

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 085039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2020
NAME OF PROVIDER OF SUPPLIER NEW CASTLE HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 32 BUENA VISTA DRIVE NEW CASTLE, DE 19720	
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>Based on observations, staff interviews and review of facility policy, it was determined that for one (R1) out of three sampled residents reviewed for COVID-19 infection control, the facility failed to maintain an infection prevention and control program designed to provide a safe environment and to help prevent the development and transmission of communicable diseases and infections. Observation of R1's door/doorframe, who was on isolation for being COVID -19 positive revealed a lack of posted signage regarding the use of specific PPE (Personal Protective Equipment) needed and what type of precautions were needed. Findings include: The facility's policy and procedure titled, Transmission - Based Precautions, revised 7/19/19, stated, Procedure: .6. A sign will be placed on the door frame of the resident's room indicating that visitors should stop at Nurses Station before entering . During an observation in the South Hall on [DATE]7/2020 at 11:54 AM, R1's door nor doorframe did not have a sign posted to indicate what type of precautions were needed and what specific PPE was required. An isolation cart containing 2 boxes of gloves and rolls of red biohazard plastic bags was observed outside of R1's room. The facility can additionally post signage for visitors to stop at the nurses station prior to entering rooms, however, facilities are currently screening/ limiting visitors and are to educate regarding specific PPE/ infection control procedures as needed. [DATE]7/2020 at 12:00 PM - When asked why R1's door was closed and why there was an isolation cart outside of R1's room, E7 (LPN) explained that R1 was positive with COVID-19 (Coronavirus) and that the resident was on isolation precautions. When asked why there was no precaution signage posted outside of R1's door or on the doorframe, E7 replied, That, I do not know. I will have to find out. [DATE]7/2020 at 12:05 PM - While still in the South Hall, E6 (Medical Records) was seen walking towards R1's room, refilled the isolation cart with gowns and masks and left. At 12:10 PM, E6 came back, walked towards R1's room carrying a Droplet Precaution sign and posted it on R1's closed door. [DATE]7/2020 at 12:35 PM - During an interview, E5 (RN Supervisor) confirmed to the surveyor that the staff must have forgotten to post the signage on R1's doorframe. [DATE]7/2020 at 1:30 PM - Findings were discussed with E2 (DON). Findings were reviewed with E1 (NHA), E2 and E3 (RNC) during the Exit Conference on [DATE]7/202 at 3:50 PM.</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.