| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 215193 | A. BUILDING _____ B. WING _____ | 04/28/2020 |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| AUGSBURG VILLAGE | 6811 CAMPFIELD ROAD BALTIMORE, MD 21207 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| F 0880<br><br>**Level of harm -** Immediate jeopardy<br><br>**Residents Affected -** Many | **Provide and implement an infection prevention and control program.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observations, staff interviews, record reviews, and review of facility documents, the facility failed to ensure: 1) appropriate transmission based precautions were ordered and implemented (immediate isolation from asymptomatic roommates) for suspected COVID-19 residents (Resident (R) 1, 3, 5, 7 and 9), 2) staff properly used personal protective equipment (PPE) when caring for COVID-19 positive or COVID-19 suspected residents, 3) implementation of hand washing practices consistent with CDC (Centers for Disease Control and Prevention) guidelines to reduce the spread of respiratory germs, infections and prevent cross-contamination during the COVID-19 pandemic, and 4) posting of contact/droplet precaution signage throughout the facility to promote easy and correct use of PPE that describe the type of precautions needed and required PPE. These failures in proper infection control practices had the potential to affect all residents in the facility through the development and transmission of COVID-19 and other communicable diseases. It was determined the provider's non-compliance with one or more requirements of participation has caused, or was likely to cause, serious injury, harm impairment or death to residents. The Immediate Jeopardy (IJ) was related to 480.80 Infection Control. The Director of Nursing (DON) and the facility interim Administrator were made aware the IJ existed for the 114 residents in the facility on [DATE] at 2:00 PM. The sample size was 15 residents. An acceptable action plan was received on [DATE] at 6:45 PM. The Immediate Jeopardy was removed on [DATE] at 11:00 AM, after onsite verification on [DATE]. The findings included: A review of the facility policy titled Coronavirus revealed the following: A resident with known or suspected COVID-19, immediate infection prevention and control measures will be put in place. Resident will be transferred to Airborne Infection Isolation Room and if movement or transport is necessary, the resident is to wear a facemask. It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and Epidemiologic risk for the COVID-19 and to adhere to standard, contact and airborne precautions, including the use of eye protection. In the event of a facility outbreak, institute outbreak management protocols. Place residents in private rooms on contact precautions. Residents that have a confirmed case of COVID-19 can cohort with other residents who have a confirmed COVID-19. Cohort residents identified with same symptoms. Limit only essential personnel to enter room with Gloves, Gown, N95 respiratory protection and eye protection. Facility will keep a log of all persons who enter the room. Signs will be posted at the entrances, elevators and breakrooms to provide residents and staff if an outbreak is identified, instructions on hand and respiratory hygiene. Employees who have uprotected exposure to a resident with COVID-19 should report to the Infection Preventionist. Exclude from work for 14 days after last exposure. The policy was dated ,[DATE] A review of the facility's policy titled Isolation- Notices of Transmission- Based Precautions revealed the following: A. When transmission-based precautions are implemented, the Infection Preventionist (or designee) determines the appropriate notification to be placed on the room entrance door and on the front of the resident's chart so that personnel and visitors are aware of the need for and type of precautions. B. Signs and notifications comply with the resident's right to confidentiality or privacy. The following may be used to indicate: 1. Airborne Precautions: a. A notice at the doorway instructing visitors to report to the nurses' station before entering the room. b. A sign indicating Airborne Precautions on the door to the resident's room. c. A precautions sticker on the front of the resident's chart. 2. Contact Precautions: a. A notice at the doorway instructing visitors to report to the nurses' station before entering the room. b. A sign indicating Contact Precautions on the door to the resident's room. c. A precautions sticker on the front of the resident's chart. 3. Droplet Precautions: a. A notice at the doorway instructing visitors to report to the nurses' station before entering the room. b. A sign indicating Droplet Precautions on the door to the resident's room. c. A precautions sticker on the front of the resident's chart. The policy was dated ,[DATE]. Review of the facility document dated [DATE] entitled, Covid-19 Pandemic Plan revealed: Good judgement must be used since each potential pandemic is different. The focus is to assume the worst case scenario and try to put the systems in place to continue operations. The WHO has declared COVID-19 a pandemic. Communication will be extremely important to allay fear, keep everyone calm and follow the pandemic plan. With regard to cohorting residents with respiratory infection, the HCC will utilize the rehab unit for suspected or confirmed cases. According to CDC guidelines for COVID-19 infections at cdc.gov, Covid-19 is a coronavirus and based on what is currently known about COVID-19, spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. Healthcare personnel caring for patients with confirmed or possible COVID-19 should adhere to CDC recommendations for infection prevention and control (IPC): oAssess and triage these patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure, including placing a facemask on the patient and placing them in an examination room with the door closed. oUse Standard and Transmission-Based Precautions when caring for patients with confirmed or possible COVID-19. oPerform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled. oPractice how to properly don, use, and doff PPE in a manner to prevent self-contamination. 1) Resident Care and Appropriate Transmission Based Precautions The Director of Nursing (DON) provided a copy of the Covid-19 surveillance report. This report showed Resident (R) 1, 3, 5, 7 and 9 were suspected positive for Covid-19. On [DATE] at 10:15 AM, an observation of room assignment for the West Unit room [ROOM NUMBER] revealed that 2 residents were roomed together. R6 was not suspected of having covid, and R5 was suspected of having covid. There was no sign or visual alert posted outside of resident room indicating the type of precautions needed. No PPE supply cart was available outside the room for easy access. The review of the medical record on [DATE] for R6 revealed she did not have any signs/symptoms of Covid-19 and was not suspected of having Covid-19. R6 was admitted on [DATE] with a [DIAGNOSES REDACTED]. The nurse documented on [DATE] Resident alert, no coughing, sob, or c/o pain; afebrile. Interview with Employee (E) 1 on [DATE] at 10:20 AM, revealed that she did not know which residents were on transmission based precautions (TBP). E1 stated, We don't know. They didn't tell us nothing. We don't know who has the infection or Covid-19. They just gave us gowns today when you came. She additionally said, I'm concerned about the lack of communication. As you can see there are no signs posted for any precaution. R5 has symptoms of Covid-19. She has a cough and her roommate does not have symptoms. She did confirm that R5 was awaiting Covid-19 test results and was placed in the same room with R6 who was not suspected of having Covid-19. R5 was being tested since the resident was symptomatic. On [DATE] at 11:10 AM, an observation of Unit 2 North (West) revealed 8 residents (including R1, R3 and R9 suspected positive COVID-19) was located in the dining area, were not [MEDICATION NAME] social distancing measures of consistently staying six feet apart from one another. Only the staff members were wearing masks. No residents were seen wearing masks while they were in close proximity to each other. Further observation of the suspected covid19 resident rooms revealed there was no signage posted for isolation precautions. The required Personal Protective Equipment (PPE) carts were not present. Interview with E2 on [DATE] at 11:15 AM revealed that she did not know which residents were on transmission based precautions (TBP). E2 stated The DON did not communicate this to me. They don't communicate it. Our infection control nurse is not here today. When asked about how residents room |

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

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| F 0880<br><br>**Level of harm -** Immediate jeopardy<br><br>**Residents Affected -** Many | (continued... from page 1)<br>assignment were done regarding suspected Covid-19, she responded, They get tested for covid because they are showing symptoms, while waiting for results, these residents were kept in the same room with the other residents who are not tested or showing symptoms. E2 also stated, They are not moved until they are positive for Covid-19. E2 informed surveyor that R1, R3, R7 and R9 were still waiting for covid 19 test results. When asked where each of the residents were located, while they were waiting for test results, she explained R1, R3, R7 and R9 are being roomed with residents who are not suspected of having covid. She further informed surveyor that a resident (R11) had died of covid last weekend and this resident was the roommate of one of the resident being currently tested (R9). E2 further stated that R10 was moved to the same room with R9. When asked if R10 was suspected of having covid, she stated No. She also explained that another resident (R8) had tested positive for covid and was then moved to the covid unit a few days ago. The roommate (R7) remained in the room and she has a nonproductive cough. She also informed surveyor that 2 other symptomatic residents (R1 and R3) were being roomed with residents that were not suspected of having covid (R2 and R4). Further review and observation of the room assignments on the surveillance/report, on [DATE] at 11:20 AM, revealed Residents (R1, 3, 5, 7 and 9) suspected positive for Covid-19 were housed in the same room with residents not suspected of Covid-19. All five residents suspected of covid (Resident (R) 1, 3, 5, 7 and 9) were not placed in a private room for isolation to contain [MEDICAL CONDITION]. The facility failed to ensure that the residents suspected of Covid-19 (R -1, 3, 5, 7 and 9) were immediately isolated from asymptomatic roommates (R-2, 4, 6 and 10) and failed to follow CDC guidelines to reduce the spread of respiratory germs (i.e. handwashing and spatial separation). As a result 3 of 4 asymptomatic roommates (R-2, 4 and 6) tested positive for Covid-19, a few days later. Only R10 tested negative for Covid-19. These findings were from the covid report reviewed on [DATE]. 2) PPE Usage An observation was made on [DATE] at 9:40 AM of E5, in room [ROOM NUMBER]. She was donning personal protective equipment<br>(PPE, gowns and gloves). The door to the room had no signage posted for isolation precautions. E5 stated, I think I am only required to wear gown and gloves. I am not sure what precautions is required. They did not communicate it. An observation was made on [DATE] at 09:45 AM of E4, in room [ROOM NUMBER]. E4 was wearing full personal protective equipment (PPE, face<br>shield, gown, gloves and two surgical mask). The two surgical mask were worn on the lower part of her face, one on top of the other. The door of the room she entered had no signage posted for isolation precautions. R15 in room [ROOM NUMBER] was not suspected of having an infection or Covid-19 per the surveillance report. An interview was conducted on [DATE] at 09:50 AM with E4 regarding her use of PPE for this room which had no indications of it being an isolation precaution room. E4 was asked why she was wearing PPE for this room. She stated, I need to protect myself because I don't know who has [MEDICAL CONDITION]. This is the first time we got these gowns. People are coughing. They don't tell me who has covid. An observation was made on [DATE] at 10:50 AM of E6, in room [ROOM NUMBER] talking with R14 (Covid-19 positive per the surveillance report). E6 was not wearing personal protective equipment eye protection goggles or shield. This room had no isolation precaution signage at the entrance. E6 was asked why she was not wearing eye protection for this room. She stated, Should I be wearing eye protection. I did not know that. I will get one. Thank you. A review of the facility's Covid-19 surveillance/report the DON provided dated [DATE] revealed eight total Covid-19 positive residents and seven Covid-19 positive staff. Interview with the nurse (E7) on [DATE] at 10:55 AM revealed that all residents on this unit were on isolation precautions for Covid-19. When asked about the type of precautions needed for residents in the isolation unit, E7 stated We just know. There is no signage. This is the covid unit. We wear full PPE. 3) Hand Washing Practices An observation was made on [DATE] at 11:25 AM of E3, in room [ROOM NUMBER] with R12. No isolation precaution signage was present at the entrance of the room. E3 was not wearing the necessary personal protective equipment (PPE, gowns and gloves). The door to the room had a PPE supply cart which contained PPE. E3 was then observed as she exited room [ROOM NUMBER]. E3 did not use hand sanitizer or wash her hands with soap and water at the resident sink before exiting the room. The next room [ROOM NUMBER] also had PPE cart present at the entrance. E3 was observed entering the room [ROOM NUMBER]<br>without performing hand hygiene. E3 assisted in moving the side tables and resident towels in room [ROOM NUMBER]. When E3 was done in resident room [ROOM NUMBER], she did not washed her hands upon leaving. E3 then went to another room to attend to another resident in room [ROOM NUMBER] which also did not have a PPE cart present at the entrance. She again did not perform hand hygiene. Upon interview with E3 on [DATE] at 11:35 AM, when asked about why handwashing was not performed, she responded, I did not perform resident care, so I did not have to wash my hands when I left the room. When asked about why the PPE carts were present, she responded, I don't know if the resident is on isolation precaution. An interview with the DON, on [DATE] at 12:30 PM, DON was asked about the isolation signage not being present, and she confirmed that the isolation signage was not posted. She stated that, I took them down because of HIPAA (Privacy Rule) resident rights. Surveyor made DON aware that staff had informed surveyor that they do not know who is on isolation precautions or transmission based precautions since there were no signs. She stated I will put them up. Surveyor made DON aware that the room assignments for R1, R3, R5, R7 and R9 were observed to have a suspected covid resident rooming with a resident not suspected of Covid-19. It was also brought to her attention that the residents were not [MEDICATION NAME] social distancing within the dining hall where they were observed. An emphasis was placed on the increased risk of transmission in the way the residents were roomed together. DON was in agreement with these findings. Onsite verification of the removal plan was completed on [DATE], at 11:00 AM. The surveyor verified that the plan of removal & corrective actions taken by the facility had been fully implemented to prevent the serious adverse outcome from occurring or recurring. The decision was based on observations, staff interviews, review of education, in-services, and training provided by the facility to the staff and monitoring logs to verify the immediate corrective actions were in place. |