STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215246	A. BUILDING _____ B. WING _____	**04/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BEDFORD COURT HEALTHCARE CENT.	**3701 INTERNATIONAL DRIVE SILVER SPRING, MD 20906**

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 observations, review of facility policies, and staff interviews, it was determined that the facility failed to implement guidelines from the CDC (Centers for Disease Control) for the COVID-19 virus and implement facility's isolation response plan for 3 of 3 residents (R1, R2, and R3) who were tested for COVID-19. The findings include: On 4/28/20 a review of the Sunrise Senior Living COVID-19 Mitigation and Response Plan, dated 3/18/20, revised 4/14/20, on page 4 read, Residents with known or suspected COVID-19 will be placed on standard, contact and droplet precautions. Post isolation sign on the resident's door. Post CDC PPE (Personal Protective Equipment) Poster on or near the resident's door. May also post PPE Tipsheet on or near the resident's door. Whenever possible residents with known or suspected COVID-19 will be grouped together for care purposes within rooms or designated isolation areas .Eye Protection, Put on eye protection (i.e., goggles or disposable face shield that covers the front and sides of the face) before entry to the resident's room. During the entrance conference on 4/28/20 at 8:15 AM, the Executive Director identified 3 residents (R1, R2 and R3), who were tested for COVID-19. R1 and R2 resided in the same room until they were tested [DATE] for [MEDICAL CONDITION]. R2 was moved to another room, located in another hallway. R3 resided in an additional separate hallway from R1 and R2's hallways. All staff was required to wear a face shield while on duty. Observations of R1, R2, and R3's room had no evidence of CDC Posters or any sign for isolation, the CDC PPE poster, and standard CDC signage per the above policy. During an interview at 8:55 AM with the Executive Director, she stated since we had no cases, and we are a small community, we have not designated a section. We don't want to do an entire hallway, just a section. During an interview at 9:41 AM, the Executive Director and the Infection Control Nurse (ICN) confirmed that there was no evidence of signage on the identified 3 resident's doors. In addition, there was no PPE located outside or inside R2's room except gloves. This surveyor questioned why was R2 moved to another room, if R1 and R2 were tested and presumed as positive. The Executive Director responded, I see, we can actually move her back. An observation and interview at 10:40 AM, with Employee 1 revealed she was preparing to enter R1's room to clean. She was questioned by this surveyor about what PPE is required to enter R1's room. She had the required PPE on except the face shield. The ICN intervened after this surveyor made the ICN aware of the observation. A face shield was obtained and provided to Employee 1 by the ICN.

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