days and were being monitored for signs and symptoms of COVID-19. Observation was made at 12:15 PM of Staff #12 in room [ROOM NUMBER], without a mask on. There were no residents in the room, however, there were cards on the over-the-bed tray tables which indicated the rooms had been cleaned, disinfected and were ready for new admissions. An interview was conducted with the IP, on 7/27/2020 at 2:05 PM, and she was asked what the expectation was for the wearing of masks by staff. The IP stated that on the green unit (first and second floor nursing units) a surgical mask and face shields should be worn. On the yellow unit (observation unit) face shields, isolation gowns in rooms and K95 masks should be worn. The IP was asked if any staff should be in a cleaned room without a mask on and the response was, no. At that time, the IP was informed of the observation of Staff #12. 3. The facility failed to implement approaches consistent with standards of practice to prevent the spread of infection. Observation was made on 7/27/2020 at 12:20 PM in the Observation Unit of a commercial grade fan sitting on the floor at the end of the hallway blowing air up the hallway to dry the floor. There was a covered linen cart sitting in the hall outside of room [ROOM NUMBER] along with a taller linen cart that was filled with clean linen such as gowns, sheets, towels and washcloths that was not covered. According to CDC guidance related to standards of practice, once the linen has gone through the process of decontamination, cleaned linens should be stored by methods that ensure their cleanliness and hygienic integrity. By having a fan blowing air in the hallway, the cleaned linen was subjected to airborne dust, dirt and pathogens. An interview was conducted with the IP on 7/27/2020 at 2:05 PM. The IP was informed of the observation and she stated, we ordered a cover for that. The IP was informed that there was no sheet or any other protective material covering the linen cart. The NHA and AIT were informed on 7/27/2020 at 4:08 PM of the infection control concerns.</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.