

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 085004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER BRANDYWINE NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 505 GREENBANK ROAD WILMINGTON, DE 19808	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and review of the Centers for Disease Control and Prevention (CDC) COVID-19 guidelines, it was determined that the facility failed to follow recommendations for PPE when caring for residents with suspected or confirmed COVID-19. Findings include: Review of the CDC guidance on using PPE, last reviewed 7/15/2020, in the section entitled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic indicated: The PPE recommended when caring for a patient with suspected or confirmed COVID-19 includes the following: Respirator or Facemask. Eye Protection. Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use strategies to optimize PPE supply. Gloves. Put on clean, non-sterile gloves upon entry into the patient room or care area. Gowns. Put on a clean isolation gown upon entry into the patient room or area. https://www.cdc.gov/Coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html. Review of the facility policy for infectious disease entitled Coronavirus 2 [DIAGNOSES REDACTED]-CoV2 (COVID-19), last revised 5/29/2020, indicated the following: -If residents screen positive, place resident on contact and droplet precautions. - Caring for a resident with suspected or confirmed COVID-19, staff will wear appropriate PPE when caring for COVID positive or suspected COVID residents (i.e. gloves, gown, mask, eye protection) while optimizing use. If the facility is COVID positive, staff will wear PPE for care of all residents, regardless of COVID status while optimizing use. - Duration of empiric transmission based precautions (TBP) for residents with suspected COVID-19; the decision to discontinue empiric TBP by excluding the [DIAGNOSES REDACTED]. Review of R3's clinical record revealed; 5/15/2020 - A social service note documented, called and spoke to responsible party, and advised resident was being universally tested for COVID-19 and is presently asymptomatic. Advised staff will notify families of results when available. 5/18/2020 - A nursing note documented, this nurse spoke to responsible party and doctor and notified them of COVID positive results. Resident room was changed, droplet precautions continued. 6/14/2020 - A nursing note documented, continue to monitor for COVID-19 symptoms. 7/10/2020 - The state agency received a complaint that alleged I went on June 14th to see R3 through the back door glass, and the aide which I have pictures of, did not have on a mask or gloves but handling R3. 7/15/2020 - The state agency received a photograph via e-mail of R3 seated in a wheelchair in a hallway. A facility employee, E8 (CNA), according to a visible name badge, was standing beside R3 with an ungloved hand touching R3's chin. E8 had a surgical style face mask attached at the ears and it was slid down to the chin/neck, leaving both the mouth and nose exposed and E8 was wearing a scrub top with no (isolation) gown. 7/15/2020 - Review of working staff schedules revealed that E8 (CNA) worked on 6/14/2020. During a telephone interview on 7/16/2020 at 9:39 AM with E8 (CNA), it was confirmed that E8 was assigned to R3 during the time that R3 was on a designated COVID-19 hallway. E8 articulated that he or she expected PPE during that time was mask, gloves, gowns, face shields. During a telephone interview on 7/16/2020 at 12:08 PM with E2 (DON), it was confirmed that R3 was housed on a designated COVID-19 hallway of the facility in June 2020. E2 stated that expected PPE on the designated unit was face shield, mask, gloves and gown and the facility did not consider it's units COVID recovered until around June 29, 2020, with most residents recovered June 1, 2020. During a telephone interview on 7/16/2020 at 1:02 PM, the photograph submitted to the State Agency with E8 (CNA) in it was confirmed by E8 as the staff member in the photograph submitted to the State Agency on 7/15/2020. E8 could not confirm the date of the photograph, however, E8 responded yes when asked if the photograph was taken during the time the facility contained positive COVID-19 cases. E8 then explained, I had to pull my mask down to talk with R3's visitor and that use of goggles, gloves, gown, and mask was for direct care. During a telephone interview on 7/16/2020 at 2:08 PM with E8 (CNA), E8 explained, I typically wear gloves and everything for direct care which I understand as bathing and toileting, not just to touch someone. We are not allowed to wear them in the hallway. I washed my hands both before and after the visit. These findings were reviewed during the telephone exit conference on 7/16/2020 at 12:00 PM with E1 (NHA) and E2 (DON).</p>		
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.