



**DELAWARE HEALTH
AND SOCIAL SERVICES**

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 421-7400

STATE SURVEY REPORT

Division of Health Care Quality
Office of Long Term Care Residents Protection

NAME OF FACILITY: Country Rest Home

DATE SURVEY COMPLETED: 9/16/21

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201.0</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>An unannounced Focused Infection Control and Complaint survey was conducted at this facility on September 16, 2021. The deficiencies contained in this report are based on observation, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census on the day of the survey was 50. The sample size was eleven residents and eight staff.</p> <p>Abbreviations used in this report include: NHA- Nursing Home Administrator; DON- Director of Nursing; IP- Infection Preventionist; PPE (Personal Protective Equipment) – disposable gowns, gloves, masks used to prevent the spread of infection.</p> <p>Regulations for Skilled and Intermediate Care Facilities</p> <p>Scope</p> <p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if</p>		

Provider's Signature Mark Yoder, Jr. Title Administrator Date 10/25/2021



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<p>6.9 6.9.1 6.9.1.1</p>	<p>fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>Communicable Diseases</p> <p>General Requirements</p> <p>The facility shall follow Division of Public Health regulations for the Control of Communicable and Other Disease Conditions and Centers for Disease Control guidelines for communicable diseases.</p> <p>This requirement was not met as evidenced by:</p> <p>Centers for Disease Control guidance for use of PPE included... "Disposable gowns generally should NOT be re-used... repeatedly donning [putting on] and doffing [taking off] a contaminated gown may increase risk for HCP [health care provider] self-contamination." https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html (Accessed 9/16//21)</p> <p>Based on observation and interview it was determined that the facility failed to follow requirements and guidance to prevent the spread of infection. Findings include:</p>		

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	<p>9/16/21 10:40 AM – E4 (IP) escorted the surveyors around the building to the rear where an entry had been established for the Covid unit. E4 stated that she was not going to enter the unit with the surveyors.</p> <p>9/16/21 10:43 AM – Observed approximately 15 used plastic disposable single-use gowns hanging on pegs outside the resident rooms in the hallway of the dedicated COVID-19 unit. The used gowns were touching and contaminating each other. Some of the used gowns had staff names, others did not have employee identification. No dates were visible and surveyors were unable to determine if gowns were hung with the contaminated (outside) side of the gown facing inward or outward.</p> <p>9/16/21 11:00 AM – During an interview, E4 (IP) stated she “hoped that staff knew which gown belonged to them”... and that she “thought” the gowns were to be used just for one day, then thrown away. E4 added that she had never entered the COVID unit.</p> <p>It was unclear how E4 was able to evaluate and monitor the infection control practices in the COVID unit if E4 never entered the unit.</p> <p>9/16/21 3:50 PM – During an interview, E3 (Assistant NHA), who was the only staff</p>	<p>6.9.1.1</p> <p>Disposable gowns were removed from the COVID-19 Unit and thrown away on September 16, 2021 after the survey was conducted. Staff members were educated by the IP Nurse and were instructed to dispose of the disposable gowns after each shift. A trash can was provided to dispose of the gowns at the end of each shift prior to exiting the COVID Unit. The IP Nurse will be responsible to monitor the COVID Unit on a daily basis and educate the staff when a COVID Unit is in the building.</p> <p>To clarify this statement regarding E4 entering the COVID unit: The IP Nurse had just arrived to work at the time of the survey and had not evaluated the unit that day prior to the team entering. The IP Nurse monitors the unit on a daily basis and makes recommendations of infection control practices according to the CDC guidance and provides staff with PPE and appropriate signage.</p>	

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	<p>member in the COVID unit at the time, was wearing a disposable gown. E3 could not explain why the approximately 15 used plastic isolation gowns were hanging in the hallway. E3 confirmed that the gowns should be worn only one shift and taken off and discarded in the designated area prior to leaving the COVID unit and exiting to the outside.</p> <p>9/16/21 4:00 PM – The exit interview was conducted with E1 (NHA), E2 (DON), E3 (Assistant NHA) and E4 (IP) to review findings.</p>		

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