

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2020
NAME OF PROVIDER OF SUPPLIER PLEASANT VALLEY MANOR, INC		STREET ADDRESS, CITY, STATE, ZIP 4227 MANOR DRIVE STROUDSBURG, PA 18360	
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	Provide and implement an infection prevention and control program. Based on observations and interviews it was determined that the facility failed to properly monitor and screen staff for signs and symptoms of illness to contain COVID-19 Findings include: A review of facility notification that was provided to staff and on-site providers dated March 23, 2020, revealed that effective March 23, 2020, every person who enters the facility would have their temperature taken using an ear thermometer. Anyone who displayed a temperature of 100.4 degrees Fahrenheit or above would be asked to wait in the lobby alcove between the sliding doors until someone from nursing could meet with them. If the temperature was confirmed, the individual would not be allowed to enter the facility and would be given instructions on what to do before returning. Observations on May 12, 2020, at approximately 9:00 a.m. revealed that upon entrance to the facility through the main lobby, each person's temperature was taken using an ear thermometer. However, continued observation revealed no documentation of the temperature reading and screening for any signs and symptoms of illness. At the time of the survey ending May 12, 2020, the facility was unable to provide documented evidence of temperatures taken and the absence of signs and symptoms of COVID-19 illness. Interview with Employee 1, Infection Control Licensed Practical Nurse, on May 12, 2020, at approximately 10:36 a.m. confirmed that only temperatures were being obtained for staff and visitors/vendors upon entering the facility and no other screening measures for signs and symptoms of COVID-19 were conducted. Employee 1 further stated temperatures were only documented for individuals with temperatures that were 100.4 degrees Fahrenheit or greater. There was no documented evidence that all staff and visitors/vendors temperatures were taken prior to entering the facility. Interview with the Nursing Home Administrator and Director of Nursing on May 12, 2020, at approximately 1:30 p.m. confirmed that the facility was solely checking temperatures of staff and visitors/vendors entering the facility and was not screening for other signs and symptoms of illness as part of its COVID-19 screening and monitoring procedures. The NHA and DON also verified that the temperatures were not documented unless 100.4 degrees Fahrenheit or greater. 28 Pa. Code 211.12 (a)(c)(d)(4)(5) Nursing Services. 28 Pa. Code 211.10(a)(d) Resident care policies		

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.