

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215226	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER POWERBACK REHABILITATION, BRIGHTWOOD CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 515 BRIGHTFIELD ROAD LUTHERVILLE, MD 21093	
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 0620 Level of harm - Potential for minimal harm Residents Affected - Many	Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on reviews of active and closed medical records [REDACTED]. This was evident for 4 of 4 discharged residents reviewed during an Infection Control survey. The findings include: During the initial tour of the infection Control Survey on 07/15/2020, the facility administrator indicated the facility is managed as a rehabilitation facility, with a few long-term care residents, and that there are no COVID positive residents currently in the facility. In a continued discussion, the facility administrator stated the facility has not currently dedicated a unit, inside the facility, to handle COVID positive residents. The facility administrator followed up and stated that if a current resident is identified as being COVID positive, that resident would have to be discharged to another facility. 1) Review of Resident #1's closed medical record on 07/16/2020, it was discovered Resident #1 was admitted on [DATE] and was identified as being COVID positive on 05/25/2020. The facility transferred Resident #1 to a sister long term care facility located in the region. Further review of Resident #1's medical record failed to reveal that Resident #1 was given notice, prior to admission or shortly after, that the facility would have to discharge Resident #1 to another long-term care facility if they were identified as being COVID positive. 2) Review of Resident #2's closed medical record on 07/16/2020, it was discovered Resident #2 was admitted on [DATE] and was identified as being COVID positive also on 05/25/2020. The facility transferred Resident #2 to a sister long term care facility located in the region. Further review of Resident #2's medical record failed to reveal that Resident #2 was given notice, prior to admission or shortly after, that the facility would have to discharge Resident #2 to another long-term care facility if they were identified as being COVID positive. 3) Review of Resident #3's closed medical record on 07/16/2020, it was discovered Resident #3 was admitted on [DATE] and was identified as being COVID positive on 06/15/2020. The facility transferred Resident #3 to a sister long term care facility located in the region. Further review of Resident #3's medical record failed to reveal that Resident #3 was given notice, prior to admission or shortly after, that the facility would have to discharge Resident #3 to another long-term care facility if they were identified as being COVID positive. 4) Review of Resident #4's closed medical record on 07/16/2020, it was discovered Resident #4 was admitted on [DATE] and was identified as being COVID positive on 06/26/2020. The facility transferred Resident #4 to a sister long term care facility located in the region. Further review of Resident #4's medical record failed to reveal that Resident #4 was given notice, prior to admission or shortly after, that the facility would have to discharge Resident #4 to another long-term care facility if they were identified as being COVID positive. In an interview with the facility administrator on 07/16/2020 at 4:17 PM, the administrator confirmed that there was nothing in the facility admission process or documents that indicates that if a newly admitted resident would have to be sent to another facility if the said resident was determined to be COVID positive. The facility needs to take steps to notify any potential and newly admitted resident that the resident would have to be transferred to another facility if it is discovered the resident is COVID positive.		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on reviews of a medical record and staff interview, it was determined that the facility staff failed to follow a physician's order and read the [MEDICATION NAME] skin test (PPD) results between 48 and 72 hours as instructed. This was evident for 5 (Residents #2, #4, #5, #6, #7) of 7 residents reviewed during an infection control survey. The findings include: A [MEDICATION NAME] skin test (PPD) is a two-step process in which the facility tests each new admission for [MEDICAL CONDITION]. The PPD test is required for all LTC (long term care) residents being admitted to the facility. The PPD test is administered to each new resident to screen for [MEDICAL CONDITION]. Upon admission to the facility, the attending physician instructs the nursing staff to administer the following: [MEDICATION NAME] PPD solution, inject 0.1 ml intradermally (just under the skin) one time, only for Screening. Read the result 48-72 hours after administration. Obtain chest x-ray if positive. This is a 2-step process that is completed twice, one week apart usually within the first 10 days of admission to the facility. 1) Review of Resident #2's closed medical record on 07/16/20 revealed that Resident #1 was admitted to the facility on [DATE]. The nursing staff administered the second PPD test on 05/15/20 at 7:14 AM. The nursing staff read and documented a negative test reading on 05/16/20 at 7:35 PM. The nursing staff read and documented a negative PPD result only after 36 hours. The nursing staff failed to read Resident #1's PPD result between the 48-72-hour period as instructed by the facility physician. 2) Review of Resident #4's closed medical record on 07/16/20 revealed that Resident #4 was admitted to the facility on [DATE]. The nursing staff administered the first PPD test on 06/13/20 at 1:17 AM. The nursing staff read and documented a negative test reading on 06/14/20 at 9:33 PM. The nursing staff read and documented a negative PPD result only after 44 hours. The nursing staff failed to read Resident #4's PPD result between the 48-72-hour period as instructed by the facility physician. The nursing staff administered the second PPD test on 06/21/20 at 7:51 PM. The nursing staff read and documented a negative test reading on 06/23/20 at 3:07 PM. The nursing staff read and documented a negative PPD result only after 44 hours. The nursing staff failed to read Resident #4's second PPD result between the 48-72-hour period as instructed by the facility physician. 3) Review of Resident #5's medical record on 07/16/20 revealed that Resident #5 was admitted to the facility on [DATE]. The nursing staff administered the first PPD test on 07/10/20 at 8:34 AM. The nursing staff read and documented a negative test reading on 07/11/20 at 12:21 PM. The nursing staff read and documented a negative PPD result only after 28 hours. The nursing staff failed to read Resident #5's PPD result between the 48-72-hour period as instructed by the facility physician. 4) Review of Resident #6's medical record on 07/16/20 revealed that Resident #6 was admitted to the facility on [DATE]. The nursing staff administered the first PPD test on 07/07/20 at 12:20 AM. The nursing staff read and documented a negative test reading on 07/08/20 at 10:55 PM. The nursing staff read and documented a negative PPD result only after 46.5 hours. The nursing staff failed to read Resident #5's PPD result between the 48-72-hour period as instructed by the facility physician. 5) Review of Resident #7's medical record on 07/16/20 revealed that Resident #7 was admitted to the facility on [DATE]. The nursing staff administered the first PPD test on 07/09/20 at 12:11 AM. The nursing staff read and documented a negative test reading on 07/10/20 at 9:39 PM. The nursing staff read and documented a negative PPD result only after 45.5 hours. The nursing staff failed to read Resident #5's PPD result between the 48-72-hour period as instructed by the facility physician. These findings were discussed with the facility administrator at the exit conference on 07/20/20 at 2:32 PM.		
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.