

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 08A020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2020
NAME OF PROVIDER OF SUPPLIER NEWARK MANOR NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 254 WEST MAIN STREET NEWARK, DE 19711	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, clinical record review, interview, and review of CMS (Centers for Medicare and Medicaid Services) and CDC (Centers for Disease Control) COVID-19 guidelines, it was determined that the facility failed to follow COVID-19 precautions to quarantine newly admitted residents for 14 days, for one (R3) out of four sampled residents. Findings include: 4/30/2020- The CDC webpage entitled, Responding to Coronavirus (COVID-19) in Nursing Homes indicated that newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission. New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain without a fever and without symptoms for 14 days after their last exposure (e.g., date of admission). https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html. Review of the facility quarantine policy, last updated 8/7/2020, indicated any new admission who has not previously tested positive for and/or has not had a history of [REDACTED]. Review of R3's clinical record revealed: 10/12/2020 - R3 was admitted to the facility from another long term care facility. 10/12/2020 - A progress note documented, resident status [REDACTED]. 10/13/2020 - A care plan was initiated for R3 related to possible exposure COVID-19 due to being out of facility in a setting where COVID-19 is/may be present, room quarantine is required for 14 days with monitoring for respiratory symptoms. Interventions included contact precautions will be initiated. The resident will not come out of their room unless medically necessary and at that time the resident must wear a surgical face mask. The resident will stay in room [ROOM NUMBER] days once potential exposure has been noted or upon return to the facility after being out to hospital. 10/14/2020 - A progress note documented that R3 rested quietly with eyes closed in recliner chair at nurses station. 10/16/2020 - 12:14 AM- A progress note documented, resident at nurses station in recliner chair. 10/16/2020 - 4:51 PM - A nursing note documented, staff took resident up/down the hallway for distraction. 10/20/2020 - A progress note documented, mask was applied as tolerated by the resident when out of the room. 10/20/2020 12:52 PM - R3 was observed seated in a geri-chair (recliner style wheelchair) in the hallway near the second floor nurses station. R3 was attempting to eat independently and had a mask with loops on the ears pulled down under R3's chin. During an interview on 10/21/2020 at 3:38 PM with E4 (RN) supervisor, it was reported that R3 was typically seated in the hallway near the nurses station unless R3 is tired. E4 stated, we try to social distance from R3 and place a mask on, but R3 tears it off. R3 sitting in the hallway is a safety thing for falls. E4 was asked about quarantine recommendations for new admission's and replied we try, but it's not always possible for R3. These findings were reviewed during the exit conference on 10/23/2020 at 9:00 AM with E1 (NHA), E2 (DON) and E3 (ADON).</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.