

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 085032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2020
NAME OF PROVIDER OF SUPPLIER WESTMINSTER VILLAGE HEALTH		STREET ADDRESS, CITY, STATE, ZIP 1175 MCKEE ROAD DOVER, DE 19904	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and review of the Centers for Disease Control and Prevention (CDC) COVID-19 guidelines, it was determined that on one out of three units, the facility failed to follow COVID-19 recommendations when the facility did not implement the wearing of gowns facility wide for staff during direct personal care for all residents when the facility became COVID-19 positive. Findings include: 4/2/2020 - The facility received COVID-19 training presented by the State Agency. The training included review of the CDC's Key strategies to prepare for COVID -19 in nursing homes document that stated, If COVID-19 is identified in the facility . have HCP wear all recommended PPE for all resident care, regardless of symptoms. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html. 4/30/2020- CDC recommendations for Responding to [MEDICAL CONDITION] in nursing homes indicated that HCP should use all recommended COVID-19 PPE for the care of all residents on affected units (or facility-wide if cases are widespread) https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html 4/30/2020. Review of facility documentation revealed the following: 5/6/2020- Review of the facility list of residents with confirmed or presumptive positive for COVID-19 revealed the presence of these residents on two of three units in the facility, the Transitional Care Unit and the Willow Springs Unit. During an observation of the facility's long term care unit on 5/6/2020 at 11:36 AM, signs entitled isolation precautions and PPE use by staff role posted at the beginning of the 200 and 400 hallways indicated the following: Direct care staff should be wearing a medical/surgical mask at all times during the shift, .patient type asymptomatic or screened negative, routine patient care task or routine patient contact PPE gloves and mask. 5/6/2020 at 12:13 PM - E3 (LPN) was observed appropriately donning full PPE to enter an isolation room, when asked was PPE such as a gown indicted for personal care of other residents not on isolation, E3 stated, no, only isolation residents or when working on the (designated) isolation unit. During an interview on 5/6/2020 at 12:18 PM, E5 (CNA) was observed assisting E6 (CNA) with donning PPE to enter the room of a resident on isolation precautions, and when asked what type of PPE was appropriate for personal care of a resident in their facility whose COVID-19 status was unknown, E5 stated, just mask and gloves. E6 stated, no gown's or anything like that for this unit unless they are on isolation,only mask and gloves. During an interview on 5/6/2020 at 3:12 PM with E2 (DON), it was confirmed that the required PPE to be worn by staff performing personal care was face mask and gloves only, except when caring for those on isolation, then its full PPE. These findings were reviewed on May 8, 2020 at 3:00 PM during a telephone exit conference 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.