

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 085004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2020
NAME OF PROVIDER OF SUPPLIER BRANDYWINE NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 505 GREENBANK ROAD WILMINGTON, DE 19808	
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 - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, clinical record review, review of the CDC (Centers for Disease Control) COVID-19 guidelines, and the facility policy and procedure, it was determined that the facility failed to follow COVID-19 precautions to isolate and to implement transmission based precautions for two (R1 and R2) out of two sampled residents when R1 had symptoms of COVID-19 and shared the same room with R2 who was asymptomatic. In addition, the facility failed to ensure that the facility's COVID-19 policy and procedure was consistent with the CMS and Centers for Disease Control and Prevention (CDC) guidance. Findings include: [DATE] - CMS and the CDC issued COVID-19 Long-Term Care Facility Guidance that included: Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, or have an unknown status. When possible, facilities should exercise consistent assignment, or have separate staffing teams for COVID-19-positive and COVID-19-negative patients. [DATE] - The facility's Policy and Procedure titled Infectious Disease - Coronavirus 2 [DIAGNOSES REDACTED] - CoV2 (COVID - 19) documented the following: .Process . 2. Symptoms: Reported symptoms have ranged from mild symptoms to severe illness and death. Symptoms may appear 2 - 14 days after exposure, on average symptoms present on day 4. 4. Symptoms may include the following: A. Common Symptoms: i. Fever may not be present in the very young, the elderly, and in immunosuppressed individuals. ii. Cough iii. Shortness of breath iv Sore throat v. Muscle aches vi. Fatigue B. Uncommon Symptoms may include: .iii. Diarrhea . 6. Caring for residents with suspected or confirmed COVID -19. A. If a resident has suspected or confirmed COVID - 19, the Director of Nursing and Medical Provider will be informed immediately. B. Contact and Droplet precautions will be implemented, and the resident will be placed in their room with the door closed . F. Residents in a shared room, will not be separated as the roommate more than likely has already been exposed. As a result, the roommate will also be placed on droplet precautions. Otherwise, an attempt will be made to place the resident in a private room with a private bathroom . (This was not consistent with the [DATE] CMS and CDC COVID-19 Long Term Care Facility Guidance). 1. Review of R1's clinical records and review of the facility's current Line Listing revealed the following: [DATE] - R1 was admitted to the facility with [DIAGNOSES REDACTED]. [DATE] - R1 was admitted to hospice services. [DATE] 2:50 PM - A Nursing Progress Note by E5 (LPN) documented that R1 had a fever of 101.1 F, was lethargic (sluggish) and had a oxygen saturation of 89% (normal range 95 -100%) and oxygen at 4 liters per minute was initiated. After the oxygen was initiated, the oxygen saturation increased to 94% and the hospice agency was contacted. [DATE] 6:55 PM - A Nursing Progress Note by E6 (RN) documented that R1's responsible party requested testing of the urine for possible UTI and testing for COVID-19. In response to these requests, R1's medical practitioner was contacted and orders were received for the requested tests. [DATE] - The facility's LTC Respiratory Surveillance Line Listing documented that R1's symptom onset date was [DATE] with fever and diarrhea. On [DATE], a specimen for COVID-19 testing was obtained. There was lack of evidence that the facility identified that the elevated temperature of 101.1F and diarrhea were consistent with the symptomatology of COVID-19. In addition, there was lack of evidence that the facility implemented isolation and droplet precautions for R1, as evidenced by R1 and R2 remaining in the same room. [DATE] 2:00 PM - A Nursing Progress Note by E8 (LPN) documented that R1's temperature was 102.9 F and oxygen saturation was 91% on 3 liters of oxygen. [DATE] 9:21 PM - A Nursing Progress Note by E7 (RN) documented that R1 expired in the facility. [DATE] 12:25 PM - An interview with E2 (DON) revealed that droplet precautions were implemented after R1 had a fever of 101.1 F on [DATE], however, the facility did not isolate and separate R1 from his roommate, R2, who was asymptomatic. E2 further verbalized that it was her opinion, that R2 was already likely to have been exposed to COVID-19, thus, the decision was made not to separate and isolate R1 from R2. E2 confirmed that the result of the COVID-19 test was communicated to the facility on [DATE], after R1 expired on [DATE]. E2 further verbalized that R1 was the first resident in the facility to have been confirmed with COVID-19 and since then, the facility's practice was to immediately isolate symptomatic residents from an asymptomatic residents. 2. Review of R2's clinical records and review of the facility's Line Listing revealed the following: [DATE] - R2 was admitted to the facility with [DIAGNOSES REDACTED]. [DATE] From 10:05 AM through [DATE] - Nursing Progress Notes during this period of time revealed that R2 did not have any symptoms consistent with COVID-19. [DATE] 7:39 PM - A Nursing Progress Note by E4 (RN, MDSC) documented, .(R2) has been in isolation precaution ongoing due to roommates condition and have been treating (R2) with isolation also at the same time done to cohorting (sic) until roommates results returned to determine if isolation still needed temp 101.7F. MD called and notified DON .Joose stool, not watery .notified DON of temp and condition. [DATE] - The facility's LTC Respiratory Surveillance Line Listing documented that R2's symptom onset date was [DATE] with a fever. On [DATE], a specimen for COVID-19 testing was obtained. [DATE] 12:53 PM - A Nursing Progress Note by E6 (RN) documented that the results of the COVID-19 test were positive. [DATE] 12:25 PM - An interview with E2 (DON) confirmed that R2 remained in the same room with R1, his roommate until R1 expired on [DATE]. Droplet precautions were implemented for R2 when he had a fever on [DATE] and R2 remained in the room without a new roommate. [DATE] 2:00 PM - Findings were reviewed with E1 (NHA), E2 (DON), E3 (SD/ICP), and E4 (RNAC) during the Exit Conference. E1 verbalized that R1 was being worked-up for a possible UTI due to the fever. In addition, E1 reported that it may have been that there was no other location in which to isolate R1 and upon receiving this comment, the surveyor requested evidence. No further follow-up was received by the surveyor.</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.