STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215081	A. BUILDING _____ B. WING _____	**07/21/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PERRING PARKWAY CENTER	**1801 WENTWORTH ROAD BALTIMORE, 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 -** Few	**Provide and implement an infection prevention and control program.** Based on administrative reviews and staff interview, it was determined that the facility failed to screen a staff member for COVID19 before allowing the staff member to enter the building and work. This was evident for one identified occurrence during an infection control survey. The findings include: In an interview with the facility Director of Nurses (DON) on 07/21/20 at 11 AM, the DON stated that the facility identified the first positive COVID19 resident on 06/29/20. The DON stated the facility conducted a root cause analysis to determine how the COVID19 virus could have entered the facility and infected the resident. The DON stated the analysis determined 2 possible causes for the outbreak. First, the outbreak could have started with 3 asymptomatic GNA's that work in the facility. All 3 GNA's ended up testing COVID19 positive. The second possible cause could have been related to the residents who smoke in the facility smoking area. A review of the preventative measures the facility implemented revealed a screening tool that is utilized at the front door. The facility designated single entrance into the facility. The screening tool is used for every person who wants to enter the building. This includes all staff and vendors. Review of the actual screening tool listed several questions inquiring if the persons who wants to enter the building has had any of the following: a fever, a cough, nausea, vomiting, shortness of breath, changes in or loss of sense of smell or taste, if the person had a recent COVID19 test and a result, traveled out of the country, contact with a person diagnosed or under suspicion for COVID19, or lives in a community where community based spread is occurring. Each person entering the facility has their temperature taken and documented on the individuals screening tool. A review of the facility screening tool documentation for staff entering into the building between 06/15/20 thru 06/29/20, revealed that on 06/21/20, staff member #1 failed to document any responses to the screening questions for GNA #3 before allowing GNA #3 to enter into the building. Staff member #1 only documented GNA #3's temperature which indicated GNA #3 was afebrile. In a follow-up interview with the facility DON on 07/21/20 at 1:50 PM, the DON stated that the facility administrative staff did identify that staff member #1 was not consistently documenting a staff member's responses to each of the questions on the screening tool. The facility DON stated that staff member #1 was identified as not completing the screening tool and was given re-education regarding this issue. Subsequently, staff member #1 ended up being terminated.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE