STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215111	A. BUILDING _____ B. WING _____	**08/11/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAURELWOOD HEALTHCARE CENTER	**100 LAUREL DRIVE ELKTON, MD 21921**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of facility protocol, and staff interviews, it was determined that the facility failed to implement the Infection Control protocol for 2 of 22 Employee (E)s (E1, and E2). The findings include: During the entrance conference on 8/11/20 at 9:30 AM, the Administrator stated, The facility's protocol during the pandemic was all staff, vendors had to wear a surgical mask and face shield or goggles. During the initial tour with the infection Preventionist, an observation at 10:30 AM revealed to enter the resident areas, a code was required to be enter in a pad located on the right side wall. Once the code was entered, the closed fire doors were open and allowed entry. The right door had signage which read, Masks, Goggles, or Shields Must Be Worn Beyond this Point. The Infection Preventionist entered the access code and opened the right fire door. At the same time, in the resident area, was a contracted worker wearing a surgical mask but no goggles, or face shield. E1 was asked where his face shield or goggles were. He responded, I just went to the bathroom. The Infection Preventionist instructed the contractor that Once you enter through these doors, a mask and goggles or face shield must be worn and pointed to the signage. An observation with the Infection Preventionist at 10:49 AM, revealed E2 exiting room [ROOM NUMBER] carrying the Assure Platinum Glucometer. He opened an alcohol swab, wiped the Glucometer with the alcohol swab, and left the Glucometer on top of the medication cart. At 11:43 AM, E2 was asked what was his practice for cleaning a glucometer. He stated, I use an alcohol pad because it dries faster. The Infection Preventionist instructed him that he must follow manufacture instruction, he must use the bleach wipes, which were located in the bottom drawer of the medication cart. E2 had not used the glucometer after the first observation at 10:49 AM. At 1:30 PM, the Administrator verified that E2 received training on the proper cleansing of medical equipment during an in-service conducted the end of July.

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