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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215074 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/28/2020 |
| NAME OF PROVIDER OF SUPPLIER HOMEWOOD CENTER | | STREET ADDRESS, CITY, STATE, ZIP 6000 BELLONA AVENUE BALTIMORE, MD 21212 | |
| 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 observations and interviews with facility staff, it was determined the facility failed to ensure that staff adhered to infection control practices and guidelines by wearing appropriate Personal Protective Equipment (PPE) to prevent the spread and transmission of germs throughout the facility. This was found to be evident while conducting a tour of the facility's designated Covid Unit during the facility's Focused Covid Infection Control Survey. Findings include; A tour of the facility was conducted on 7/27/20 at 11:20 AM and the Nursing Home Administrator (NHA), Clinical Quality Specialist (CQS) and Regional Executive Director (RED) were present. We entered the (NAME) Hall Unit, which is the facility's designated Covid Unit for residents who have tested positive. Resident # 2 was observed at 12:15 PM in a wheelchair in the hallway. S/he was wearing a mask that was around his/her mouth and not covering the nose area. The resident was moving about the unit in a wheelchair between his/her room and the medication cart to where a nurse (Staff # 4) was standing. Simultaneously, at 12:15 PM, another nurse (Staff # 5) walked onto the unit from the nurses station (a designated room within the unit) wearing an N-95 mask, but did not have on eyewear (goggles) or a gown. Staff # 5 was interviewed by the surveyor as she was preparing to leave the unit. She was asked about the facility's policy for proper PPE while on the Covid unit. She stated that staff were to wear an N-95 mask, eyewear (goggles), and a gown. Staff # 5 went on to say that she had just received an order from the physician that she was going to transcribe. She was then asked to explain the purpose of wearing appropriate PPE and she stated that it was to be worn for protection and to prevent the spread of germs throughout the facility. An interview was conducted with the CQS on 7/27/20 at 2:30 PM and she was asked who is responsible for ensuring that staff is following the infection control guidelines to ensure that staff is wearing appropriate PPE. She stated that she provided education to the staff and monitors them. She stated that Staff # 5 should have donned the appropriate PPE to include, not only an N-95 mask, but also eyewear and a gown prior to coming onto the Covid unit. | | |
| 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.