

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395661</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEYERSDALE HEALTHCARE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>201 HOSPITAL DRIVE MEYERSDALE, PA 15552</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> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on review of guidance from the Centers for Disease Control (CDC - a national health protection agency) regarding the use of Personal Protective Equipment (PPE - protective garments and/or equipment designed to protect the body from infection or injury), clinical record reviews, and staff interviews, it was determined that the facility failed to ensure that proper infection control practices were followed when removing personal protective equipment for one of five residents reviewed (Resident 1). Findings include: The facility's undated posting of guidance from the CDC regarding how to safely remove PPE indicated that staff were to remove all PPE without contaminating their clothing, skin or mucous membranes with potentially infectious materials. Staff are then to wash their hands or use alcohol-based hand sanitizer (perform hand hygiene) immediately after removing all PPE. A [DIAGNOSES REDACTED]. physician's orders [REDACTED].. gloves and goggles.</p> <p>Observations of Nurse Aide 1 on July 11, 2020, at 12:15 p.m. revealed that she entered Resident 1's room after putting on PPE that included shoe covers, a gown, an N-95 mask covered with a surgical mask, goggles and gloves. Upon exiting the resident's room, Nurse Aide 1 removed her foot covers, gloves and gown, then walked out of the room doorway, placed the goggles on top of the PPE bin, then removed the surgical-type mask, then the N-95 mask. Without performing hand hygiene, she then put on a new surgical mask, put on new gloves, cleaned the goggles and placed them back in the bin for reuse, then removed her gloves and washed her hands in a sink across the hallway. Interview with Nurse Aide 1 on July 11, 2020, at 12:32 p.m. revealed that she was not sure when she was to wash her hands after removing her PPE; therefore, she washed them after cleaning the goggles. Interview with Registered Nurse 2 on July 11, 2020, at 12:50 p.m. revealed that staff were to wash and/or sanitize their hands after removing their PPE and before touching and putting on a clean mask. 28 Pa. Code 211.12(d)(1) Nursing services.</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.