

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER THE NURSING AND REHAB CENTER AT STADIUM PLACE		STREET ADDRESS, CITY, STATE, ZIP 1010 EAST 33RD STREET BALTIMORE, MD 21218	
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 observations, review of facility policy, and interview with facility staff, it was determined that the facility failed to ensure that facility staff utilized effective infection control practices to prevent the spread of COVID-19. This was evidenced by the facility failure to screen a surveyor before admission into the facility's patient care area. All residents have the potential to be affected by this deficient practice. The findings include: On 8/6/2020, at 10:20 AM, this surveyor arrived at the facility to perform a COVID 19 focus Infection Control Survey. The facility was locked. After ringing the bell Staff #5 opened the door. Explanation was provided for the reason of this surveyor's visit. Staff #5 directed this surveyor thru the double doors where two residents were sitting in an open area wearing masks. This surveyor was then greeted by Registered Nurse (RN) #2, who instructed this surveyor to go to the 3rd floor where the Administrative offices were located. Upon getting off the elevator on the second floor this surveyor observed Resident #8 sitting at the table eating a snack, with his/her mask pulled down under the chin. This surveyor found the Licensed Practical Nurse (LPN) #9, who provided directions to the Administrative office. The Regional Educator (RN #3) stated, she is acting Director of Nursing for the day due to the Director of Nursing illness. This surveyor asked RN #3 what the facility policy on screening visitors was before entering the resident care area. She asked, were you screened? This surveyor stated, No. RN #3 stated it is the policy of the facility before anyone's admission into the building, including staff, that a temperature check and a questionnaire should be filled out. After the surveyor intervention, the surveyor was screened and had a temperature check done. RN #3 stated all staff would be reeducated on the facility policy.		
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.