

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395904</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SANATOGA CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>225 EVERGREEN ROAD POTTSTOWN, PA 19464</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 observations, review of facility policies and guidance for COVID-19, and staff interviews, it was determined that the facility failed to practice Infection Control practices by laundering one time use disposable gowns for 1 of 1 Residents (R1). The findings include: In an interview on 4/23/20 at 8:15 AM, the Administrator identified the protocol for the facility was that all employees were to wear facial mask and eye protection/goggles when on the units. Yesterday, R1 was tested for COVID-19 as a result of his roommate being transferred to the local hospital with COVID-19 symptoms. Observation on 4/23/20 at 8:45 AM, revealed R1's door was closed to the hallway and had signage which read, STANDARD plus CONTACT PRECAUTIONS TO PREVENT THE SPREAD OF INFECTION, STOP sign, Please see the Nurse before entering the patient's room. Thank You! Another observation at 9:48 AM revealed R1's call light had been activated, Employee (E) #1 was standing near the closed door, she stated that she was waiting for isolation gowns, which she needed before she could enter the room. This surveyor asked what other PPE (Personal Protective Equipment) was needed to enter and care for the resident. She stated a mask, gloves, gown, and eye protection. E2 was seen carrying several clear plastic bags which were knotted and contained what appeared to be a yellow ball in it towards E1. The ball was identified as a disposable yellow isolation gown by E2. He stated, we have been given guidance by our Corporate that we are to laundry the gowns up to 6 times. E2 was asked to show this surveyor the container which the gowns are delivered to the facility. The box identified the maker of the gowns as Medline, model number NON27SMS5, non-sterile single use, medium weight, multi-ply nonwoven material, over the head style, waist ties, thumb loop wrist. Inside the box, folded yellow disposable gowns were stored in sealed plastic packets, containing 10 gowns each. The plastic bags were also labeled single use only. Interview with the Administrator and Director of Nursing at 10:54 AM revealed that a Corporate email was received on 4/11/20 with guidance regarding the washable and disposable gown use and reuse. The table of contents included Procedure for Care of and Washing the Medline Yellow Disposable Gowns with Centers that have DRY COOL cycles only. Interview with E3 at 11:20 AM revealed the dryers in the facility have normal drying cycles and are not DRY COOL cycles, that for about 2 weeks now, the facility has been laundering the gowns. The procedure to wash the yellow disposable gowns notes read, the yellow gowns from Medline hold up pretty well for approximately 6 or so washes. We use a mesh laundry bag to help protect the gowns from ripping in the wash. The gowns can be washed without the bag as well. We feel the bag just helps get more washes out of it At 12:20 PM, this surveyor asked the Administrator about the gowns structured integrity once the gowns were washed, if the gown is identified as single use only. She stated that it was a Crisis Intervention by the Corporation.		

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.