

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 085029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2020
NAME OF PROVIDER OF SUPPLIER HARRISON SENIOR LIVING OF GEORGETOWN, LLC		STREET ADDRESS, CITY, STATE, ZIP 110 W. NORTH STREET GEORGETOWN, DE 19947	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interviews, review of the facility's bed board (with each resident's COVID-19 status), review of the facility's infection control policy and procedure and review of the Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to implement appropriate infection control practices for twenty (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, and R20) out of twenty sampled residents reviewed for transmission based precautions as evidenced by lack of appropriate posted signage regarding what type of precautions were needed on residents' door/doorframe. Findings include: 4/10/2020 (last revised) - The facility's policy and procedure for Isolation Categories of Transmission-Based Precautions (TBP) included: Signs - The facility will implement a system to alert staff and visitors to the type of precaution the resident requires. 4/14/2020 (last updated) Delaware Department of Health and Social Services - Recommendations for infection control and prevention of COVID-19 included: -Precautions in suspected and confirmed COVID-19 cases combine contact precautions and droplet precautions for any patient contact. -If the patient is placed in isolation, isolation precaution signs must be posted on the door. 4/15/2020 (last reviewed) CDC - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes included: - Health care providers who enter the room of a patient with known or suspected COVID-19 should adhere to standard precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. When available, respirators (instead of facemasks) are preferred. -Signage on the use of specific PPE for staff need to be posted in appropriate locations in the facility (e.g., outside of a resident's room). 4/16/2020 (last revised) - The facility's policy and procedure Pandemic Outbreak Infection Control Measures During included: If an outbreak of pandemic outbreak occurs within the facility, strict adherence to standard and transmission-based precautions and other infection control measures will be implemented according to the current CDC recommendations for pandemic. 4/23/2020 from 1:20 PM to 2:05 PM - During a tour of the Sussex Unit, the following was observed: - Eight residents (R4, R5, R6, R7, R8, R9, R10, and R11) with suspected COVID-19 lacked signage outside of each resident's room (on door or doorframe) for contact and droplet precautions and on the specific use of PPE for staff to use; - One resident (R3) who tested positive for COVID-19 lacked appropriate signage outside of her room on the appropriate PPE for staff to use (only a contact precaution sign was posted); - Four residents (R1, R2, R18, and R19) who had no symptoms and did not require transmission-based precautions had signs on their doors for droplet precautions. - One resident (R20) with suspected COVID-19 lacked appropriate signage outside of his room for the appropriate PPE for staff to use and only a droplet precaution sign was posted. 4/23/2020 1:45 PM - During an interview, E4 (CNA) confirmed that only a contact precaution sign was posted on R3's door, R1 and R2 had a droplet precaution sign on their door and R4, R5, R6, R7, R8, R9, R10, and R11 had no signs posted on their doors. 4/23/2020 1:55 PM - During an interview, E5 (CNA) confirmed that R20 only had a droplet precaution sign on his door. 4/23/2020 2:05 PM - During an interview, E7 (RN) confirmed that R18 and R19 had a droplet precaution sign on their door. 4/23/2020 3:00 PM - E1 (NHA) provided the facility's CDC COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings. The facility indicated the status of Signs are posted immediately outside of resident rooms indicating appropriate IPC (Infection prevention and control) precautions and required personal protective equipment (PPE) as in progress (not completed). 4/23/2020 from 4:00 PM to 4:15 PM - During a tour of the Sussex Unit's COVID-19 positive Wing, the following was observed and confirmed with E6 (RN): -One resident (R14) who tested positive for COVID-19 lacked appropriate signage outside of his room on the appropriate PPE for staff to use and only a droplet precaution sign was posted; -Five residents (R12, R13, R15, R16, and R17) who tested positive for COVID-19 lacked any signage outside their room on the specific use of PPE for staff to use. 4/28/2020 9:30 AM - Findings were reviewed with E1 (NHA) and E4 (Corporate Nurse) during an exit teleconference.</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.