

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395434</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MT LEBANON REHABILITATION AND WELLNESS CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>350 OLD GILKESON ROAD PITTSBURGH, PA 15228</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on facility policy, facility document review, observations and staff interview, it was determined that the facility failed to consistently follow guidance from the Centers for Disease Control (CDC) to appropriately don personal protective equipment (PPE) at all times while in the facility and while transferring soiled linens and failed to provide proper handwashing equipment for facility staff in one of two soiled utility rooms (first floor soiled utility room). Findings include: Review of the facility policy COVID-19 Control Management Plan last reviewed on 3/2/20, indicated that all visitors and staff are to don masks that covers their mouth and nose at all times and removed only for breaks. Review of the facility policy Linen Handling last reviewed on 3/2/20, indicated that when transporting soiled linens, staff are to use standard precautions. During an observation on 7/14/20, at 8:35 a.m. Activities Employee E1 entered and walked to central desk without donning a mask. Confirmed by the Director of Nursing at the time of the observation. During an observation on 7/14/20, at 8:45 a.m. Nurse Aide Employee E2 was leaving the soiled utility room with her mask not covering her face. Confirmed by the Director of Nursing at the time of the observation. During an observation of the first floor soiled utility room, the hand soap dispenser had no soap available for staff use after transporting soiled items into room. During an observation on 7/14/20, at 8:45 a.m. Laundry Employee E3 did not don a gown while transferring soiled linens from the soiled cart into the laundry cart and linen bag was touching clothing. During an interview on 7/14/20, at 9:40 a.m. the Director of Nursing the above observations. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 201.20(c) Staff development. 28 Pa. Code: 211.10(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.		
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.