

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER LOCH RAVEN CENTER		STREET ADDRESS, CITY, STATE, ZIP 8720 EMGE 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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, medical record review and interviews, it was determined that the facility failed to ensure that facility staff utilized effective infection control practices to prevent the spread of COVID-19. This was evidenced by: 1) facility staff failed to wear face masks in the facility at all times, as required. This was evident for 3 staff members and 2) facility staff failed to complete COVID-19 assessments for residents (Resident #2 & #4). This was evident for 2 out of 7 residents reviewed. The findings include: 1. The facility staff failed to wear face masks in the facility at all times. Review of Centers for Disease Control guidance, Preparing for COVID-19 in Nursing Homes dated 6/25/20 states, HCP (Healthcare Personnel) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Review of the Maryland Department of Health Directive and Order regarding Nursing Home Matters dated 6/19/20 states, All staff, volunteers, vendors, and visitors when permitted, shall wear the appropriate face covering (e.g., surgical mask, cloth face covering) at all times when they are inside the facility. A. Observation on 8/6/20 at 9:20 AM revealed the Director of Activities enter the building with no face mask. The Director of Activities walked to the front desk and was screened by the Receptionist for COVID-19 with no face mask in place. The Director of Activities then proceeded to leave his belongings in the lobby and walk down the hallway where the time clock is located with no face mask in place. The Director of Activities then returned to the lobby and put on a face mask. The surveyor was then met by the Nurse Practice Educator in the lobby and began a tour of the facility's second floor. The surveyor reviewed the concern of the Director of Activities in the facility with no mask. On return to the lobby, the Nurse Practice Educator placed masks at the entrance to the facility and advised the surveyor. B. Observation on 8/6/20 at 9:45 AM with the Nurse Practice Educator present revealed the Director of Nursing (DON) enter the building with no face mask in place. The DON got in line behind 2 other staff members waiting to be screened by the Receptionist without a face mask in place. The surveyor reviewed the 2 observations of staff not wearing a face mask, Director of Activities and DON, on 8/6/20 at 11:30 AM with the Regional Nurse. The Regional Nurse stated the staff are following corporate policy and CDC (Centers for Disease Control) guidelines. The Regional Nurse stated the staff do not need to wear a face mask until after they are screened by the Receptionist. The surveyor reviewed the Maryland Department of Health order with the Regional Nurse stating all facility staff must wear a face mask at all times in the facility. The surveyor asked the Regional Nurse to provide a corporate policy or CDC guidance stating that it was okay not to wear a face mask prior to being screened for COVID in the facility. The Regional Nurse did not provide any documentation. C. Observation on 8/6/20 at 3:00 PM revealed Dietary Employee #1 walking down the hallway without a face mask. The employee used the time clock and walked back down the hallway towards the lobby. The surveyor asked Dietary Employee #1 at the time, why he/she was not wearing a face mask in the building, Dietary Employee #1 stated because he/she was leaving. Dietary Employee #1 proceeded to walk to the lobby and out the door without a face mask. During interview with the Regional Nurse on 8/6/20 at 3:03 PM, she stated Dietary Employee #1 should have waited to remove his/her face mask until he/she was leaving the facility. 2. The facility staff failed to complete COVID-19 assessments of a resident. Review of Centers for Disease Control guidance, Preparing for COVID-19 in Nursing Homes dated 6/25/20 states, Actively monitor all residents upon admission and at least daily for fever (T>100.0 F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. Review of the Maryland Department of Health Directive and Order regarding Nursing Home Matters dated 7/24/20 states: As the clinical status of individuals infected with COVID-19 may change quickly and nursing home residents may have an atypical presentation of the infection, each nursing home resident shall be evaluated daily to check for COVID-19 by the nursing home's clinical staff. The evaluation shall include vital signs, as well as, the identification of new or worsening signs or symptoms. All evaluations shall be documented in the resident's medical record. During an interview with the DON on 8/6/20 at 12:15 PM, the DON was asked how the facility staff are monitoring residents for COVID-19. The DON stated all residents have their vital signs taken daily and have an assessment daily documented in the resident's medical record to monitor a resident for COVID symptoms. A. Review of Resident #2's medical record revealed that the Resident was admitted to the facility on [DATE] from the hospital. Further review of the resident's medical record revealed [REDACTED]. B. Review of Resident #4's medical record revealed that the Resident was admitted to the facility on [DATE] from another facility. Further review of the resident's medical record revealed [REDACTED]. Interview with the Regional Nurse and Director of Nursing on 8/6/20 at 2:30 PM confirmed the surveyor's findings. All findings were reviewed with the Regional Nurse and Director of Nursing on 8/6/20 at 3:20 PM.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		(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.