

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 085021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2020
NAME OF PROVIDER OF SUPPLIER MILLCROFT		STREET ADDRESS, CITY, STATE, ZIP 255 POSSUM PARK ROAD NEWARK, DE 19711	
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, staff interviews, review of the facility's infection control policy and procedure and review of the Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to implement appropriate infection control practices for two (R2 and R3) out of three sampled residents reviewed for transmission based precautions as evidenced by lack of appropriate posted signage regarding what type of precautions were needed. Findings include: Facility Policy effective date 3/16/2020 titled coronavirus (COVID-19) documented, The Centers for Disease Control (CDC) is an expert source of information to assist with processes to identify and manage suspected and/or confirmed cases of COVID-19. 4/15/2020 (last reviewed) CDC - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes included: -Signage on the use of specific PPE for staff need to be posted in appropriate locations in the facility (e.g., outside of a resident's room). Review of the infection control line listing revealed that R1, R2 and R3 were symptomatic and on the PUI COVID-19 unit at the facility. 5/21/2020 12:30 PM - During observations on the PUI COVID-19 unit it was revealed that R2 and R3 did not have the required precaution signage. R1 was on the PUI COVID-19 and had a droplet precautions sign posted on the door to the room. 5/21/2020 at 1:35 PM - During an interview E3 (RN) confirmed that R2 and R3 did not have droplet precaution signs posted and were forgotten when R2 and R3 were moved earlier in the week. Findings were reviewed with E1 (NHA), E2 (DON) and E3 (RN) during the Exit Conference on 5/22/2020 at 3:50 PM.		

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.