

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395865	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
NAME OF PROVIDER OF SUPPLIER MAPLEWOOD NURSING AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 125 W SCHOOLHOUSE LANE PHILADELPHIA, PA 19144	
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, interview and record review; the facility failed to ensure the use of personal protective equipment and implementation of hand washing practices consistent with accepted standards of practice to reduce the spread of infections and prevent cross-contamination during the COVID-19 pandemic, for 4 residents (Resident (R) 1, 2, 4 and 5), out of 5 sampled residents. The findings include: According to CDC guidelines for COVID-19 infections at cdc.gov, Covid-19 is a coronavirus and based on what is currently known about COVID-19, spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. Healthcare personnel caring for patients with confirmed or possible COVID-19 should adhere to CDC recommendations for infection prevention and control (IPC): oAssess and triage these patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure, including placing a facemask on the patient and placing them in an examination room with the door closed. oUse Standard and Transmission-Based Precautions when caring for patients with confirmed or possible COVID-19. oPerform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled. oPractice how to properly don, use, and doff PPE in a manner to prevent self-contamination. On 4/14/20 at 9:55 AM, a therapy staff member Employee (E) 1 was observed walking in a COVID19 room [ROOM NUMBER] for R1 and R2. The door to the room [ROOM NUMBER] had signage posted for contact and droplet precautions. E1 was wearing gloves and grabbed a sani wipe in the room (near the entry). E1 removed gloves after cleaning the walker at the doorway. He then exited the room and did not perform hand hygiene afterwards. An interview with E1 on 4/14/20 at 10:05 AM, revealed that he was not aware he should wash his hands before leaving the room. E1 stated I was just cleaning the walker. I did not do patient care. He was then observed using the hand sanitizer near the nurses station. An observation was made on 4/14/20 at 10:12 AM of E2, E2 entered room [ROOM NUMBER] (suspected of COVID19) and gave medications to R3. E2 was wearing personal protective equipment (PPE, gown, mask and gloves). The door to the room [ROOM NUMBER] had signage posted that specified the transmission based precautions (TBP) contact and droplet. E2 was then observed as she exited room [ROOM NUMBER]. E2 did not remove her PPE gown. E2 removed only her gloves and performed hand hygiene. E2 then went to room [ROOM NUMBER] to give a different resident (R4) medication. room [ROOM NUMBER] did not have suspected COVID19 residents and E2 had the same PPE gown she had from room [ROOM NUMBER] (suspected of COVID19). An interview with E2 on 4/14/20 at 10:25 AM, revealed that R3 was tested for COVID19 and the result was still pending. She explained that R4 and R5 in room [ROOM NUMBER] was not suspected of having COVID19. She explained that she did not do any patient contact or care in room [ROOM NUMBER]. She also stated that she should have changed her PPE gown prior to going to the room [ROOM NUMBER]. She then explained that she does patient care with residents not suspected of having COVID19 first in this order and then continue with residents suspected of COVID19. Record review of the medical record and interview with the Infection Control Nurse on 4/14/20 at 10:35 AM for R1, R2 and R3 confirmed that they were suspected of COVID19. The Infection Control Nurse explained that the results just came back and R3 has coronavirus. She also provided a copy of the COVID19 surveillance/report timeline that showed Resident (R) 1 and 2 currently on isolation precautions for signs and symptoms of COVID19 tested positive for COVID19.</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.