STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215113	A. BUILDING _____ B. WING _____	07/23/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
RAVENWOOD NURSING CARE CENTER	1183 LUTHER DRIVE HAGERSTOWN, MD 21740

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 observation, interview, and record review, it was determined that the facility failed to maintain droplet isolation precautions for newly admitted residents, as evidenced by: cohorting new admissions in the same room, when other rooms on the observation unit were available; cohorting a long term care resident with new admissions during the 14 day observation time period; and placing a long term care resident who was experiencing possible signs of COVID into a room with a resident on day 5 of new admission observation when other rooms were available in the facility. The findings include: The facility has two units: the observation unit and a second unit divided between long-term care residents (Green) and short stay residents (Yellow). The observation unit was set up as negative pressure and was completely separate from the unit with long-term care and short-stay residents who had completed their 14 day observation period. The Observation Unit had a separate entry from the outside. room [ROOM NUMBER] was designated as the changing room for staff providing care. The observation unit had three private rooms: 202, 204 and 205; and four double rooms: 206, 207, 208 and 210. Staff assigned to this (observation) unit do not go onto the green unit. The green unit consisted of three halls, two of which have the LTC residents; the third hall (yellow) is separated by a closed set of doors and consisted of 6 rooms, one of which was a single room and the other 5 were shared double rooms. The yellow hall was primarily used for short-stay residents. A plastic barrier wall separated the yellow short-stay hall from the observation unit. All three halls on the green unit including the short-stay hall were staffed with the same level of personal protective equipment. On 7/22/2020, during the tour of the units, the Administrator reported that the short-stay hall was designated as yellow because it is closer to the observation unit. She also reported it is primarily used for the short term residents who have completed their 14 day isolation but were not yet ready to go home. In order to gain access to the yellow hall, you must walk thru part of the long term care green area. Consistent with guidance from both the CDC and CMS, on 4/24/20, the State of Maryland Health Secretary issued an order requiring facilities to, designate a room, series of rooms, or floor of the nursing home as a separate observation area where newly admitted or readmitted residents are kept for 14 days on contact and droplet precautions while being observed every shift for signs and symptoms of COVID-19. The CDC guidance regarding Droplet Precautions includes the following: Ensure appropriate patient placement in a single room if possible. In long-term care and other residential settings, make decisions regarding patient placement on a case-by-case basis considering infection risks to other patients in the room and available alternatives. On 6/16/20, guidance from the state Department of Health revealed that newly admitted , or readmitted residents, should be placed in a single-person room (without roommate) ideally in a separate observation area and as a last resort, if a facility does not have an open single-person room available for admission or readmission, then they may admit a resident to a multi-person room with another resident on observation. 1. On 7/23/20, review of Resident #5's medical record revealed the resident was admitted to the facility on [DATE] from a hospital. The resident had a negative COVID test on 7/14/20. The resident was admitted to room [ROOM NUMBER] B on the observation unit. No other resident was in 210 A from 7/15 thru 7/20/20. The CDC guidance regarding testing includes the following: Testing residents upon admission could identify those who are infected but otherwise without symptoms, and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. On 7/23/2020, review of Resident #6's medical record revealed the resident was admitted to the facility on [DATE] after a 5 day hospitalization . The resident had a negative COVID test on 7/20/20. The resident was admitted to 210A with Resident #5. Review of the room assignment sheets revealed that at least 3 other rooms on the observation unit were empty on the day of Resident #6's admission. Further review of the room assignment sheets revealed that, on 7/20/20, 7/21/20 and 7/22/20, there were at least 3 empty rooms on the observation unit: 202, 205 and 206. Further review of the room assignment sheets revealed that room [ROOM NUMBER] had been empty from 7/13/20 thru 7/22/20. 2) On 7/22/20, review Resident #1's medical record revealed that the resident was a long term resident of the facility with the most recent re-admission from a hospital having been in 2019. Resident #1 had a history of [REDACTED]. Further review of the medical record revealed that Resident #1 was residing on the observation unit in room [ROOM NUMBER]. Review of room assignment documentation revealed that the resident had had a roommate (Resident #7) for 14 days who was moved to the yellow area of the green unit on 7/7/20. Prior to Resident #7 being moved, there were no available beds on the observation unit on 7/7/20. On 7/22/20 at 3:10 PM, the Administrator reported that Resident #1 was on the observation unit because of going out to [MEDICAL TREATMENT]. Review of June 16, 2020 guidance from the Maryland Department of Health revealed that residents returning to the facility after a same day leave of absence are not required to be admitted to observation upon their return but should be screened upon re-entry for signs and symptoms of COVID-19. On 7/23/20, a review of Resident #2 's medical record revealed that the resident was admitted to the facility on [DATE] after a 7 day hospitalization for pneumonia. A COVID test obtained on 7/6/20 was negative. The resident was admitted to room [ROOM NUMBER] with Resident #1. By placing the new admission into a shared room with a long term care resident, the facility placed the long term care resident at risk for exposure from the observation resident who, despite the 7/6/20 negative test, was still considered to have an unknown status until the 14 days of observation is completed. Further review of the room assignment sheets for 7/7/20 revealed two available empty rooms (209 and 211) in the yellow section of the green unit. Further review revealed room [ROOM NUMBER] remained empty until 7/15/20. There were no other empty rooms available in the observation unit when Resident #2 was admitted on [DATE]. Resident #1 and #2 remained in the room together for 14 days and, as of 7/22/20, they remained in the room together. On 7/23/20, review of 7/23 room assignments revealed that Resident #2 had been moved to the yellow area of the green unit and Resident #1 was moved to a private room on the green unit. 3) On 7/23/20, review of Resident #4 's medical record revealed that the resident was admitted to the facility from an out of state hospital on [DATE] for non-COVID related concerns. The resident had a COVID test on 6/29 which was negative. On 7/6/20, Resident #4 was on the 6th admission day and was on the observation unit in room [ROOM NUMBER]A. On 7/23/20, review of Resident #3's medical record revealed that the resident was a long term resident of the facility with an admitted more than a year prior. The resident had been residing in the green unit until s/he was moved onto the observation unit on 7/6 to room [ROOM NUMBER]B. Review of the medical record revealed that, on 7/6/20, the resident had begun to exhibit possible signs and symptom of COVID. The resident was evaluated by the nurse practitioner, tests and treatments were ordered and the resident was transferred to the observation unit. Although symptomatic, Resident #3 was placed into the same room with Resident #4. The Centers for Disease Control and Prevention (CDC) published guidance on 6/25/2020, (updated from earlier guidance on 3/21/2020, 04/15/2020 and 5/19/2020) entitled Preparing for COVID-19 in Nursing Homes. The CDC indicated that residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of [DIAGNOSES REDACTED]-CoV-2 testing. They should not be placed in a room with a new admission nor should they be moved to the COVID-19 care unit unless they are confirmed to have COVID-19 by testing. On 7/23/20, interview with the infection control nurse revealed that 207B was the only bed available in the observation unit when Resident #3 needed to be put in

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) isolation. Review of the room assignment sheets for 7/7 revealed that rooms [ROOM NUMBERS] on the yellow unit were empty. Nonetheless, with private rooms available, the symptomatic resident was moved to share a room with another resident on the observation unit. On 7/23/20 at 4:00 PM, surveyor reviewed above concerns with the infection control nurse. DON and Administrator were also made aware of concerns on 7/23/2020.