

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER BROOKE GROVE REHAB. & NSG CTR		STREET ADDRESS, CITY, STATE, ZIP 18131 SLADE SCHOOL ROAD SANDY SPRING, MD 20860	
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, review of facility training records, and staff interview, it was determined that the facility failed to implement a hand hygiene procedures to prevent the development and transmission of communicable disease(s) and infections. This finding was evident for 1 of 2 staff observed in the dining room during the focused infection control survey. The findings include: On 07-29-2020 at 12:40 PM, surveyor observed that Staff #6 removed the soiled bib of one resident, put it in the trash can, went to another resident, patted their shoulder, and then went to another table and replaced a face mask on a resident's nose and mouth. Thereafter, Staff #6 went to the sink and washed his/her hands using soap and water. On 07-29-2020 at 12:43 PM, in an interview, Staff #6 acknowledged that he/she should have washed his/her hands between residents. On 07-29-2020 at 2:10 PM, the surveyor interviewed the Assistant Director of Nursing (ADON) The ADON said that Staff #6 received training regarding hand washing and infection control on 03-19-2020, 4-13-2020, and 06-06-2020.		

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.