

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 396073	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER NORTH STRABANE REHABILITATION AND WELLNESS CTR, LL		STREET ADDRESS, CITY, STATE, ZIP 100 TANDEM VILLAGE ROAD CANONSBURG, PA 15317	
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 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 one of two soiled utility rooms (200 Hall nursing unit) and failed to follow transmission based precautions creating the potential for cross contamination for one of two residents (Resident R1). Findings include: The facility Handwashing/Hand Hygiene policy dated 7/31/2019, indicated that hand hygiene means cleaning your hands by using either handwashing or an alcohol-based hand sanitizer. Effective hand hygiene reduces the incidence of healthcare-associated infections for both the residents and the staff. All members of the healthcare team will comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines. Handwashing is to occur: before having direct contact with residents, after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient), after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, even if hands are not visibly soiled, after removing gloves; and after touching garbage. During an observation on 8/26/20, at 10:39 a.m. of the soiled utility room on the 200 Hall nursing unit revealed the sink and hopper (sink used for disposal of clinical waste) were blocked by three garbage bins making them inaccessible for handwashing and disposal use. There was also a clean linen cart stored in this room. During an interview on 8/26/20, at 10:39 a.m. Certified Nurse Aide (CNA) Employee E1 confirmed that the soiled utility sink and hopper in the 200 Hall nursing unit soiled utility room were inaccessible for handwashing and disposal use and that the clean linen cart did not belong in this room. The facility policy COVID-19 Admissions dated 6/9/20, indicated that all new residents will need to come to the facility with at least one negative COVID test, and will be placed in a private room for isolation. Isolation room will be on a yellow zone unit/ or room. Facility will obtain a second negative swab at least 24 hours apart, and then the new admission will be removed from isolation and transferred to a new room. Facility residents that are sent out to the hospital will need one negative test for re-admission and will be housed on the yellow zone unit in a private room in quarantine for 14 days in contact and droplet isolation as a precaution. After a repeat negative test result, the resident can be transferred to a new room. Clinical record review on 8/26/20, indicated that Resident R1 was readmitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Upon discharge from the hospital, his COVID-19 test results were negative. Per facility policy, he was placed in a private room in quarantine on contact and droplet isolation for 14 days as a precaution. Personal Protective Equipment (PPE) supplies and proper signage were on the resident's door related to his isolation, the type and the use requirements. During an observation on 8/26/20, at 10:50 a.m. CNA Employee E2 entered Resident R1's room, and without donning appropriate PPE entered his room, walked around his room, checked his Foley drainage bag to see if emptying was needed and if he needed anything. During an interview on 8/26/20, at 10:52 a.m. Registered Nurse Employee E3 confirmed that CNA Employee E2 entered and exited Resident R1's room without proper PPE as required creating the potential for cross contamination. During an interview on 8/26/20, at 10:55 a.m. CNA Employee E2 confirmed that she did not don the appropriate PPE before entering Resident R1's room as required creating the potential for cross contamination. 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.</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.