

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215121	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER SNOW HILL NURSING & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 430 WEST MARKET STREET SNOW HILL, MD 21863	
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 observations, medical record review and interviews, 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: 1) facility staff failed to implement droplet precautions based on Centers for Disease Control (CDC) protocol for observation rooms. This was evident for 4 out of 4 rooms; 2) facility staff transporting a resident through a common space without a mask (Residents #1) and facility staff failing to provide a resident sitting in a common area a mask (Resident #2); This was evident for 2 out of 2 residents observed in common areas and 3) facility staff failed to complete COVID-19 assessments for a resident (Resident #3). This was evident for 1 out of 3 residents reviewed. The findings include: 1. The facility staff failed to implement droplet precautions for observation rooms. During tour of the facility on 7/28/20 at 8:45 AM with the Director of Nursing (DON), the DON indicated 4 rooms were being used for observation of residents for COVID-19 who have been admitted or readmitted to the facility. The DON showed the surveyor the 4 rooms (Rooms 21, 24, 37 and 38). All 4 rooms had their doors open, were located throughout the facility and not separated from the remaining rooms. Interview with the DON at that time of the tour revealed that the DON was not aware that the doors need to be closed for residents under droplet precautions. 2. The facility staff failed to provide residents masks while in common areas of the facility. Review of the Maryland Department of Health Directive and Order regarding Nursing Home Matters dated 7/24/20 states: To the extent possible, residents should wear face coverings in the following circumstances: if they leave their rooms or when they are within close proximity (under six feet) of others inside the facility. A. During tour on 7/28/20 at 8:50 AM with the DON, the Director of Activities was observed transporting Resident #1 in a wheelchair in the facility from the outside down the hallway. Resident #1 was not wearing a mask. At that time Resident #1 was asked if he/she had a mask and the Resident stated no, he/she had not been given a mask. B. During tour on 7/28/20 at 9:07 AM with the DON, Resident #2 was observed sitting in the front sitting room without a mask. During interview with Resident #2 at the time, he/she stated he/she has never been given a mask. Resident #2 was asked if he/she would wear a mask if given one, the resident stated, yes. Interview with the DON at the time of the observations, confirmed that Resident #1 and #2 had not been provided a mask. 3. The facility staff failed to complete COVID-19 assessments of a resident. Review of the Maryland Department of Health Directive and Order regarding Nursing Home Matters dated 7/24/20 states: As the clinical status of individuals infected with COVID-19 may change quickly and nursing home residents may have an atypical presentation of the infection, each nursing home resident shall be evaluated daily to check for COVID-19 by the nursing home's clinical staff. The evaluation shall include vital signs, as well as, the identification of new or worsening signs or symptoms. All evaluations shall be documented in the resident's medical record. During interview with the DON on 7/28/20 at 9:54 AM, the DON was asked how the facility staff are monitoring residents for COVID-19. The DON stated all residents have their vital signs taken daily and have an order on their chart to monitor a resident for cough, sore throat, new shortness of breath every shift. The DON stated that the facility staff document the monitoring of symptoms on the Medication Administration Record [REDACTED]. Further review of the resident's medical record revealed [REDACTED]. Review of the Resident's July MAR indicated [REDACTED]. Interview with the Director of Nursing on 7/28/20 at 11:00 AM confirmed the surveyor's findings. Findings were reviewed with the Nursing Home Administrator and Director of Nursing on 7/28/20 at 11:45 AM.</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.