

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER WESTERN MD HOSPITAL CENTER		STREET ADDRESS, CITY, STATE, ZIP 1500 PENNSYLVANIA AVENUE HAGERSTOWN, MD 21742	
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 and interview, it was determined that the facility failed to have a system in place to ensure that Personal Protective Equipment (PPE) removal occurred prior to exiting the room of residents under observation for possible COVID 19 infection. This was found to be evident on one of the two nursing units. The finding include: On 7/21/2020, at approximately 10:30 AM, the Director of Nursing reported that, for the PUI (persons under investigation) the staff use a special gown that is wiped down with a bleach solution in the doffing area, which is located outside the resident's room. Review of CDC guidelines for Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 which states in the doffing (taking off gear) section, that gown should be removed and discarded prior to exiting the patient's (resident's) room. The facility has two resident care units. The West unit included 3 rooms designated for person's under investigation (PUI) of possible COVID 19, including new admissions and re-admissions. These rooms were located in the entry hall of the West Unit. The rest of the resident rooms on the West unit were located on another hall that was perpendicular to the entry hall. There was no physical barrier between the PUI rooms and the other resident rooms on the West unit. Review of the census data on 7/21/2020 revealed that there were currently two PUI residents that were residing in two of the three PUI designated rooms on the West unit. On 7/21/2020, at approximately 12 Noon, Resident #4 was observed wheeling self down the entry hallway of the West unit near one of the observation rooms. Later during the tour of the West unit, Resident #5 was also observed wheeling self independently in the hallway of the unit. On 7/21/2020, observation on the West unit revealed an area approximately 2ft by 4ft marked off on the floor with tape immediately outside of each PUI room. At approximately 12:05 PM, nurse #5, who was currently assigned to care for the PUI residents, reported that, as she comes out of the observation (PUI) room, she wipes down her gown in the doffing area (inwhich she indicated was the area inside the tape) and then hangs up the gown in the hallway. On 7/21/2020 at 12:56 PM, surveyor reviewed with the infection control nurse the concern regarding doffing of gowns for PUI rooms in the hallway and that CDC guidance indicates doffing should occur in the resident's room. On 7/21/2020 at approximately 4:00 PM, surveyor reviewed the concern with the Administrator regarding staff wearing dirty gown into the hallway where other residents have access and were observed independantly wheeling self.		
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.