

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 396069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER ARBUTUS PARK MANOR		STREET ADDRESS, CITY, STATE, ZIP 207 OTTAWA STREET JOHNSTOWN, PA 15904	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on review of guidance from the Centers for Disease Control (CDC), the Centers for Medicare/Medicaid Services (CMS), and the Pennsylvania Department of Health (DOH), and review of facility policies, as well as observations and staff interviews, it was determined that the facility failed to ensure that residents practiced social distancing and that staff performed appropriate hand washing to reduce the spread of infection and prevent cross-contamination during the COVID-19 pandemic. Findings include: CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19 - an infectious [MEDICAL CONDITION] disease that can cause fever, cough, fatigue and/or breathing problems) in Nursing Homes, revised March 13, 2020, indicated that residents were to practice social distancing. Guidance from the CDC (a national health protection agency) regarding COVID-19, updated May 6, 2020, revealed that to socially or physically distance was to stay at least six feet (about two arms lengths) from other people. Guidelines from Pennsylvania DOH, dated April 6, 2020, indicated that social distancing should be practiced, keeping at least six feet between others, and visual alerts (e.g., signs, posters) posted throughout the facility should instruct persons to maintain social distancing of six feet apart. The facility's undated policy regarding Considerations for Memory Care indicated that residents who ate in the dining rooms would be socially distanced. Observations in the Memory Care unit dining room during the lunch meal on July 13, 2020, at 11:25 a.m. revealed that there were two tables with five residents seated at each table, two tables with three residents seated at each table, and one table with two residents seated at it. The observations revealed that there was less than six feet of distance between the residents who were sitting at the same tables. Interview with the Director of Nursing on July 13, 2020, at 2:30 p.m. confirmed that the facility had a plan in place for social distancing and had scheduled training for staff later in the week, but the plan had not been put into place yet. She confirmed that the facility was not yet [MEDICATION NAME] social distancing in the Memory Care unit dining room. Observations on July 13, 2020, at 8:07 a.m. revealed that Nurse Aide 1 was in Resident 9's room. The nurse aide was not wearing gloves, and she touched a walker, an overbed table, and the privacy curtain. Nurse Aide 1 then exited the resident's room without washing her hands or performing hand hygiene with hand sanitizer. She then entered Resident 10's room, put on gloves, and retrieved clothing from the resident's closet and assisted the resident with care. Interview with Nurse Aide 1 on July 13, 2020, at 8:25 a.m. revealed that she should have sanitized her hands after working in Resident 9's room and prior to going into Resident 10's room. Interview with the Director of Nursing on July 13, 2020, at 9:23 a.m. confirmed that staff were to wash their hands or sanitize their hands with hand sanitizer upon exiting a resident's room. 28 Pa. Code 211.12(d)(1)(5) 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.