| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **215010** | A. BUILDING _____ B. WING _____ | **08/18/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **PEAK HEALTHCARE AT THE PINES** | **610 DUTCHMAN'S LANE EASTON, MD 21601** |

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<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | **Provide and implement an infection prevention and control program.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observation, record reviews and staff interview it was determined the facility staff failed to follow the posted Transmission - Based precautions required to 1. prevent the spread of COVID-19 infection on the Observation Unit and 2. maintain resident care equipment in a manner to prevent the spread of infection and cross contamination on the Chesapeake Unit. This was evident during a tour of the facility during this COVID-19 Focused Survey. The findings include: The facility had active COVID-19 cases in the facility and staff testing positive for COVID-19 at the time of this survey. 1. Tour of the Chesapeake Unit (a non COVID or Observation Unit) on 8-17-2020 at 10:40 AM revealed Geriatric Nursing Assistant (GNA) #10 wheeling a Hoyer Lift (used to transfer resident from bed to wheelchair) out of room [ROOM NUMBER] and placing it against the wall. GNA #10 then went back into room [ROOM NUMBER] and did a task for the resident and then left and entered room [ROOM NUMBER]. The resident in room [ROOM NUMBER] requested that GNA #10 remove some soiled linens. GNA #10 then left<br>room [ROOM NUMBER] and got a plastic bag and put on a glove and removed the dirty linen to the bag and went into the hallway and placed in the dirty linen cart. Going from room [ROOM NUMBER] to 203, GNA #10 never cleaned their hands. The Hoyer Lift used in room [ROOM NUMBER] was never wiped or disinfected. 2. On 8-17-2020 at 10:45 AM on the Chesapeake Unit Geriatric Nursing Assistant (GNA) #7 was observed pushing an ice chest around filling residents water cups with ice. GNA #7 was observed leaving the scoop in the ice chest and bare handed retrieving the scoop and filing cups with ice. GNA #8 came at 10:48 AM and with bare hands retrieved the scoop from the ice chest and filled a cup with ice. The two GNA's failed to place the scoop in a holder to prevent cross contamination. 3. On 8-17-2020 at 10:50 AM Certified Medicine Aide (CMA) #9 was observed taking a wheeled blood pressure cuff into room [ROOM NUMBER] but had not cleaned it before use. CMA #9 then left the room and poured medications for room [ROOM NUMBER] and went back in to administer it. CMA #9 then left the room with the blood pressure cuff and cleaned hands with alcohol based hand rub (ABHR) and wheeled the medication cart and blood pressure cuff to the storage area. CMA #9 then began preparing medications for another resident. When asked why the blood pressure cuff was not wiped down between residents he/she stated it is cleaned before the next resident use. The blood pressure cuff was not observed being cleaned before or after use. 4. On 8-17-2020 at 10:30 AM, Resident #7's room on the COVID-19 Observation Unit had a sign directing staff to follow Transmission Based Precautions and if entering to wear mask, goggles, gown and gloves. Nurse #3 prepared medication for the Resident #7. Nurse #3 wearing goggles, mask and gown entered the room. Upon exit Nurse #3 was wearing the gown which he/she removed in the hallway with bare hands and disposed of in a receptacle in the hallway. When questioned as to why he/she did not wear gloves he/she responded gloves are not necessary when passing meds (medication). Gowns worn in rooms under Transmission based precautions should be removed in the Resident's room and disposed of inside the room to prevent cross contamination. 5. The isolation equipment carts on the Observation Unit outside occupied rooms [ROOM NUMBERS] were not stocked with supplies and occupied rooms [ROOM NUMBERS] did not have isolation equipment carts. Nurse #3 was observed on 8-17-2020 at 10:30 AM going to the room where medication carts were kept when not in use in order to obtain a gown. The gowns were not available by the resident rooms. These findings of<br>not following standard infection control practices and precautions were discussed with the Director of Nursing and the Administrator at the exit conference on 8-17-2020 at 12:00 PM. |

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.