

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Calvert County Nursing Ctr.		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Hospital Road Prince Frederick, MD 20678	

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)
<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>18819</p> <p>Based on complaints, reviews of facility administrative records, and an staff interviews, it was determined that the facility failed to revise and document an accurate up-to-date facility-wide assessment. This was identified during the review of the facility emergency preparedness plan during a complaint survey. This has the potential to affect all residents within the facility.</p> <p>The findings include:</p> <p>A facility-wide assessment is conducted to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The assessment is to include the care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population.</p> <p>Review of complaints MD00206987 and MD00206855 on 06/26/24 revealed allegations that the facility has not had any ice cubes available for beverages and that there may be a water borne illness in the facility.</p> <p>A review of the Facility Assessment occurred on 06/26/24. The review failed to reveal the facility included potential for emerging infections and illnesses into the review and a plan as to how the facility will identify, treat and prevent the spread of organisms in the facility.</p> <p>In an interview with the facility Infection Control Preventionist (ICP) on 06/26/24 at 11:31 AM, the ICP was asked if the facility currently had a water management program and if the ICP attends the meetings. The ICP stated that the facility does have a water management program and the person responsible for the plan is the facility maintenance director. The facility ICP stated that there have not been any meetings regarding the water management program and that S/he has not been invited to any meetings to discuss the water management program. The facility ICP stated that S/he has not been in any meetings that discussed water-based infections or performed risk assessment for water-based infections.</p> <p>In an interview with the director of maintenance on 06/27/24 at 10:45 AM, the maintenance director stated the facility developed a water management plan a few years ago under a previous administrator, staff member #9, but the current staff has never really reviewed the water management plan ever after the plan's creation.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 215188	If continuation sheet Page 1 of 4

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18819</p> <p>Based on complaints, reviews of facility administrative records, and staff interviews, it was determined that the facility failed to maintain an effective infection control program by failure by 1) not informing the residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of three or more residents or staff with new onset of respiratory symptoms occurring within 72 hours of each other. (This was evident for 3 different days in June 2024) and 2) ensure consistent infection prevention monitoring for waterborne infections, which was evident by not taking steps to address low resident hand sink water temperatures. This has the potential to affect all residents within the facility.</p> <p>The findings include:</p> <p>1) Review of complaints MD00206987 and MD00206855 on 06/26/24 revealed allegations that the facility has not had any ice cubes available for beverages and that there may be a water borne illness in the facility.</p> <p>Review of the facility June 2024 pneumonia outbreak line listing on 06/27/24 revealed that on 06/05/24, Residents #2 and Resident #3 were identified with respiratory symptoms. On 06/06/24, Resident #4 was identified with respiratory symptoms.</p> <p>In an interview with a local health department (HD) representative on 06/26/24 at 1:11 PM, the HD representative stated the first time the health department became aware of case of an allegation of a suspected respiratory illness in the facility was on 06/06/24. The HD representative stated that 2 cases of pneumonia had been identified on 06/05/24. The HD representative stated that the health department opened up a pneumonia outbreak case for the facility on 06/06/24. The HD representative stated that the facility was still currently on pneumonia outbreak status as of 06/26/24.</p> <p>Further review of the facility June 2024 pneumonia outbreak line listing on 06/27/24 revealed that on 06/13/24,</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Residents #6 and Resident #7 were identified with respiratory symptoms. On 06/15/24, Resident #8 was identified with respiratory symptoms.</p> <p>A further review of the facility June 2024 pneumonia outbreak line listing on 06/27/24 revealed that on 06/22/24, Residents #9 was identified with respiratory symptoms. On 06/24/24, Resident #10 and Resident #11 were identified with respiratory symptoms.</p> <p>In an interview with the facility administrator on 06/27/24 at 11:38 AM, the facility administrator stated that S/he meet with staff and residents on 06/21/24 and informed them that the facility was taking precautions for an identified respiratory illness in the facility and sending specimens to the laboratory to see if any Residents were positive for any infections. The facility administrator stated that this meeting was held to ease any confusion as to what was going on in the facility.</p> <p>In an follow-up interview with the facility administrator on 06/27/24 at 1:13 PM, the administrator stated that resident and staff sign in sheets had not been obtained for the 06/21/24 meeting. The surveyor determined that the facility failed to inform the residents, their representatives, and families of those residing in facilities by 5 PM on 06/07/24, 06/16/24, and 06/25/24 of the identification of three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other.</p> <p>2) Review of complaints MD00206987 and MD00206855 on 06/27/24 revealed allegations that the facility has not had any ice cubes available for beverages and that there may be a water borne illness in the facility.</p> <p>During a walking tour with Director and assistant of Maintenance, on 06/27/24 at 12:30 PM, random resident room hot water faucet temperatures were measured. There were 7 rooms identified that did not meet the</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>requirement of a minimum hot water temperature of 100 degrees Fahrenheit. These rooms were located on the East Wing. The rooms and temperatures observed were:</p> <p>room [ROOM NUMBER] - 90 degrees Fahrenheit</p> <p>room [ROOM NUMBER] - 87 degrees Fahrenheit</p> <p>room [ROOM NUMBER] - 83.4 degrees Fahrenheit</p> <p>room [ROOM NUMBER] - 89.7 degrees Fahrenheit</p> <p>room [ROOM NUMBER] - 89 degrees Fahrenheit</p> <p>room [ROOM NUMBER] - 96.2 degrees Fahrenheit</p> <p>room [ROOM NUMBER] - 96.1 degrees Fahrenheit.</p> <p>A review of the maintenance department Daily Readings Safety Audit sheet water temperature for days 06/14/24, 06/17/24, 06/18/24, and 06/19/24 on 06/27/24 revealed a task line that read Return hot water temperatures for the Eastern [NAME] Unit. The maintenance staff documented the following hot water temperatures: 92 degrees on 06/14/24, 82 degrees on 06/17/24, 91 degrees on 06/18/24, and 91 degrees on 06/19/24.</p> <p>In an interview with the assistant director of maintenance during the environmental tour on 06/27/24 at 12:30 PM, the assistant director of maintenance stated that the staff do not measure and record individual resident room hot water temperatures but take and record the hot water temperature readings in the facility boiler room.</p> <p>The facility has a hot water boiler system that circulates the hot water to all of the nursing units. The documented temperature measurements are read off a thermostat that is located at the end of the hot water system before the hot water circulates back into the main hot water system.</p>		