STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215204	A. BUILDING _____ B. WING _____	**07/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HOLLY HILL HEALTHCARE CENTER	**531 STEVENSON LANE TOWSON, MD 21286**

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 observation, medical record review and interview with facility staff, 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 the facility 1) failing to follow all infection control precautions for residents under observation. This was evident for 3 out 6 residents (Residents #4, #5, #6), 2) failing to include a COVID-19 positive resident on line listing. This was evident for 1 out of 10 COVID-19 positive residents in the facility (Resident #8) and 3) failing to complete COVID-19 Symptoms Evaluation daily. This was evident for 3 out of 3 residents (Resident #4, #6, #9). All residents have the potential to be affected by these deficient practices. The findings include: 1. The facility staff failed to follow all infection control precautions for residents under observation for COVID-19. Interview of Administrator and Interim Director of Nursing (DON) on 7/15/20 at 9:30 AM revealed residents under 14 day observation for COVID-19 had a zippered plastic sheet wall prior to entering room and a respiratory/droplet precaution sign to alert all facility staff. On 7/15/20 at 10:15 AM the surveyor began a tour of all nursing units with the Regional Nurse. A. Observation of Resident #4's room on 7/15/20 at 10:15 AM revealed the Resident's door open. The Resident did have a respiratory/droplet precaution sign. The Resident's room did not have a zippered plastic sheet wall prior to entering room. The Regional Nurse confirmed the surveyor's findings at the time. The surveyor had an additional observation of Resident #4's room with the door open with no zippered plastic sheet wall on 7/15/20 at 11:20 AM. B. Observation of Resident #5's room on 7/15/20 at 10:20 AM revealed the Resident did have a respiratory/droplet precaution sign. The Resident's room did have a plastic sheet wall but it was unzipped. The Regional Nurse confirmed the surveyor's findings at the time. C. Observation of Resident #6's room on 7/15/20 at 10:30 AM revealed the Resident's room did have a zippered plastic sheet wall but the left side was not sealed to the door creating an opening and the right side of the plastic was ripped from the door also creating an opening. 2. The facility staff failed to include all COVID-19 positive residents on the infection control line listing. An Line Listing provides a template for data collection and active monitoring of both residents and staff during a suspected cluster or outbreak illness. On 7/15/20 at 9:30 AM the Administrator and Interim DON were asked to provide the surveyor a line listing of all COVID-19 positive residents and staff. On 7/15/20 at 1:00 PM the Regional Nurse provided the surveyor a line listing of COVID-19 positive residents and staff. On 7/16/20 at 10:30 AM the Administrator provided the surveyor another line listing of COVID-19 positive residents and staff. Review of the all residents located on the COVID-19 positive unit on 7/16/20 revealed Resident #8 was not included on either line listing provided by the facility to the surveyor on 7/15 and 7/16/20. Interview with the Regional Nurse on 7/16/20 at 11:09 AM confirmed the facility staff failed to keep an accurate infection control line listing 3. The facility staff failed to complete daily COVID-19 nursing assessments of residents. Interview with the Regional Nurse on 7/15/20 at 10:00 AM revealed the nursing staff are to complete daily COVID-19 Symptoms Evaluation assessments of residents under COVID-19 observation for 14 days. A. Review of Resident #4's medical record on 7/16/20 revealed the Resident was admitted to the facility on [DATE]. Further review of the resident's medical record revealed [REDACTED]. B. Review of Resident #6's medical record on 7/16/20 revealed the Resident was admitted to the facility on [DATE]. Further review of the resident's medical record revealed [REDACTED]. C. Review of Resident #9's medical record on 7/16/20 revealed the Resident was admitted to the facility on [DATE]. Further review of the resident's medical record revealed [REDACTED]. Interview with the Region Nurse on 7/16/20 at 11:09 AM confirmed the facility staff failed to do daily COVID-19 nursing assessments as required.

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.