

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395679</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GROVE AT WASHINGTON, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1198 W. WYLIE AVENUE WASHINGTON, PA 15301</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on review of facility policy, facility document, observations and staff interview, it was determined that the facility failed to consistently follow guidance from the Centers for Disease Control (CDC) to develop and maintain a surveillance plan for all residents in the facility, failed to wear personal protective equipment during transportation of a resident and wear personal protective equipment appropriately on one of two nursing units (North), and failed to maintain a clean and disinfected environment in the residents rooms and throughout the facility. Findings include: Review of the facility policy Coronavirus Protocol and Guidance, last reviewed 9/10/19, indicated that the facility will follow standard infection tracking and surveillance practices. The facility staff will clean commonly touched surfaces on a regular basis throughout the day and a minimum of twice a day. Review of the facility policy Infection Control Program, last reviewed on 9/11/19, indicated that the program scope includes surveillance of infections with on-going monitoring. The facility will follow CDC guidelines. The facility shall assure the facility is maintained in a clean and sanitary condition. Review of the facility policy Standard Precautions Protective Equipment Guidelines, last reviewed on 9/10/19, indicated that during resident transportation, appropriate barriers such as masks are to be worn, the mask covers the nose and mouth. During an observation on 7/7/20, at 10:50 a.m. facility van driver Employee E1 was assisting a resident in a wheelchair out of the van with no face covering on either himself or the resident. During an interview on 7/7/20, at 10:50 a.m. this was confirmed with Infection Control Preventionist Employee E2. During an interview on 7/7/20, at 11:00 a.m. Housekeeper Employee E3 stated that the facility is cleaned daily, there is no Housekeeping Supervisor currently and no off shift housekeepers. He indicated that cleaning is done daily of high touch areas. During observations throughout the facility on 7/7/20, the facility floors had black sticky substances in the halls, resident rooms had food debris on the floors. During an observation on 7/7/20, at 11:21 a.m. Licensed Practical Nurse Employee E4 was standing in a resident room doorway preparing medications with her mask covering only her mouth not her nose. This was confirmed at the time of the observation. During an interview on 7/7/20, at 1:00 p.m. the Infection Control Preventionist Employee E2 stated that surveillance of resident vital signs was not being conducted unless they became symptomatic. If a resident goes out to the hospital and returns there is no protocol of isolating them until a COVID test result comes back. During a telephone interview on 7/10/20, at 1:15 p.m. the Nursing Home Administrator was made aware of the above findings. 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.