

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215178	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER FREDERICK VILLA NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 711 ACADEMY ROAD CATONSVILLE, MD 21228	
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. Based on observation of resident care areas, interviews with facility staff, and review of facility policies, it was determined that the facility failed to: clean an Environment Services cart that staff took from a dirty unit to a clean unit without cleaning the cart to ensure infectious agent was not being carried from the dirty area into the clean area. This was identified during the tour of 3 of 3 units and identified during the observation of 1 Environmental Services (EVS) employee. The findings include: On 6/29/2020 at 9:00 AM, during initial tour of the facility and tour of unit 1 with the facility Director of Nursing (DON), Unit 1 was identified as a designated clean unit where no residents currently positive for COVID-19. The DON reported that while there was no diagnosed positive residents on that unit, there was however, 2 residents that were placed on droplet precautions and made Patients Under Investigation (PUI) secondary to their presenting respiratory symptoms. Their roommates and residents that shared the bathroom were also placed on precautions. Unit 3 was the designated observation and COVID-19 unit where residents are diagnosed positive during their stay, were readmitted or admitted for observation of COVID-19. Prior to entering Unit 3 on 6/29/2020 at 9:15 AM, with the facility DON, the Environmental Services Staff #3 was observed leaving the unit with the EVS cart. She stated that she was heading to unit 1 directly from unit 3 (the designated observation unit). Interview with Staff #3 stated that she was on unit 3 and was now headed to unit 1 to clean with the same EVS cart, which included wet floor signs and mops. An additional interview was conducted with Staff #3 on 6/29/2020 at approximately 12:40 PM and she stated it was the first time she was told to go from unit 3 to unit 1 and had been directed by the facility EVS Director. She also stated she usually goes from unit 1 or unit 2 and then to unit 3 and ends her day there. In interview with the EVS Director on 6/29/2020 he/she indicated staff would clean the EVS cart when they got to unit 1. The facility's failure to either designate EVS cleaning and supplies to each unit or to clean EVS equipment used on unit 3 prior to use on another unit increased the risk for transmission of COVID-19 among vulnerable nursing home residents.		

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.