STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215029	A. BUILDING _____ B. WING _____	**07/21/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MANOR CARE HEALTH SERVICES - CHEVY CHASE	**8700 JONES MILL ROAD CHEVY CHASE, MD 20815**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor record review and facility staff interview it was determined that the facility failed to implement an infection control program that ensured new admissions remained in a single room or in an observation unit for 14 days prior to mixing with residents from the general population. In addition, the facility's infection control program failed to ensure all new positive cases of Coronavirus Disease 2019 (COVID-19) were reported to the health department as required. This finding was evident in 2 of 7 residents reviewed during the focused infection control survey (Residents #1 and #8). The findings include: 1. According to CDC considerations for new admissions or readmissions to Nursing homes, dated March 13, 2020, all new admissions and readmissions returning after an overnight stay away from the facility must be admitted on observation for 14 days using contact and droplet precautions while monitoring the resident for signs and symptoms of COVID-19. The resident should be placed in a single-person room (without a roommate), ideally in a separate observation area (i.e. a separate unit, floor, or wing of the facility) monitored and isolated on contact and droplet precautions for 14 days. As a last resort, if a facility does not have an open single-person room available for admission or readmission, then they may admit a resident to a multi-person room with another resident on observation. Facilities are always encouraged to keep a single-person room available for admissions, especially when expecting residents to return to the facility for readmission. According to the Maryland Department of Health guidance Preparing for and Responding to COVID-19 in Long-term Care and Assisted Living Facilities published on March 23, 2020, if a new resident screens negative, they should be admitted to this observation unit/area for 14 days. They can mix with other residents in this unit/area but not with other residents in the facility. They should also be screened daily with temperature and symptom checks and placed on strict isolation if they screen positive. After 14 days on the observation unit, if the resident does not ever screen positive, they can be released to mix with the general population On 07-17-2020 a review of the facility's COVID-19 Admission/Re-entry/Return Criteria dated 05-06-2020 revealed that if a resident tested for COVID-19 and did not meet CDC criteria for COVID-19, the resident should be admitted to airborne isolation for 72 hours. If no new signs/symptoms and no temperature greater than 100.4 degrees Fahrenheit or two (2) degrees greater than 99 degrees Fahrenheit in the last 48 hours, then the resident could be removed from isolation. On 07-20-2020 a review of the facility's updated COVID-19 Admission Criteria dated 07-07-2020 revealed that if an admission was tested for COVID-19 and was negative or was not tested or it was unknown, the resident should be admitted to a private room on transmission based precautions for 14 days. On 07-17-2020 a review of Resident #1's clinical record revealed that the resident was sent to the hospital on 06-01-2020. The resident was tested for COVID-19 on 06-01-2020 while at the hospital and was negative. The resident was readmitted to the facility on [DATE] to a semi-private room with a roommate. Review of the daily census record for 06-03-2020 revealed that Resident #1 was admitted to the B bed in a semi-private room with a roommate (Resident #2). This room was not on the observation unit. Further review of Resident #1's clinical record revealed no evidence that the resident was on any isolation precautions when the resident was readmitted on [DATE] until 06-10-2020. On 06-10-2020 the resident tested positive for COVID-19 and was moved to the COVID-19 isolation unit. On 07-17-2020 a review of Resident #2's clinical record revealed the resident was a long term resident who had resided in that room since 04-06-2020. On 07-17-2020 at 4:00 PM in an interview with the Administrator, Director of Nursing, and the Infection Control Preventionist revealed that they were not the management team when Resident #1 was readmitted to the facility on [DATE]. In addition, the admissions person and the unit manager for that unit were out sick during that time period. They could not say why the resident had been admitted to a room with a roommate on the long term care unit. 2. According to CMS memo QSO-20-26-NH dated April 19,2020, Current requirements at 42 CFR 483.80 and CDC guidance specify that nursing homes notify State or Local health department about residents or staff with suspected or confirmed COVID-19. On 07-21-2020 a review of the clinical record for Resident #8 revealed a progress note written on 06-29-2020 at 11:55 PM that documented that while out of the building for an appointment the resident tested for COVID-19 and was positive. There was no evidence that this positive case was reported to the state or local health department. On 07-21-2020 at 11:45 AM surveyor interview with the Administrator, Director of Nursing and the Infection Control Preventionist provided no additional information.

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