

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 08A006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2020
NAME OF PROVIDER OF SUPPLIER JEANNE JUGAN RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP 185 SALEM CHURCH ROAD NEWARK, DE 19713	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interview, reviews of the facility's infection control policy and procedures and standards of practice for infection control, the facility failed to implement appropriate infection control practices as evidenced by the conservation method they used for personal protective equipment (PPE) by placing masks and disposable yellow gowns in individual clear plastic Ziploc bags for each staff member to reuse and stored them inside each of the 11 residents' rooms with suspected COVID-19 where staff had to enter the residents room to apply the PPE; and additional observations revealed that outside of each of the 11 resident's rooms lacked signage on the use of specific PPE for staff to follow. Findings include: The facility's policy, last revised October 2018, entitled Isolation - Categories of Transmission-Based Precautions stated, . 2. Transmission-based precautions are additional measures that protect staff, visitors and other residents from becoming infected. These measures are determined by the specific pathogen and how it is spread from person to person. The three types of transmission-based precautions are contact, droplet and airborne . 5. When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door . so that personnel . are aware of the need for and the type of precaution. a. The signage informs the staff of the type of CDC precaution(s), instructions for use of PPE . Contact Precautions . 4. Staff . will wear gloves . when entering the room . 5. Staff . will wear a disposable gown upon entering the room . The facility's policy, last revised August 2019, entitled Isolation - Initiating Transmission-Based Precautions stated, . 3. When Transmission-Based Precautions are implemented, the Infection Preventionist (or designee): . e. Ensures that protective equipment (i.e. gloves, gowns, masks, etc.) is maintained outside the resident's room so that anyone entering the room can apply the appropriate equipment . The Centers for Disease Control and Prevention (CDC) website for Coronavirus Disease 2019 (COVID-19) Strategies for Optimizing the Supply of Facemasks, page last revised March 17, 2020, stated, . Purpose: This document offers a series of strategies or options to optimize supplies of facemasks in healthcare settings when there is limited supply . Crisis Capacity Strategies . mask can be stored between uses in a clean sealable paper bag or breathable container . 3/25/2020 from 4:19 PM to approximately 5:15 PM - During a tour of the facility with E3 (Unit Staff Member), - observations on the A Hall revealed four (R8, R9, R10 and R11) out of 10 residents with suspected COVID-19 lacked evidence of PPE for staff to put on prior to entering each resident's room and signage on the specific use of PPE for staff to follow outside each resident's room; - observations on the B Hall revealed seven (R1, R2, R3, R4, R5, R6 and R7) out of 10 residents with suspected COVID-19 lacked evidence of PPE for staff to put on prior to entering each resident's room and signage on the specific use of PPE for staff to follow outside each resident's room; - an observation on the B Hall revealed a group of clear plastic Ziploc bags sitting inside R1's room, with each bag holding a mask and yellow disposable gown. When E3 was asked about this facility practice, E3 stated that each staff member had a bag with a mask and yellow gown in order to conserve PPE. E3 stated that the facility was attempting to obtain more PPE from their supplier and other outside sources. Finding was immediately confirmed and discussed with E3 about their conservation method of using plastic Ziploc bags for storage to reuse PPE (gowns and masks). 3/25/2020 at approximately 6:30 PM - Finding was reviewed with E1 (NHA) and E2 (DON).</p>		
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.