

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 215233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER STERLING CARE RIVERSIDE		STREET ADDRESS, CITY, STATE, ZIP 1123 BELCAMP GARTH BELCAMP, MD 21017	
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	<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 interview, observation, and facility documentation review, it was determined the facility failed to ensure that staff followed accepted standards of practice for hand hygiene during the COVID-19 declared health emergency. This was evident for 1 (Staff #1) of 9 staff members observed during observation of the nursing units. The findings include: COVID-19 (Coronavirus Disease 2019), is a disease caused by the coronavirus [DIAGNOSES REDACTED] -CoV-2. COVID-19 spreads from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes. An interview was conducted with Staff #1 (housekeeper) on 7/14/2020 at 9:35 AM. During the interview Staff #1 stated she had training for COVID-19, PPE (personal protective equipment) and hand hygiene. After the interview the surveyor stood in the hallway and observed activity on the nursing unit and in resident rooms on the second floor nursing unit. Observation was made of Staff #1 wiping down a handrail in the hallway with a damp cloth. Staff #1 had a damp cloth in her left hand, a baby doll under her right arm and a spray bottle of bleach in her right hand. Staff #1 was not wearing gloves. Staff #1 sprayed the damp cloth and proceeded to wipe down a handrail in the hallway outside of room [ROOM NUMBER]. Staff #1 then entered room [ROOM NUMBER] and wiped down the outside and inside door handle of the entrance door. Staff #1 walked over to the bathroom door, which was inside the resident's room and proceeded to wipe down the inside and outside door handle to the bathroom. Staff #1 walked out of the room and proceeded to wipe down the handrail in the hallway until she got to the next resident's room. Staff #1 intermittently sprayed the bleach on the damp cloth. Staff #1 walked in and cleaned the door handles and the bathroom door handles. Staff #1 continued going in and out of resident's rooms in between wiping down the handrails in the hallway. At the end of the second floor hallway there was a geriatric reclining chair sitting outside of rooms #216 and #214. Staff #1 sprayed the chair and wiped the surface of the entire chair with the same damp cloth. Staff #1 then proceeded to clean handrails in the hallway and doorknobs inside resident rooms on the opposite side of the hallway. Staff #1 pushed the housekeeping cart up by the nurse's station and touched items on the housekeeping cart with her hands, that were not sanitized, and then proceeded to put gloves on. At no time during the observation, when Staff #1 was going in and out of resident rooms, did she sanitize her hands or wear gloves. An interview was conducted on 7/14/2020 at 10:23 AM with the Infection Control (IC) Nurse and the Director of Nursing (DON). The IC Nurse was asked if hand hygiene in-services were done for COVID-19. The IC Nurse stated she did them constantly and required staff to do return competencies. Review of the in-service sheets that the IC Nurse provided to the surveyor revealed that Staff #1 had received an in-service on infection control. The scenario above was described to the IC Nurse and the DON, who confirmed that Staff #1 should have sanitized her hands once she came out of the resident's room and after touching contaminated surfaces. Immediately, the DON left the conference room to pull Staff #1 from the unit to do education. A review of the Policy and Procedure for COVID-19, that was given to the surveyor by the NHA (Nursing Home Administrator), was conducted on 7/14/2020 at 11:00 PM. The policy stated that within the facility, ensure employees clean their hands according to CDC (Center for Disease Control) Guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE). On 7/14/2020 at 11:45 AM the DON stated that Staff #1 was educated and that she in-serviced the rest of the housekeepers along with the housekeeping director. The DON provided the surveyor with a copy of signatures. She stated that Staff #1 didn't realize she was doing anything wrong. On 7/14/2020 at 1:13 PM the Nursing Home Administrator (NHA) was informed of the infection control concern with Staff #1.</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.