

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395765	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER MARIAN MANOR CORPORATION		STREET ADDRESS, CITY, STATE, ZIP 2695 WINCHESTER DRIVE PITTSBURGH, PA 15220	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observations and staff interviews, it was determined that the facility failed to make certain handwashing areas were accessible for staff use in three of four soiled utility rooms (C1, C2 and B2 nursing units). Findings include: The facility Handwashing/Hand Hygiene policy dated 5/28/20, indicated that hand hygiene products and supplies (sinks, soap, towels, alcohol based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies. During an observation on 8/18/20, at 11:00 a.m. of the soiled utility room on the C1 nursing unit revealed the sink and hopper (sink used for disposal of clinical waste) were blocked by a garbage bin and two isolation garbage bins making them inaccessible for handwashing and disposal use. There was also a small garbage can on the counter to the right of the sink. During an interview on 8/18/20, at 11:00 a.m. Infection Control Registered Nurse Employee E1 confirmed that the soiled utility sink and hopper in the C1 nursing unit soiled utility room were inaccessible for handwashing and disposal use and that the garbage can should not be located on the counter top. During an observation on 8/18/20, at 11:16 a.m. of the soiled utility room on the C2 nursing unit revealed the sink and hopper were blocked by a garbage bin and two isolation garbage bins making them inaccessible for handwashing and disposal use. There was a wire rack located in the sink and a small garbage can on the counter to the right of the sink. During an interview on 8/18/20, at 11:16 a.m. Certified Nurse Aide Employee E2 confirmed that the soiled utility sink and hopper in the C2 nursing unit soiled utility room were inaccessible for handwashing and disposal use and that the wire rack should not be in the sink and the garbage can should not be located on the counter top. During an observation on 8/18/20, at 11:20 a.m. on the C2 nursing unit revealed a plastic protective face shield between the hand rail and wall outside of resident room [ROOM NUMBER]. During an interview on 8/18/20, at 11:16 a.m. Registered Nurse Employee E3 confirmed that the plastic protective face shield should not be between the hand rail and wall. During an observation on 8/18/20, at 11:41 a.m. on the B2 nursing unit revealed the sink in the soiled utility room did not include soap and paper towels for handwashing use. During an interview on 8/18/20, at 11:41 a.m. the Director of Nursing confirmed that the B2 soiled utility room sink did not include soap and paper towels for handwashing use. 28 Pa. Code: 201.18 (b) (1) Management. 28 Pa. Code: 201.20 (c) Staff development. 28 Pa. Code: 205.33 (c) Utility room [ROOM NUMBER] Pa. Code: 211.10 (d) Resident care policies. 28 Pa Code: 211.12 (d) (1) (2) (3) 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.