STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085002	A. BUILDING _____ B. WING _____	**05/12/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PARKVIEW NURSING	**2801 W. 6TH STREET WILMINGTON, DE 19805**

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, record review and interview it was determined that for three (R2, R3, and R4) out of eight residents reviewed the facility failed to properly isolate asymptomatic residents from COVID-19 symptomatic / COVID-19 positive residents. Findings include: 4/2/2020 - CMS and the CDC issued COVID-19 Long-Term Care Facility Guidance that included: Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, or have an unknown status. When possible, facilities should exercise consistent assignment, or have separate staffing teams for COVID-19-positive and COVID-19-negative patients. April 2020 - R1, R2, R3, and R4 were all roommates in a four person room. 4/9/2020 - According to the infection control line listing and progress notes, it was documented that R1 developed respiratory symptoms and had a chest x-ray showing pneumonia. [DATE]1/2020 - A progress note documented, continue droplet precautions. Later the same day, the resident went to the hospital for abdominal distention. It was unclear from the record if the facility considered testing R1 for COVID-19 or separating the roommates (R2, R3 and R4) from R1 once droplet precautions were initiated for a respiratory illness. [DATE]4/2020 - The facility was made aware that R1 tested positive for COVID-19. R1 did not return from the hospital. R2, R3, and R4 were now considered to be residents exposed to COVID-19. [DATE]20 - Review of the infection control line listings documented the onset of symptoms for R2. Symptoms included fever, congestion, sore muscles, weakness/fatigue and a chest x-ray showing pneumonia. R2 was tested for COVID-19. R3 and R4 remained asymptomatic, yet continued to be roommates with R2. 4/30/2020 - R3 was added to the infection control line listing for the onset of symptoms including fever, cough, congestion, and a chest x-ray showing pneumonia. 4/30/2020 - R4 was added to the infection control line listing for the onset of symptoms including a low grade fever with gastrointestinal symptoms (nausea, vomiting and/or diarrhea). R3 and R4 continued to room with R2, although R2 had symptoms of possible COVID-19 since [DATE]20. 5/5/2020 - The facility received positive COVID-19 test results for R2. Despite this, R3 and R4 remained roommates with R2. 5/6/2020 (7:00 PM - 11:30 PM) - R2, R3, and R4 were observed sharing a room with an isolation sign and supplies at the door to the room. 5/6/2020 7:30 PM - During an interview with E3 (LPN), it was revealed that the room R2, R3 and R4 resided in was under isolation and the same nurse and aide cared for all three residents. It was further revealed that the facility was considering all of the residents as presumed positive for COVID-19. 5/6/2020 9:54 PM - During a conversation between E3 (LPN) and a doctor on the phone, E3, after telling the doctor on the phone what room R3 was in, stated, we were told to assume they (residents) were all positive. 5/6/2020 around 10:30 PM - During an interview with E1 (NHA) and E2 (DON), it was revealed that by the time R2's positive COVID-19 result came back, R3 and R4 already had elevated temperatures, so the facility was sheltering these residents in place after having made so many room changes in the past with other residents. 5/6/2020 around 11:30 PM - E1 (NHA) and E2 (DON) stated they were going to move R3 and R4 to the facility COVID-19 wing. The facility failed to isolate R2 when symptoms consistent with COVID-19 were identified and the resident was tested for COVID. The facility again then failed to isolate R2 from R3 and R4 when positive COVID-19 results were received. Undated - The facility's COVID-19 policy documented, Separate suspected infected residents for non-infected residents . These findings were reviewed with E1 (NHA) and E2 (DON) on 5/12/2020 at 3:30 PM.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE