

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395028	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2021
NAME OF PROVIDER OR SUPPLIER  Squirrel Hill Wellness and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 Wightman Street Pittsburgh, PA 15217	
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 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>19330</p> <p>Based on review of facility policy, clinical records and staff interview, it was determined that the facility failed to notify the physician of a change in condition involving an outbreak of gastrointestinal (GI) symptoms for 29 of 95 residents (Resident R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28 and R29) and failed to notify the family or responsible party of a change in condition for 27 of 29 residents (Resident R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R28, and R29).</p> <p>Findings include:</p> <p>The facility policy entitled, Policy for Outbreak Investigation, dated 3/22/21, indicated that appropriate notifications will be issued to the Medical Director, Administrator, Director of Nursing, all departments, attending physicians and family members at a minimum.</p> <p>The facility policy entitled, Notification of Change in Resident's Condition, dated 3/22/21, indicated that physician, family members or legal representatives shall be notified as soon as possible or within 24 hours, of any change in the resident's condition.</p> <p>During an interview on 3/29/21, at 12:05 p.m., the Certified Registered Nurse Practitioner (CRNP) Employee E2 stated that the first case of GI illness symptoms occurred on 3/22/21, and 29 residents had now been identified by her as having symptoms. CRNP Employee E2 confirmed that the nursing staff only told her a lot of people had diarrhea.</p> <p>During an interview on 3/29/21, at 12:40 p.m. the Medical Director stated that she had not received information regarding the outbreak of GI illness from the IP Employee E1 or the Director of Nursing as of 3/28/21.</p> <p>On 3/30/21, at 10:30 a.m. the Infection Preventionist Licensed Practical Nurse Employee E1 provided a line listing of 29 residents who had displays symptoms of nausea, vomiting, and/or diarrhea.</p> <p>Review of a progress note for Resident R1 dated 3/16/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  395028	Facility ID:  395028  If continuation sheet Page 1 of 44

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a progress note for Resident R2 dated 3/19/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>Review of a progress note for Resident R3 dated 3/22/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>Review of a progress note for Resident R4 dated 3/19/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>Review of a progress note for Resident R5 dated 3/25/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>Review of a progress note for Resident R6 dated 3/22/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>Review of a progress note for Resident R7 dated 3/25/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>Review of a progress note for Resident R8 dated 3/25/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>Review of a progress note for Resident R9 dated 3/25/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>Review of a progress note for Resident R10 dated 3/23/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>Review of a progress note for Resident R11 dated 3/23/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>Review of a progress note for Resident R12 dated 3/23/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>Review of a progress note for Resident R13 dated 3/24/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a progress note for Resident R28 dated 3/30/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>Review of a progress note for Resident R29 dated 3/30/21, indicated symptoms of possible gastrointestinal illness. Further progress note review failed to indicate notifications to a family member or other emergency contact.</p> <p>During an interview on 3/29/21, at 10:45 a.m., the Nursing Home Administrator (NHA) confirmed that no family members had yet been notified of the change of condition involving the outbreak of GI illness in 29 residents. The NHA confirmed that the outbreak of GI symptoms began on 3/22/21, and that the facility would be sending to notify the family members of the outbreak.</p> <p>During an interview on 4/1/21, at 12:30 p.m. Nursing Home Administrator confirmed that family/emergency contact notification letters were not mailed out.</p> <p>During an interview on 4/7/21, at 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to notify the family or responsible party for a change in condition for 27 residents.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>Previously cited: 12/23/19, 7/23/20, 10/1/20, 12/14/20, 12/18/20</p> <p>28 Pa. Code: 207.2(a) Administrator's Responsibility.</p> <p>Previously cited: 12/23/19, 2/3/20</p> <p>28 Pa. Code 201.18(b)(1) Management.</p> <p>Previously cited: 12/23/19, 10/1/20, 12/14/20</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>Previously cited: 12/23/19, 10/1/20</p> <p>28 Pa. Code: 201.19 Personnel policies and procedures.</p> <p>28 Pa. Code: 201.29(c) Resident rights.</p> <p>Previously cited: 12/23/19</p> <p>28 Pa. Code: 201.29(d) Resident rights.</p> <p>28 Pa. Code: 211.10(a)(d) Resident Care Policies.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services.</p> <p>Previously cited: 12/23/19, 7/23/20, 10/1/20, 12/18/20</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39311</p> <p>Based on review of facility policy, clinical records, and staff interviews, it was determined that facility staff failed to follow physician orders for seven of twelve residents (Resident R2, R5, R16, R17, R18, R22, and R21).</p> <p>Findings include:</p> <p>Review of the CDC Guidance, Preventing Norovirus, last reviewed 3/5/21, stated that the virus can also stay in feces for two weeks symptoms end.</p> <p>The facility policy, Physician Order Review, dated 3/22/21, indicated that every licensed nurse shall ensure that the physician's orders for each resident has been carried out as intended.</p> <p>Review of Resident R2's admission record indicated he was admitted to the facility on [DATE]. A review of the Admission Minimum Data Set (MDS - periodic assessment of care needs) dated 3/16/21, included diagnoses of heart failure and respiratory failure.</p> <p>Review of a physician order dated 3/22/21, indicated that a stool specimen should be collected for R2.</p> <p>Review of the Point of Care (POC) record indicated the following bowel movements for Resident R2: 3/22/21 x2, 3/23/21, and 3/24/21.</p> <p>Review of a progress note dated 3/25/21, at 1:00 a.m. indicated that the stool specimen order was reentered due to Resident R2 not having a bowel movement.</p> <p>Review of Resident R5's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life) and hemiplegia (paralysis on one side of the body).</p> <p>Review of a physician order dated 3/25/21, indicated that a stool specimen should be collected for R5.</p> <p>Review of the Medication Administration Record (MAR) indicated this order was documented as completed on 3/26/21, at 9:23 a.m. but the stool specimen was not actually collected.</p> <p>Review of Resident R16's admission record indicated she was admitted to the facility on [DATE]. A review of the Significant Change MDS dated [DATE], included a seizure disorder and hemiplegia.</p> <p>Review of a physician order dated 3/25/21, indicated that a stool specimen should be collected for R16.</p> <p>Review of the Point of Care (POC) record indicated the following bowel movements for Resident R16: 3/26/21, 3/27/21 x2, 3/28/21 x2, 3/29/21 x3, 3/30/21 x2, and 3/31/21.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the MAR indicated this order was not collected.</p> <p>Review of Resident R17's admission record indicated he was admitted to the facility on [DATE]. A review of the Annual MDS dated [DATE], included a seizure disorder and paraplegia (paralysis of all or part of the trunk, legs, and pelvic organs).</p> <p>Review of a physician order dated 3/25/21, indicated that a stool specimen should be collected for R17.</p> <p>Review of the Point of Care (POC) record indicated the following bowel movements for Resident R17: 3/25/21, 3/26/21 x2, 3/27/21 x2, 3/28/21 x2, 3/29/21 x3, 3/30/21 x2, and 3/31/21.</p> <p>Review of the MAR indicated this order was not collected.</p> <p>Review of Resident R18's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included a hemiplegia and high blood pressure.</p> <p>Review of a physician order dated 3/25/21, indicated that a stool specimen should be collected for R18.</p> <p>Review of the Point of Care (POC) record indicated the following bowel movements for Resident R18: 3/29/21 x2, 3/30/21, and 3/31/21.</p> <p>Review of the MAR indicated this order was not collected.</p> <p>Review of Resident R22's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included a diabetes and seizure disorder.</p> <p>Review of a physician order dated 3/26/21, indicated that a stool specimen should be collected for R22.</p> <p>Review of the Point of Care (POC) record indicated the following bowel movements for Resident R22: 3/26/21, 3/27/21, 3/29/21 x2, and 3/30/21.</p> <p>Review of the MAR indicated this order was not collected.</p> <p>Review of Resident R21's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included a diabetes and dementia.</p> <p>Review of a physician order dated 3/27/21, indicated that a stool specimen should be collected for R21. Review of order start and end times indicated the order was active from 3/28/21, at 11:59 p.m. through 3/29/21, at 7:00 a.m., seven hours and one minute.</p> <p>Review of the MAR indicated this order was not collected.</p> <p>During an interview with the Nursing Home Administrator (NHA) on 3/31/21, at 12:15 p.m. she confirmed that no stool specimens were collected as ordered by the physician.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39311</p> <p>Based on review of facility policy and records, observations and staff interviews, it was determined that the facility failed to consistently provide prescribed treatment and services, consistent with professional standards of practice, to prevent pressure sore development, promote healing and prevent worsening of pressure ulcers as required. This failure placed the facility in an Immediate Jeopardy situation for nine of ten residents reviewed (R32, R59, R33, R28, R34, R35, R60, R61, and R38).</p> <p>Findings include:</p> <p>A review of the facility policy, Pressure Ulcer Prevention Program, updated 3/22/21, previously updated 9/2/20, indicated the facility shall have a system in place that assures assessments are timely and appropriate and that the facility shall provide care, treatment, and services to promote the prevention of pressure ulcer development and promote the healing of pressure ulcers that are present. The policy further stated the facility's pressure ulcer prevention and treatment program shall include:</p> <ul style="list-style-type: none"> <li>-Identifying residents at risk for developing pressure ulcers.</li> <li>-Identifying the presence of pressure ulcers at the time of admission.</li> <li>-Identifying and evaluating the risk factors and change in the resident's condition.</li> <li>-Identifying and evaluating risk factors that can be removed or modified.</li> <li>-Implementing individualized, comprehensive plan of care (interventions) to attempt to stabilize, reduce or remove underlying risk factors.</li> <li>-Maintaining and improving tissue tolerance to pressure in order to prevent injury.</li> <li>-Meeting the nutritional needs of the resident.</li> <li>-Monitoring the effectiveness of interventions.</li> <li>-Modifying interventions as appropriate.</li> <li>-Education programs for staff, residents, and their families.</li> </ul> <p>A review of the facility policy, Physician Order Review - RN Verification dated 3/22/21, indicated that verification of orders entered into the computer or written on the Kardex shall be completed throughout the shift. Registered Nurse (RN)'s shall be responsible for verifying orders entered by the Unit Secretary.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The, Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2019, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggest the following distributions:</p> <p>13 - 15: cognitively intact</p> <p>8 - 12: moderately impaired</p> <p>0 - 7: severe impairment</p> <p>Review of Resident R32's clinical face sheet indicated he was admitted to the facility on [DATE], with diagnoses that included heart failure (a progressive heart disease that affects pumping action of the heart muscles), and hemiplegia (paralysis on one side of the body).</p> <p>Review of the Admission MDS dated [DATE], indicated that Resident R32 required extensive assistance of two persons for bed mobility and Section G: Determination of pressure ulcer risk indicated that Resident R32 was at risk for development but had no unhealed pressure ulcers or injuries.</p> <p>Review of the facility, Admission Screen, (a cumulative assessment completed on admission/readmission that includes review of the following areas: demographics, medical history, muscle and skeleton, skin integrity, oral and nutrition, nervous system, respiratory system, heart and blood vessels, stomach and intestines, urine and reproductive system, sleep pattern, need for intravenous therapy, pain, risk for falls and safety needs, and sensory deficits). The skin integrity section assessment completed on 2/8/21, at 5:30 p.m. indicated that Resident R32 is at, high risk of pressure ulcer development.</p> <p>Review of the Resident R32's potential for skin integrity plan of care dated 2/12/21, included only facility-wide batch orders for pressure ulcer care.</p> <p>Facility-wide batch orders included the following:</p> <ul style="list-style-type: none"> <li>-Administer treatments as ordered and monitor for effectiveness.</li> <li>-Follow facility policies/procedures for prevention/treatment of skin breakdown</li> <li>-If resident refuses treatment, confer with the resident interdisciplinary team to determine why and try alternative methods to gain compliance.</li> <li>-Inform the resident/family/caregivers of any new areas of skin breakdown.</li> <li>-Monitor weights as ordered.</li> <li>-Monitor/document/report to medical doctor as needed changes in skin status.</li> <li>-Obtain and monitor lab/diagnostic work as ordered. Report results to medical doctor and follow up as directed.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-The resident has a pressure reducing device on bed/chair.</p> <p>-The resident needs assistance to turn/reposition every two hours, more often as needed or requested.</p> <p>Review of a nursing progress note dated 2/8/21, at 5:32 p.m. indicated that Resident R32 had, skin intact all over his body.</p> <p>During an interview and observation on 3/29/21, at 8:42 a.m. Resident R32 stated that his knee was in pain. The bony prominence on the outside of Resident R32's right knee had an open area.</p> <p>During a staff interview on 3/30/21, at 12:20 p.m. the Wound Nurse, Licensed Practical Nurse (LPN) Employee E1 stated that weekly skin checks, LN (Licensed Nurse) Weekly Skin Observation, a head to toe skin observation completed by floor nurses to identify any new skin areas) were completed by floor nursing staff in conjunction with the resident's shower days. The surveyor observations of 3/29/21, were communicated to LPN Employee E1 and she stated that she would assess Resident R32 that day.</p> <p>Record review on 3/29/21, at 11:00 a.m. indicated the most recent, LN Weekly Skin Observation, was completed on 3/4/21.</p> <p>Record review on 3/31/21, at 9:15 a.m. indicated that Resident R32 was assessed by LPN Employee E1 on 3/30/21, at 5:23 p.m. The note indicated three new wound areas:</p> <p>-Right lateral leg Stage II pressure injury that measured 2.0cm x 2.0cm x 0.1cm, 100% eschar (dry, dark scab or falling away of dead skin), and edges scabbed, peri wound (tissue surrounding a wound) scarred.</p> <p>-Left medial leg 4.5cm x 2.5cm x 0.2cm, an abrasion with pink scab.</p> <p>-Left inner ankle 1.0cm x 1.0cm x 0.3cm, 100% dry discolored black tissue.</p> <p>During an interview on 3/31/21, at 3:00 p.m. Wound Nurse LPN Employee E1 confirmed that the facility failed to complete weekly skin checks, and that Resident R32 had three new areas with an unknown start date, one of which was a pressure area.</p> <p>Review of Resident R32's plan of care did not reveal an update to include interventions for his developed pressure ulcer.</p> <p>Review of the physician's order dated 3/31/21, indicated to apply skin prep to Resident R32's right lateral leg, left inner ankle, and left medial leg. every day shift.</p> <p>Review of the treatment administration record (TAR) from 4/1/21, through 4/10/21, indicated that R32 did not have skin prep applied on:</p> <p>April: 1, 2, 3, 6, 7, 8, 9, and 10, 2021</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Squirrel Hill Wellness and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 Wightman Street Pittsburgh, PA 15217	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/23/21, at 9:25 a.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to prevent and timely identify Resident R32's wounds and failed to provide ordered interventions for Resident R32.</p> <p>Review of Resident R59's clinical face sheet indicated he was admitted to the facility on [DATE], with diagnoses that included lung cancer and adult failure to thrive (a progressive functional deterioration of a physical and cognitive nature).</p> <p>Review of the Admission MDS dated [DATE], indicated that Resident R59 required supervision and assistance of one person for bed mobility and Section G: Determination of pressure ulcer risk indicated that Resident R59 was at risk for development and had one Stage I pressure ulcer [intact skin with a localized area of non-blanchable (no color change with application of pressure) erythema (redness)].</p> <p>Review of the Braden assessment (determination of risk factors for development of pressure ulcers) completed 2/4/21, indicated that Resident R59 was at low risk of pressure ulcer development.</p> <p>Review of the facility, Admission Screen, skin integrity section dated 2/4/21, indicated that Resident R59 did not have any open areas on his skin.</p> <p>Review of the medical record indicated that no, LN Weekly Skin Observations, were completed for Resident R59.</p> <p>Review of the, Weekly Wound Assessment, (a detailed assessment of a known wound) dated 3/3/21, indicated Resident R59 had a newly developed unstageable pressure wound area on the coccyx (the tailbone), with wound dimensions (in centimeters) of L 3.5 x W 2.5 x D UTD. The wound was documented to be painful, have 100% pale yellow slough (dead tissue that needs to be removed for wound to heal), dry edges macerated, peri wound scarred.</p> <p>Review of the Resident R59's skin integrity plan of care dated 2/12/21, included only facility-wide batch interventions.</p> <p>Review of the physician's order dated 3/3/21, indicated that R59 was ordered to have his coccyx pressure wound cleaned and dressed daily.</p> <p>Review of the TAR from 3/3/21, through 4/18/21, indicated that R59 was not documented as having received his dressing changed:</p> <p>March: 3, 4, 5, 7, 11, 13, 16, 17, 19, 20, 21, 28, 29, 30, 31, 2021</p> <p>April: 1, 2, 4, 10, 11, 15, and 17, 2021</p> <p>Review of facility census information indicated that Resident R59 was not hospitalized or on any leave of absence on these dates.</p> <p>Review of the, Weekly Wound Assessment, completed on 4/12/21, indicated an increase in wound dimensions (in centimeters) of L 4.5 x W 3.5 x D UTD. The wound was documented to be painful, 100% dry yellow slough, edges intact, peri wound is warm and red, no drainage.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/23/21, at 9:25 a.m. the Nursing Home Administrator (NHA) and the Director of Nursing (DON) confirmed that the facility failed to prevent deterioration of a wound and failed to implement ordered interventions for Resident R59.</p> <p>Review of the clinical face sheet indicated Resident R33 was admitted to the facility on [DATE], with diagnoses that included enterocolitis due to clostridium (bacterial gastrointestinal infection) and spinal stenosis (condition where spinal column narrows and compresses the spinal cord).</p> <p>Review of the Admission MDS dated [DATE], indicated that Resident R33 required supervision and assistance of one person for bed mobility and Section G: Determination of pressure ulcer risk indicated that Resident R33 was at risk for development and had one unstageable pressure ulcer (full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar). Section C: Cognitive Patterns indicated that Resident R33 had a BIMS Summary Score of 15, cognitively intact.</p> <p>Review of the Braden assessment completed 1/26/21, indicated that Resident R33 was at very low risk of pressure ulcer development.</p> <p>Review of the Admission Screening dated 1/26/21, indicated that Resident R33 had a pressure wound located on his coccyx.</p> <p>Review of the physician's order dated 1/27/21, indicated that R33 was ordered to have his coccyx pressure wound cleaned with normal saline solution, patted dry, Santyl (medication that removes dead skin from wounds), patted dry, calcium alginate (absorbent dressing containing calcium fibers) dressing applied, and covered with a dry dressing.</p> <p>Review of the Weekly Wound Assessment completed on 1/29/21, by Wound Nurse LPN Employee E1 indicated the presence of an unstageable coccyx pressure wound with wound dimensions (in centimeters) of L 2.0 x W 5.0 x D UTD, 100% moist yellow slough, edges macerated, peri wound intact, and pain present.</p> <p>Review of the Resident R33's skin integrity plan of care dated 2/3/21, included only facility-wide batch interventions.</p> <p>Review of the TAR from 1/27/21, through 4/14/21, indicated that R33 was not documented as having received his dressing changed:</p> <p>January: 30, 2021</p> <p>February: 11, 15, 18,23, and 28, 2021</p> <p>March: 5, 11, 13, 27, 28, 29, and 30, 2021</p> <p>April: 4, and 10, 2021</p> <p>Review of the, Weekly Wound Report completed on 3/10/21, indicated an increase in wound dimensions (in centimeters) of L 4.0 x W 4.8 x D 0.5, 100% visible granulation, edges callused with moist yellow slough.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the medical record indicated, Weekly Wound Reports, were completed by Wound Nurse LPN Employee E1 on 3/30/21, 4/5/21, and 4/12/21. The report completed on 4/12/21, indicated that Resident R33's coccyx pressure wound had resolved.</p> <p>During an interview on 4/22/21, at 10:54 a.m. Resident R33 stated his wound had not resolved. He further stated the facility staff are overwhelmed and unable to complete his dressing changes. Resident R33 then stated that he completed his own dressing changes on his coccyx wound.</p> <p>During a wound observation requested by the surveyor on 4/22/21, at 11:02 a.m. LPN Employee E101 indicated that Resident R33's wound had not healed and had a small open area. Resident R33 then took a large zippered plastic bag from his drawer with medihoney and island dressings inside, stating that he used those items when he completed his own dressing changes.</p> <p>Review of the, LN Weekly Skin Observation, completed on 4/23/21, by Wound Nurse LPN Employee E1 indicated, Reopened scabbed area from previously resolved pressure injury, 0.7cm x 0.2cm x 0.4cm undermining 11 o'clock to 2 o'clock deepest at 12 o'clock by 2.2cm, Unable to visualize wound bed, 100% epithelial tissue of what is visible.</p> <p>During an interview on 4/23/21, at 9:25 a.m. the NHA and the DON confirmed that the facility failed to implement ordered interventions to prevent worsening of a pressure ulcer for Resident R33.</p> <p>Review of the clinical face sheet indicated Resident R28 was admitted to the facility on [DATE], with diagnoses that included hemiplegia and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time).</p> <p>Review of the quarterly MDS dated [DATE], indicated that Resident R28 required extensive assistance of two persons for bed mobility and Section G: Determination of pressure ulcer risk indicated that Resident R28 was at risk for development and had one Stage III pressure ulcer (full-thickness loss of skin, in which fat is visible in the ulcer and granulation tissue Slough and/or eschar may be visible).</p> <p>Review of the Braden assessment completed 9/11/20, indicated that Resident R28 was at high risk of pressure ulcer development.</p> <p>Review of the skin integrity plan of care updated 12/7/20, 2/19/21, and 3/13/21, included facility-wide batch interventions, and additional interventions for the use of a palm guard, to monitor placement of PRAFO boots (Pressure Relief Ankle Foot Orthosis - boots designed to remove pressure from the back of the heel to help heal and prevent pressure ulcers and muscle tightness), and the presence of a pressure relieving device on the bed.</p> <p>Review of the, Weekly Wound Report, completed by Wound Nurse LPN Employee E1 dated 11/12/20, indicated a newly developed Stage III wound area on the left outer ankle, with wound dimensions (in centimeters) of L 1.0 x W 1.0 x D 0.1. The wound was documented to have 100% granulation tissue and edges macerated (occurs when too much moisture is trapped between the wound and its bandage).</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of Resident R28's physician's order dated 11/13/20, indicated to cleanse left outer ankle with NSS, pat dry. Apply DermaCol Ag (wound care dressing that transforms into a soft gel sheet when in contact with wound drainage) to wound bed and cover with a bordered dressing. Change daily. The order was changed on 1/29/21, to cleanse left outer ankle with normal saline, pat dry. Apply skin prep to peri wound. Apply Santyl to wound bed followed by calcium alginate and cover with a bordered dressing. Change daily and prn. The order was changed on 2/26/21, to cleanse left outer ankle with normal saline, pat dry. Apply skin prep to peri wound. Apply AG/alginate and cover with a bordered dressing. Change daily and prn.</p> <p>Review of the, Weekly Wound Report, completed by Wound Nurse LPN Employee E1 dated 4/23/21, indicated left ankle Stage III pressure wound dimensions (in centimeters) of L 1.4 x W 1.5 x D 0.9. The wound was documented to 99% exposed hardware, 1% granulation tissue, edges macerated, peri wound scarred. Moderated amount of serous drainage. These changes constituted an increase in wound size and depth, less healing tissue, and the presence of scarring.</p> <p>Review of the TAR from 11/14/20, through 4/25/21, indicated that Resident R28 did not have her dressing changed on:</p> <p>November: 15, 16, 18, 19, 20, 23, 25, 28 ,29, 30, 2021</p> <p>December: 1, 2, 3, 7, 9, 11, 12, 13, 14, 16, 17 21 ,25 ,27, 28, 30, 2021</p> <p>January: 3, 4, 5, 8, 9, 10, 11, 13, 14, 15, 16, 17, 21, 22, 23, 25, 26, 27, 29, 2021</p> <p>February: 1, 2, 3, 4, 5, 6, 8, 9, 12, 16, 17, 18, 19, 20, 22, 2, 24, 25, 26, 27, 2021</p> <p>March: 1, 2, 3, 4, 5, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 25, 27, and 29, 2021</p> <p>April: 4, 7, 8, 11, 12, 15, 17, 19, 21, 22, 25, 2021</p> <p>Review of facility census information indicated that Resident R28 was not hospitalized or on any leave of absence on these dates.</p> <p>During an interview on 4/21/21, at 1:10 p.m. Wound Nurse LPN Employee E1 stated that residents unable to reposition on their own are turned and repositioned by staff every two hours.</p> <p>Observations completed on 4/22/21, at 8:30 a.m., 10:38 a.m., 12:45 p.m. and 2:20 p.m. revealed Resident R28 to be laying on her back each time.</p> <p>During an interview on 4/22/21, at 2:24 p.m. LPN Employee E106 confirmed that Resident R28 had not been moved throughout the day.</p> <p>During an interview on 4/23/21, at 9:25 a.m. the NHA and the DON confirmed that the facility failed to identify a wound timely, failed to prevent wound deterioration by providing ordered interventions and turning and repositioning Resident R28.</p> <p>(continued on next page)</p>		



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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of clinical face sheet indicated that Resident R34 was admitted to the facility on [DATE], with diagnoses that included dementia (a group of symptoms that affects memory, thinking and interferes with daily life) and diabetes.</p> <p>Review of the quarterly MDS dated [DATE], indicated that Resident R34 was totally dependent and required extensive assistance of two persons for bed mobility and Section G: Determination of pressure ulcer risk indicated that Resident R34 was at risk for development and had three Stage IV pressure ulcers (full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer) which were not present on admission.</p> <p>Review of the Braden assessment completed 7/31/20, indicated that Resident R34 was at very high risk of pressure ulcer development .</p> <p>Review of Resident R34's skin integrity plan of care dated 5/19/20, recently updated 3/22/21, included facility-wide batch interventions and additional interventions of floating heels on pillows while in bed, nutritional supplement as ordered, needs moisturizer applied to skin daily, and to use Dove soap for all baths and showers.</p> <p>Review of the, Weekly Wound Report, completed by Wound Nurse LPN Employee E1 dated 1/14/21, indicated a new unstageable pressure wound on the left buttock, with wound dimensions (in centimeters) of L 6.5 x W 6.2 x D UTD.</p> <p>During an interview on 4/23/21, at 8:30 a.m. Wound Nurse LPN Employee E1 stated that when she completes the, Weekly Wound Assessments, it is for recognized wounds that the wound care team is following. She stated the, LN Weekly Skin Observations, should continue to be done by licensed floor nursing staff even if the resident is being followed by the wound care team, as that is a whole-body check to discover new areas.</p> <p>Review of the medical record indicated that prior to the identification of Resident R34's left buttock pressure wound; the most recent, LN Weekly Skin Observation, was completed on 9/19/20.</p> <p>Review of the physician's order dated 1/19/21, indicated that Resident R34 was ordered to have her buttocks pressure wound cleansed with Dakin's 0.125% solution. Pat day. Apply compound cream and cover with silicone foam daily and as needed for soiling and displacement.</p> <p>A physician's order dated 2/18/21, updated 3/10/21, increased her dressing changes to twice daily.</p> <p>Review of the, Weekly Wound Report, dated 4/20/21, indicated wound dimensions (in centimeters) of L 4.0 x W 6.0 x D 1.5.</p> <p>Review Resident R34's TAR from 1/19/21 through 4/25/21, indicated that Resident R34 did not have her dressing changed on:</p> <p>January: 22, 23, 25, 26, 27, 29, 30, 31, 2021</p> <p>February (day): 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 15, 18, 19, 21, 22, 25, and 27, 2021</p> <p>February (evening): 21, 22, 25, and 26, 2021</p> <p>(continued on next page)</p>		



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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>March (day): 1, 3, 4, 5, 6, 8, 11, 12, 13, 14, 15, 20, 22, 24, 25, 26, 27, 29, and 30, 2021</p> <p>March (evening): 1, 3, 4, 8, 10, 12, 15, 16, 17, 18, 19, 20, 21, 24, 25, 26, 27, 29, 30, 2021</p> <p>April (day): 1, 2, 3, 5, 6, 7, 8, 9, 10, 12, 15, 17, 19, 22, 2021</p> <p>April (evening): 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 14, 15, 18, 19, 20, 22, 23, 25, 26, 2021</p> <p>Review of facility census information indicated that Resident R34 was not hospitalized or on any leave of absence on these dates.</p> <p>Observations completed on 4/22/21, at 8:30 a.m., 11:00 a.m., 12:53 p.m. and 2:32 p.m. revealed Resident R34 to be laying on her back each time.</p> <p>During an interview on 4/22/21, at 2:32 p.m. LPN Employee E35 stated she had thought the hospice staff were turning Resident R34.</p> <p>Review of medical record on 4/23/21, at 3:30 p.m. indicated a current order dated 10/10/20, of Cleanse left popliteal (hollow in the back of the knee) wound with Dakin's 0.125% solution, pat dry. Apply skin prep to wound edges and peri wound, allow to dry. Cover wound bed with calcium alginate (cut to fit wound bed), cover with foam dressing. Change daily and prn (as needed) for excessive drainage.</p> <p>Review of wound consultation notes dated 3/10/21, indicated the order to be changed to 0.25% acetic acid cleanse, pat dry, apply Ag alginate to the wound base, and cover with a dry dressing every day and prn.</p> <p>During an interview on 4/23/21, at 9:25 a.m. the NHA and the DON confirmed that the facility failed to identify timely and failed to prevent deterioration by providing ordered interventions including turning and positioning for Resident R34.</p> <p>During an interview on 4/24/21, at 1:30 p.m. the DON confirmed that the physician's orders were not updated with the new order of 3/10/21, and that Resident R34 received the previous outdated orders from 3/10/21, through 4/24/21.</p> <p>Review of the clinical face sheet indicated that Resident R35 was admitted to the facility on [DATE], with diagnoses that included seizure disorder and diabetes.</p> <p>Review of the Admission MDS dated [DATE], indicated that Resident R35 required extensive assistance of two persons for bed mobility and Section G: Determination of pressure ulcer risk indicated that Resident R35 was at risk for development and had one Stage IV pressure ulcer.</p> <p>Review of the facility, Admission Screen, completed on 3/9/21, at 6:48 p.m. indicated the presence of a coccyx wound,</p> <p>Review of the Braden assessment completed on 3/10/21, indicated that Resident R35 was at very high risk of pressure ulcer development.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of Resident R35's skin integrity plan of care dated 3/22/21, included facility-wide batch interventions and additional interventions of providing supplements, and moisturizer applied to skin daily.</p> <p>Review of the physician's order dated 3/10/21, indicated that Resident R35 was ordered to have his coccyx/sacral pressure wound bed cleansed with 1/4 strength Dakin's solution. Apply 4x4 gauze soaked in 1/4 strength Dakin's solution, cover with Optifoam dressing (absorptive dressing with waterproof outer layer). Change BID and as needed for soiling/drainage.</p> <p>Review of the, Weekly Wound Report, dated 3/10/21, indicated coccyx wound dimensions (in centimeters) of L 7.5 x W 5.0 x D 1.5 with Undermining 12 o'clock to 12 o'clock deepest at 9 o'clock by 2.0cm, 75% moist yellow slough, 25% granulation tissue, mild odor.</p> <p>Review of Resident R35's TAR from 3/10/21 through 4/25/21, indicated did not receive his dressing changed on:</p> <p>March (day): 11, 12, 14, 15, 16, 17, 20, and 29, 2021</p> <p>March: (evening): , 12, 13, 17, 18, 19, 20, 21, 23, 27, 28, 29, and 31, 2021</p> <p>April (day):1, 2, 3, 4, 11, 15, and 18, 2021</p> <p>April (evening): 1, 4, 8, and 25, 2021</p> <p>Review of the, Weekly Wound Report, dated 3/30/21, indicated coccyx wound dimensions (in centimeters) of L 7.5 x W 6.0 x D 4.5. The wound was documented to have undermining 9 o'clock 5 o'clock deepest at 1 o'clock by 3cm, 80% moist yellow slough, 20% moist granulation tissue. Odor present, moderate amount of serosanguinous drainage. These changed constitute an increase in depth of the wound, size of undermining, an increase in dead tissue, less healing tissue, and a strong wound order.</p> <p>Observations completed on 4/22/21, at 8:30 a.m., 11:04 a.m., 12:53 p.m. and 2:35 p.m. revealed Resident R35 to be laying on his back each time.</p> <p>Review of medical records on 4/23/21, at 3:30 p.m. indicated the above order dated 3/10/21, of coccyx/sacral pressure wound bed cleansed with 1/4 strength Dakin's solution. Apply 4x4 gauze soaked in 1/4 strength Dakin's solution, cover with Optifoam dressing (absorptive dressing with waterproof outer layer). Change BID and as needed for soiling/drainage to be the order that was currently being administered by staff.</p> <p>Review of wound consultation notes dated 3/19/21, indicated the order to be changed to 0.125% Dakin's irrigation and cleanse, pat dry, apply Santyl to the necrotic areas of the wound bases every morning, then fill the cavity and undermined area with 0.125% Dakin's moistened roll gauze and cover with a dry dressing twice per day and as needed.</p> <p>During an interview on 4/23/21, at 9:25 a.m. the NHA and the DON confirmed that the facility failed to provide ordered interventions and failed to turn and reposition Resident R35.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/24/21, at 1:30 p.m. the DON confirmed that the physician's orders were not updated with the new order of 3/19/21, and that Resident R35 received the previous outdated orders from 3/10/21, through 4/24/21.</p> <p>Review of the clinical face sheet indicated that Resident R60 was admitted to the facility on [DATE], with diagnoses that included seizure disorder and anoxic brain damage (brain injury when the brain is deprived of oxygen).</p> <p>Review of the Admission MDS dated [DATE], indicated that Resident R60 was totally dependent and required extensive assistance of two persons for bed mobility and Section G: Determination of pressure ulcer risk indicated that Resident R60 was at risk for development and had one Stage II and one Stage III pressure ulcer.</p> <p>Review of the Braden assessment completed 2/3/21, indicated that Resident R60 was at very high risk of pressure ulcer development.</p> <p>Review of the Resident R60's skin integrity plan of care dated 2/18/21, included facility-wide batch interventions and additional interventions for moisturizer applied to skin daily, and to provide nutritional supplements as ordered.</p> <p>Review of the facility, Admission Screen, completed on 2/4/21, at 12:18 a.m. indicated the presence of a sacrum (bone in the lower back situated between the hipbones) pressure wound.</p> <p>Review of the physician's order dated 2/4/21, indicated to cleanse sacrum wound with normal saline solution, pat dry, apply skin prep to peri wound, apply AG/alginate to wound bed, cover with a dry dressing. The order updated 2/18/21, indicated to cleanse sacrum wound with normal saline solution, pat dry, apply skin prep to peri wound, apply medihoney to wound bed, cover with a dry dressing.</p> <p>Review of the, Weekly Wound Report, dated 2/4/21, indicated a Stage III sacrum wound dimensions (in centimeters) of L 5.5 x W 5.8 x D 0.3 with 100% granulation tissue.</p> <p>Review of Resident R60's TAR from 2/4/21through 4/25/21, indicated did not have her dressing changed on:</p> <p>February: 7, 8, 9, 10, 11, 12, 13, 14, 15, 23, 24, 26, and 28, 2021</p> <p>March: 5, 7, 13, 16, 18, 19, 29, 30, and 31, 2021</p> <p>April: 1, 2, 4, 5, 6, 8, 15, 18, and 21, 2021</p> <p>Review of the, Weekly Wound Report, dated 4/23/21, indicated a Stage III sacrum wound dimensions (in centimeters) of L 3.9 x W 4.1 x D 0.1. The wound was documented as 100% moist red granulation tissue, edges macerated, peri wound has open moisture associated skin damage dimensions (in centimeters) of L 1.7 x W 0.6 x D 0.0.</p> <p>Observations completed on 4/22/21, at 8:50 a.m., 11:03 a.m., 12:45 p.m. and 2:34 p.m. revealed Resident R60 to be laying on his back each time.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Squirrel Hill Wellness and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 Wightman Street Pittsburgh, PA 15217	
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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/23/21, at 9:25 a.m. the NHA and the DON confirmed that the facility failed to provide ordered interventions and failed to turn and reposition Resident R60.</p> <p>Review of the clinical face sheet indicated that Resident R61 was admitted to the facility on [DATE] with diagnoses that included seizure disorder and diabetes.</p> <p>Review of the Quarterly MDS dated [DATE], indicated that R61 was totally dependent and required extensive assistance of two persons for bed mobility and Section G: Determination of pressure ulcer risk indicated that Resident R61 was at risk for development and had one Stage IV pressure ulcer.</p> <p>Review of the Braden assessment completed 2/20/20, indicated that Resident R61 was at moderate risk of pressure ulcer development.</p> <p>Review of Resident R61's skin integrity plan of care dated 3/9/20, most recently updated 1/28/21, included facility-wide batch interventions and additional interventions of using a wedge on the right side and to float heels on pillows while in bed.</p> <p>Observations completed on 4/22/21, at 8:30 a.m., 10:39 a.m., 12:53 p.m. and 2:18 p.m. revealed Resident R61 to be laying on his back each time.</p> <p>Review of medical record on 4/23/21, at 3:30 p.m. indicated a current order dated 3/1/21, of, Cleanse left heel with Normal saline solution. Pat dry. Apply Skin prep to wound edges. Apply Collagen powder to wound bed. Cover with ABD pad and wrap with kerlix every Monday, Wednesday, and Friday.</p> <p>Review of wound consultation notes dated 4/19/21, indicated to discontinue the treatment regimen, begin normal saline solution cleanse, pat dry, apply calcium alginate to the wound area, and cover with a foam dressing every Monday, Wednesday, and Friday for protection.</p> <p>During an interview on 4/23/21, at 9:25 a.m. the NHA and the DON confirmed that the facility failed to turn and reposition Resident R61.</p> <p>Review of the clinical face sheet indicated that Resident R38 was admitted to the facility on [DATE], with diagnoses that included hemiplegia and diabetes.</p> <p>Review of the quarterly MDS dated [DATE], indicated that R38 required extensive assistance of two persons for bed mobility and Section G: Determination of pressure ulcer risk indicated that Resident R38 was at risk for development and had no pressure ulcers.</p> <p>Review of the Braden assessment completed 9/6/20, indicated that Resident R38 was at moderate risk of pressure ulcer development.</p> <p>Review of the skin integrity plan of care dated 9/8/20, most recently updated 3/16/21, included facility-wide batch interventions and additional interventions of applying protective ointment to bony prominences, floating heels on pillows while in bed, apply moisturizer to skin daily, and to provide supplemental vitamins/minerals.</p> <p>(continued on next page)</p>		

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F 0686  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	Review of the, Weekly Wound Report, dated 4/16/21, indicated a newly developed Stage III right buttock wound dimensions (in centimeters) of L 4.5 x W 4.5 x D 0.5. The wound was documented as moist granulated tissue, edges macerated, peri wound scarred.  Review of the physician's order dated 4/20/21, indicated to apply acetic acid solution 0.25 % to buttock topically every shift for buttock wound. Cleanse buttock with acetic acid 0.25%, then apply Silver alginate and dry dressing.  A wound observation wa[TRUNCATED]		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39311</p> <p>Based on manufacturer instructions, observations, and staff interviews, it was revealed that the facility failed to provide appropriate treatment and services to prevent possible complications of enteral feeding (feeding through a tube directly into the stomach or intestine) for two of five residents (Resident R24 and R32).</p> <p>Findings include:</p> <p>Review of the facility policy, Enteral Feeding Via Nasogastric or Gastrostomy Tube, dated 3/22/21, indicated that any formula not used within 24 hours will be discarded.</p> <p>Review of manufacturer instructions for Jevity 1.2 (liquid supplemental nutrition) updated 3/19/20, indicated to hang product for up to 48 hours after initial connection when using clean technique and only one new set is used; Otherwise hang for no more than 24 hours.</p> <p>Review of Resident R24's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly Minimum Data Set (MDS - periodic assessment of care needs) dated 3/3/21, included diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life) and hemiplegia (paralysis on one side of the body).</p> <p>A review of the physician order dated 12/24/20, revealed Resident R24 received 240 milliliters of tube feeding formula four times per day.</p> <p>During an observation on 3/29/21, at 8:30 a.m. a partially used bottle of tube feeding formula was observed on Resident R24's bedside table dated 3/27/21.</p> <p>During an interview on 3/29/21, at 8:35 a.m. Licensed Practical Nurse (LPN) Employee E3 confirmed that the used bottle of tube feeding formula should have been either refrigerated or disposed of.</p> <p>Review of Resident R32's admission record indicated he was admitted to the facility on [DATE]. A review of the Admission MDS dated [DATE], included diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles) and hemiplegia.</p> <p>During an observation on 4/1/21, at 12:30 p.m. the tube feeding for Resident R32 dated 3/31/21, 7-3 was still hanging and attached to Resident R32.</p> <p>During an interview on 4/1/21, at 12:40 LPN Employee E35 confirmed that Resident R32 should not have his tube feeding still attached from the previous day.</p> <p>During an interview on 4/7/21, at 2:00 p.m. the Director of Nursing confirmed that the facility failed to provide appropriate treatment and services to prevent possible complications of enteral feeding for two of five residents</p> <p>28 PA Code 211.10 (a)(c)(d): Resident care policies.</p> <p>(continued on next page)</p>		

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F 0693  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Previously cited: 12/23/19		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39311</p> <p>Based on observations and resident interviews, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of 12 of 21 residents (Resident R24, R32, R36, R37, R11, R38, R39, R40, R7, R41, R42, and R2).</p> <p>Findings Include:</p> <p>Review of the facility policy, Restorative ADL (Activities of Daily Living) Services, dated 3/22/21, previously updated 9/2/20, indicated that residents shall receive assistance with activities of daily living every shift, as appropriate.</p> <p>During a staff interview on 4/7/21, at 1:00 p.m. Nurse Aide (NA) Employee E6 indicated that bathing is documented in the Point of Care (POC) system, which provides two options for a full bath (shower and bed bath).</p> <p>Review of Resident R24's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly Minimum Data Set (MDS - periodic assessment of care needs) dated 3/3/21, included diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life) and hemiplegia (paralysis on one side of the body).</p> <p>During an observation on 3/29/21, at 8:20 a.m. Resident R24 was noted to have dirty fingernails and facial hair. Review of Resident R24's nursing progress notes and POC Response History for the previous 30 days (3/9/21 - 4/8/21) indicated that Resident R24 received one full bath on 3/28/21.</p> <p>During an interview on 3/29/21, at 8:35 a.m. Licensed Practical Nurse (LPN) Employee E3 confirmed the Resident R24 had facial hair and dirty fingernails.</p> <p>Review of Resident R32's admission record indicated he was admitted to the facility on [DATE]. A review of the Admission MDS dated [DATE], included diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles) and hemiplegia.</p> <p>During an observation on 3/29/21, at 8:42 a.m. Resident R32 had visibly soiled linen on his bed. Further observation of Resident R32's catheter revealed a pair of used vinyl gloves, folded in on themselves, laying on the mattress under Resident R32 ' s catheter tubing, near his body.</p> <p>During an interview on 3/29/21, at 8:45 a.m. NA Employee E6 confirmed the soiled sheets and gloves left on Resident R32's bed.</p> <p>Review of Resident R36's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles) and hemiplegia.</p> <p>(continued on next page)</p>		



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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/29/21, at 8:23 a.m. Resident R36 was stated that there are not enough staff to assist him with care. Resident R36 stated that there is very rarely two staff members available to pull him up in bed. shower on Monday and Thursday during evening shift. Review of Resident R36's nursing progress notes and POC Response History for the previous 30 days (3/9/21,- 4/8/21) failed to reveal a full bath for that Resident R36.</p> <p>Review of Resident R37's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included diagnoses of cerebral palsy (a group of disorders that affect a person's ability to move and maintain balance and posture) and a seizure disorder.</p> <p>During an interview and observation on 4/1/21, at 11:17 a.m. Resident R37 was noted to have greasy, unbrushed hair. Resident R37 stated showers have been a problem and that she has been told by staff that she cannot get a shower due to their not having enough people. Review of Resident R37's nursing progress notes and POC Response History for 3/9/21,- 4/8/21 indicated that Resident R37 received three full baths in the previous 30 days.</p> <p>Review of Resident R11's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included diagnoses of heart failure and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time).</p> <p>During an interview and observation on 4/1/21, at 11:21 a.m. Resident R11 was noted to have long, unbrushed hair and visibly soiled sheets. Resident R11 stated that there is never enough linen and bed pads to change his bed, that the shower rooms are disgusting, that he has to have bed baths, and that there is never, ever, ever have any staff. It's ridiculous. Review of Resident R11's nursing progress notes and POC Response History for 3/9/21,- 4/8/21, indicated that Resident R11 received six bed baths in the previous 30 days.</p> <p>Review of Resident R38's admission record indicated he was admitted to the facility on [DATE]. A review of the Significant Change MDS dated [DATE], included diagnoses of hemiplegia and diabetes.</p> <p>During an interview on 4/1/21, at 11:40 a.m. Resident stated that he has not had a shower since September. Review of Resident R38's nursing progress notes and POC Response History for 3/9/21,- 4/8/21, indicated that Resident R38 received three bed baths in the previous 30 days. Review of the Documentation Survey Report for the months of September 2020, through March 2021, failed to reveal any showers.</p> <p>Review of Resident R39's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included diagnoses of schizophrenia (a mental disorder characterized by delusions, hallucinations, disorganized speech, and behavior) and muscle weakness.</p> <p>During an observation on 4/1/21, at 11:45 a.m. Resident R39 had unbrushed hair and facial hair. Resident R39's nursing progress notes and POC Response History for 3/9/21,- 4/8/21 indicated that Resident R39 received one bed bath in the previous 30 days.</p> <p>Review of Resident R40's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life) and depression.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 4/1/21, at 11:46 a.m. Resident R40 had unbrushed hair. Resident R40's nursing progress notes and POC Response History for 3/9/21,- 4/8/21, indicated that Resident R40 received one shower and one bed bath in the previous 30 days.</p> <p>Review of Resident R7's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included diagnoses of dementia and schizophrenia.</p> <p>During an observation on 4/1/21, at 11:46 a.m. Resident R7 had visibly soiled bed linen. Resident R7's nursing progress notes and POC Response History for 3/9/21,- 4/8/21, indicated that Resident R7 received two showers and one bed bath in the previous 30 days.</p> <p>Review of Resident R41's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included diagnoses of heart failure and respiratory failure.</p> <p>During an interview and observation on 4/1/21, at 11:50 a.m. Resident R41 had a noticeably malodorous room. Resident R41 stated the shower rooms are not too good. Resident R41's nursing progress notes and POC Response History for 3/9/21,- 4/8/21, indicated that Resident R41 received one shower in the previous 30 days.</p> <p>Review of Resident R42's admission record indicated he was admitted to the facility on [DATE]. A review of the Admission MDS dated [DATE], included diagnoses of diabetes and arthritis (inflammation of one or more joints).</p> <p>During an observation on 4/1/21, at 11:54 a.m. Resident R42 had greasy, unkempt hair. Resident R42's nursing progress notes and POC Response History for 3/9/21, - 4/8/21, indicated that Resident R42 received one shower and one bed bath in the previous 30 days.</p> <p>Review of Resident R2's admission record indicated he was admitted to the facility on [DATE]. A review of the Admission MDS dated [DATE], included diagnoses of heart failure and respiratory failure.</p> <p>During an interview and observation on 4/1/21, at 12:00 p.m. Resident R2 stated that he has ' t had a shower recently, that some aides refuse to assist him, and that many call lights are unanswered. Resident R2 was noted to have food spillage on his clothing. Resident R2's nursing progress notes and POC Response History for 3/9/21, - 4/8/21, indicated that Resident R41 failed to reveal any showers or bed baths in the previous 30 days.</p> <p>During an interview on 4/7/21, at 1:52 p.m. the Director of Nursing was informed of the observations and confirmed the facility failed to have sufficient nursing staff to provide nursing and related services to 12 of 17 residents.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>Previously cited: 8/29/19, 11/8/19, 12/9/19, 12/23/19, 7/23/20, 10/1/20, 12/14/20, 12/18/20</p> <p>28 Pa. Code: 201.18(e)(6) Management.</p> <p>Previously cited: 12/23/19, 10/1/20, 12/14/20</p> <p>(continued on next page)</p>		

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F 0725  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	28 Pa. Code: 211.12(a) Nursing services.  28 Pa. Code: 211.12(c) Nursing services.  Previously cited: 12/14/20  28 Pa. Code: 211.12(d)(1) Nursing services.  Previously cited: 11/8/19, 12/9/19, 12/23/19, 7/23/20, 10/1/20, 12/18/20  28 Pa. Code: 211.12(d)(2) Nursing services.  Previously cited: 12/23/19  28 Pa. Code: 211.12(d)(3) Nursing services.  Previously cited: 12/9/19, 12/23/19, 12/18/20  28 Pa. Code: 211.12(d)(4) Nursing services.  28 Pa. Code: 201.20(a) Staff development.		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>19330</p> <p>Based on observation and staff interview, it was determined that the facility failed to secure medications in a locked storage area for one of three nursing unit medication rooms (Fifth floor Medication Room).</p> <p>Findings include:</p> <p>The facility policy entitled, Storage of Medications, dated 3/22/21, indicated that the facility shall store all drugs and biologicals in a safe, secure, and orderly manner.</p> <p>During an observation on 3/31/21, at 11:00 a.m., revealed Nurse Aide (NA) Employee E5 open the unlocked door of the Fifth Floor Medication Room.</p> <p>During an interview on 3/31/21, at 11:05 a.m., NA Employee E5 confirmed, the door's always unlocked because the key is missing.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>Previously cited: 12/23/19, 10/1/20, 12/14/20</p> <p>28 Pa. Code: 201.18(e)(1) Management.</p> <p>Previously cited: 12/23/19, 10/1/20</p> <p>28 Pa. Code: 201.19 Personnel policies and procedures.</p> <p>28 Pa. Code: 211.9(a)(1) Pharmacy services.</p> <p>Previously cited: 12/23/19,</p> <p>28 Pa. Code: 211.9(g) Pharmacy services.</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p>		

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F 0835  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>39311</p> <p>Based on a review of job descriptions, facility and clinical records, and staff interviews, it was determined that the Nursing Home Administrator (NHA) and the Director of Nursing (DON) did not effectively manage the facility to make certain that proper infection control procedures were followed to protect residents from infections, viruses and disease in the facility.</p> <p>Findings include:</p> <p>The job description for the NHA specified the primary purpose of the job position is to manage the facility in accordance with current applicable federal, state, and local standards, guidelines, and regulations that govern long-term care facilities. To follow all facility policies and apply them uniformly to all employees. To ensure the highest degree of quality care is provided to our residents at all times.</p> <p>The job description for the DON specified the purpose of the job position was to plan, organize, develop and direct the overall operation of the Nursing Service Department in accordance with current federal, state, and local standards, guidelines, and regulations that govern the facility, and as may be directed by the Administrator and the Medical Director, to ensure that the highest degree of quality care is maintained at all times.</p> <p>Based on the findings in this report that identified that the facility failed to consistently maintain an infection prevention and control program to mitigate or potentially control the spread of the a gastrointestinal illness/outbreak, failed to accurately track and report infection information, and failed to follow CDC guidelines. The NHA and the DON failed to fulfill their essential job duties to ensure that the federal and state guidelines and regulations were followed.</p> <p>Refer to F880.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>Previously cited : 12/23/19, 7/23/20, 10/1/20, 12/14/20, 12/18/20</p> <p>28 Pa. Code 201.18(b)(1) Management.</p> <p>Previously cited : 12/23/19, 10/1/20, 12/14/20</p> <p>28 Pa. Code 201.18(b)(3) Management.</p> <p>Previously cited : 12/23/19, 12/14/20</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>Previously cited : 12/23/19, 10/1/20</p> <p>(continued on next page)</p>		

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Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395028	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2021
NAME OF PROVIDER OR SUPPLIER  Squirrel Hill Wellness and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 Wightman Street Pittsburgh, PA 15217	
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F 0835  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	28 Pa. Code 207.2(a) Administrator's responsibility.  Previously cited : 12/23/19, 2/3/20  28 Pa. Code 211.12(d)(1) Nursing services.  Previously cited : 12/23/19, 7/23/20, 10/1/20, 12/18/20  28 Pa. Code 211.12(d)(2) Nursing services.  Previously cited : 12/23/19  28 Pa. Code 211.12(d)(3) Nursing services.  Previously cited : 12/23/19, 12/18/20  28 Pa. Code 211.12(d)(5) Nursing services.  Previously cited : 12/23/19, 7/23/20, 10/1/20		

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F 0838  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>39311</p> <p>Based on review of facility documents and staff interview it was determined that the facility failed to review and update the Facility Assessment as necessary when substantial modification to any part of the assessment was required.</p> <p>Findings include:</p> <p>A review of the facility provided, Facility Assessment, dated 1/15/20, did not indicate the current Nursing Home Administrator.</p> <p>During an interview on 3/31/21, at 2:30 p.m. the Nursing Home Administrator confirmed that the facility failed to update the Facility Assessment document annually and as necessary.</p> <p>28 Pa. Code 201.18 (b)(3)(e)(2) Management.</p>		

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40832</p> <p>Based on review of the social worker job description, clinical records and human resource information and resident and staff interviews, it was determined that the facility failed to provide social services to meet the needs of residents.</p> <p>Findings include:</p> <p>The facility job description for the, Social Services Director, indicated that the social services department made certain that the medically related emotional and social needs of the residents were met and/or maintained on an individual basis.</p> <p>Review of facility assessment dated [DATE], revealed that the facility is licensed 178 beds and requires a full-time social worker to be in the building.</p> <p>Resident R30's clinical record revealed an admitted [DATE], with diagnoses including dementia, urinary tract infection, high blood pressure, depression, left hip and knee replacements, and right side sciatica (pain radiating along the sciatic nerve, which runs down one or both legs from the lower back).</p> <p>Interview on 3/31/21, at 9:10 a.m. Resident R30 confirmed that he/she was admitted nine days ago and has not seen the social worker yet.</p> <p>Interview with the Administrator confirmed that the last day of work for the previous full-time social worker was 2/13/21, and that the new full-time social worker will begin work on 4/5/21, or 51 days without a full-time social worker for the building.</p> <p>28 Pa. Code: 201.18(b)(1)(2)(e)(1) Management.</p> <p>28 Pa. Code: 201.18(b)(2) Management.</p> <p>28 Pa. Code: 211.16(a) Social services.</p>		



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F 0880  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39311</p> <p>Based on observations, review of clinical records, facility policies, and documentation, and staff interviews, it was determined that the facility failed to maintain an infection prevention and control program by failing to investigate, document surveillance of and implement preventative measures timely, to address an outbreak of gastrointestinal (GI, relating to the stomach and the intestines) illness resulting in actual harm to 29 of 95 residents (Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28 and R29) and failed to provide education to staff members on GI illness and additional handwashing requirements for 89 of 115 employees.</p> <p>Findings include:</p> <p>The Center for Disease Control and Prevention (CDC), Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings, dated [DATE], indicated that healthcare settings that experience an outbreak of gastroenteritis/norovirus should implement the following:</p> <p>Cohorting (residents with symptoms of illness are moved into the same room) and Isolation Precautions</p> <p>-Avoid exposure to vomitus or diarrhea.</p> <p>-Place patients on Contact Precautions in a single occupancy room if they have symptoms consistent with norovirus gastroenteritis. When patients with norovirus gastroenteritis cannot be accommodated in single occupancy rooms, efforts should be made to separate them from asymptomatic patients.</p> <p>-If norovirus gastroenteritis infection is suspected, adherence to personal protective equipment -PPE (gloves, gowns, masks and/or face shields worn to protect the care giver from infection) use according to Contact and Standard Precautions is recommended for individuals entering the patient care area (i.e., gowns and gloves upon entry) to reduce the likelihood of exposure to infectious vomitus or fecal material.</p> <p>-During outbreaks, place patients with norovirus gastroenteritis on Contact Precautions for a minimum of 48 hours after the resolution of symptoms to prevent further exposure of susceptible patients.</p> <p>-Consider minimizing patient movements within a ward or unit during norovirus gastroenteritis outbreaks.</p> <p>-Consider suspending group activities (e.g., dining events) for the duration of a norovirus gastroenteritis outbreak.</p> <p>-Actively promote adherence to hand hygiene among healthcare personnel, patients, and visitors in patient care areas affected by outbreaks of norovirus gastroenteritis.</p> <p>(continued on next page)</p>		

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F 0880  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	<p>-During outbreaks, use soap and water for hand hygiene after providing care or having contact with patients suspected or confirmed with norovirus gastroenteritis.</p> <p>-Consider submitting stool specimens as early as possible during a suspected norovirus gastroenteritis outbreak and ideally from individuals during the acute phase of illness (within ,d+[DATE] days of onset). It is suggested that healthcare facilities consult with state or local public health authorities regarding the types of and number of specimens to obtain for testing.</p> <p>The facility policy entitled, Policy for Outbreak Investigation, dated [DATE], previously updated [DATE], indicated that the Infection Preventionist (IP) will conduct the outbreak investigation. Outbreak monitoring and reporting will continue until resolution. Narrative and/or verbal reports will be completed and forwarded to appropriate state and local agencies as required. An outbreak should be suspected if there is a commonality of symptoms among resident and staff. Staff should be educated on communication of information for line lists (surveillance tool for identification of individuals with symptoms for infection control purposes) of ill residents and staff, the need for specimen collection, more frequent vital signs, and intake and output and scrupulous and frequent handwashing. The IP should implement infection control and prevention measures, provide timely and effective monitoring of ill residents, develop a line listing, and update daily, notify state and local health officials, review data for evidence of resolution and communicate findings to employees, medical and administrative staff.</p> <p>Review of the Pennsylvania Department of Health, GI Illness Outbreak Recommendations Checklist, (for GI illness outbreaks in Pennsylvania 's long-term care facilities) dated [DATE], indicated that for the duration of the outbreak, the facility should increase the frequency of hand hygiene audits and provide written and verbal feedback to staff.</p> <p>The facility policy entitled, Procedure for Isolation - Initiation of Isolation Precautions, dated [DATE], previously updated [DATE], indicated that staff should use the CDC, Guidelines for Isolation Precautions to determine infective materials, precautions needed, duration of precautions, etc. Contact transmission-based precautions are necessary when illness is transmitted by direct contact. Recommendations include gloves, gown, private room or cohorting, designate dedicated items such as blood pressure cuffs, stethoscope, thermometer, for use only on that resident. Signs alerting staff and visitors to see the nurse before entering should be placed on the door, all soiled/contaminated trash and linen should be separately bagged before leaving the room. All PPE should be applied when entering and removed prior to leaving the room, handwashing performed before and after care.</p> <p>The facility policy entitled, Norovirus Outbreak - Cleaning and Disinfection, dated [DATE], previously updated [DATE], indicated that standard precautions for handling soiled resident-service items or linens, include the use of appropriate PPE.</p> <p>On [DATE], at 9:45 a.m. the facility was provided confirmation from the county health department that the GI illness was caused by norovirus.</p> <p>Review of documentation submitted by the facility dated [DATE], indicated that residents began displaying symptoms of nausea, vomiting and diarrhea on [DATE], and 22 residents were presently affected.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The documentation also indicated that isolation precautions adhering to the Center for Disease Control and Prevention (CDC) guidelines were immediately implemented and further stated, since identifying the spread of the organism to multiple residents and staff, all of the following had been put into place and maintained. Extensive education has been provided to all staff in the building related to contact isolation and precautions. Line listing maintained of all residents affected. All staff caring for affected residents must wear gloves and gowns and keep soiled linen double bagged and safe. Meetings are now being conducted daily to include a multidisciplinary team making sure that all safeguards are in place to protect both staff and residents. In addition, the situation is being reviewed by the Director of Nursing (DON) and the Nursing Home Administrator (NHA) in morning meeting to address any new issues. The County Health Department will be consulted, and the facility will continue to follow CDC guidelines.</p> <p>Observations on [DATE], beginning at 8:05 a.m. revealed that the following interventions for GI illness stated to be completed in the documentation provided by the facility of [DATE], were not put into place:</p> <ul style="list-style-type: none"> <li>-Isolation precautions were not instituted for symptomatic residents</li> <li>-Education was not provided to all staff members</li> <li>-Line listing was not created</li> <li>-Staff were not wearing gowns</li> <li>-Soiled linen was not double bagged</li> <li>-County Health Department was not contacted</li> </ul> <p>During an interview on [DATE], at 10:45 a.m. the NHA indicated that the local health department had not been contacted about the outbreak.</p> <p>During observations on [DATE], at 11:15 a.m. the Seventh Floor Nursing Unit found no infection control precaution signs on resident doors or personal protective equipment or biohazard bags or bins for discarding contaminated trash and linens stocked in or around the resident rooms.</p> <p>During an interview on [DATE], at 11:20 a.m. Licensed Practical Nurse (LPN) Employee E3, confirmed that there were no infection control precautions put in place for the Seventh Floor Nursing Unit residents in response to the outbreak of GI illness. LPN Employee E3 stated that the residents were told to stay in, isolation meaning they should not leave their rooms and confirmed that there were no supplies of PPE or biohazard bags or bins in the resident rooms. LPN Employee E3 also stated that she was not provided in-service education regarding the outbreak of GI illness.</p> <p>Review of facility census information indicated that Residents R1, R2, R5, R6, R7, R23, R24, and R28 resided in the Seventh Floor Nursing Unit. Review of the line list on [DATE], indicated that these residents had active GI illness symptoms.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE], at 11:25 a.m. the Infection Preventionist (IP) Employee E1 stated that she had not yet developed a surveillance line listing for the outbreak, she stated that the Certified Registered Nurse Practitioner (CRNP) Employee E2 had given her a list of 22 resident's names that had GI symptoms develop since [DATE].</p> <p>During an interview on [DATE], at 11:25 a.m. the Infection Preventionist (IP) Employee E1 stated that she had not yet put in place a method to track residents with signs and symptoms of possible GI illness. When asked about the infection control precautions that had been implemented in response to the outbreak of GI illness, IP Employee E1 stated that she had, isolated people by telling them to remain in their rooms but did not prohibit residents without symptoms from utilizing the same bathrooms as residents with symptoms. The IP Employee E1 confirmed that there was not PPE supplies and biohazard containers or bins.</p> <p>Also, receptacles for contaminated linen had not been put in or near the rooms of affected residents.</p> <p>During an interview on [DATE], at 11:30 a.m. LPN Employee E3 confirmed that there were no isolation precautions, PPE, or linen/trash bags for the above listed rooms.</p> <p>During an interview on [DATE], at 11:30 a.m. LPN Employee E3 confirmed that she had not been given any education regarding the infection precautions and control for the outbreak of GI illness.</p> <p>During an interview on [DATE], at 11:40 a.m. Housekeeping Employee E7 confirmed that she had not been given any education regarding the infection precautions and control for the outbreak of GI illness.</p> <p>During an interview on [DATE], at 12:05 p.m. CRNP Employee E2 stated that she became aware of the first resident (Resident R1) suffering symptoms of GI illness on [DATE], and had contacted the Medical Director when more cases arose. She relayed concern to the Medical Director after Resident R12 had expired on [DATE], and the facility had failed to implement any infection control and prevention measures in response to the outbreak, despite being advised to do so by herself and the Medical Director. The CRNP Employee E2 also indicated that she had experienced GI illness symptoms the day after performing CPR on Resident R20.</p> <p>During an interview on [DATE], at 12:40 p.m. the Medical Director stated that she had become aware of the outbreak of GI illness with symptoms lasting 24 to 48 hours, after the initial case appeared [DATE], and had advised the Administrator, Infection Preventionist and nursing staff to implement infection control precautions for GI illness, including isolation and cohorting symptomatic residents, use of PPE, performing stool testing as ordered, and increasing hand washing and sanitizing/cleaning of all areas including the kitchen. The Medical Director indicated that on [DATE], she called a meeting of the Nursing Home Administrator, the CRNP, the Infection Preventionist and the Registered Nurse Supervisor Employee E4 out of great concern over the spread of the infection to 29 residents including the death of two residents with symptoms of the GI illness. She informed the RN Supervisor Employee E4 that the facility should implement CDC guidelines for infection prevention precautions and control for GI illness and monitor all residents for development of symptoms and changes of condition. The Medical Director confirmed that infection control prevention, has been a problem since day one, and that the staff failed to implement the infection control and prevention precautions and monitoring as she directed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An observation on [DATE], at 3:45 p.m. revealed an individual carrying food delivery containers in plastic bags entering the facility.</p> <p>During an interview on [DATE], at 8:15 a.m. RN Supervisor Employee E4 confirmed the she had submitted documentation to the Pennsylvania Department of Health on the GI outbreak on [DATE]. RN Supervisor Employee E4 stated she had been advised of the outbreak by the CRNP Employee E2 on [DATE]. RN Employee E4 confirmed that the IP Employee E1 called her on [DATE], and had asked her, what she needed to do. RN Employee E4 told her to put PPE caddies on the doors of rooms with symptomatic residents, educate all staff on infection control precautions, stop outside food from being brought in, sanitize kitchen and all refrigerators and equipment, and possibly test the water. RN Employee E4 stated that after a meeting was held by the Medical Director on [DATE], she told IP Employee E1 to start a surveillance line listing and update with new cases, implement infection control precautions and isolate residents following CDC guidelines for GI illness, educate and increase handwashing for all staff, implement extra sanitizing and cleaning by housekeeping, and bed side commodes should be used to avoid infection spread to roommates. RN Employee E4 confirmed that she didn't know what was actually implemented in response to her advice.</p> <p>Observations of the Fifth Floor Nursing Unit on [DATE], at 11:25 a.m. revealed that Resident R9's room had a, See the Nurse infection precautions sign and PPE in a door hanger but that no other rooms had door hangers containing PPE, no biohazard bags or barrels for disposal of contaminated trash and linen. Housekeeping Employee E7 was observed to be cleaning Resident R9's room without donning a gown and gloves.</p> <p>During an interview on [DATE], at 11:40 a.m. Housekeeping Employee E7 confirmed that the only resident room that had PPE and signage was Resident R16's room. Housekeeping Employee E7 confirmed that she had not been given any education regarding the infection precautions and control for the outbreak of GI illness.</p> <p>On [DATE], the facility provided as list of residents with GI illness and their symptom start dates. Review of the facility census documentation indicated the following non-symptomatic residents became symptomatic for GI illness after remaining cohorted in the same room, with shared restroom facilities as symptomatic residents.</p> <p>Review of progress notes indicated on [DATE], Resident R12 experienced nausea, vomiting, and diarrhea and remained cohorted with Resident R6 who then experienced nausea, vomiting, and diarrhea on [DATE], 2 days later.</p> <p>Review of progress notes indicated on [DATE], Resident R20 experienced nausea, vomiting, and diarrhea and remained cohorted with Resident R11 who began experienced nausea, vomiting, and diarrhea on [DATE], 2 days later.</p> <p>Review of progress notes indicated on [DATE], Resident R26 experienced nausea, vomiting, and diarrhea and remained cohorted with Resident R18 who began experienced nausea, vomiting, and diarrhea on [DATE], 2 days later.</p> <p>Review of progress notes indicated on [DATE], Resident R13 experienced nausea, vomiting, and diarrhea and remained cohorted with Resident R17 who began experienced nausea, vomiting, and diarrhea on [DATE], 1 day later.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review on [DATE], revealed the following residents remain cohorted with asymptomatic roommates:</p> <p>Review of progress notes and bowel records indicated that Resident R1 experienced nausea, vomiting, and diarrhea on [DATE], and remained cohorted with Resident R44 who was asymptomatic.</p> <p>Review of progress notes indicated Resident R2 experienced nausea, vomiting, and diarrhea on [DATE], and remained cohorted with Resident R43 who was asymptomatic.</p> <p>Review of progress notes indicated Resident R3 experienced nausea, vomiting, and diarrhea on [DATE], and remained cohorted with Resident R45 who was asymptomatic.</p> <p>Review of bowel records indicated Resident R23 began having diarrhea on [DATE], and nausea and vomiting on [DATE]. Resident R23 remained cohorted with Resident R46 who was asymptomatic.</p> <p>Review of progress notes indicated Resident R25 experienced nausea, vomiting, and diarrhea on [DATE], and remained cohorted with Resident R47 who was asymptomatic.</p> <p>Review of progress notes indicated Resident R27 experienced nausea and vomiting on [DATE], and remained cohorted with Resident R48 who was asymptomatic.</p> <p>Review of progress notes indicated Resident R4 experienced nausea, vomiting, and diarrhea on [DATE], and remained cohorted with Resident R49 who was asymptomatic.</p> <p>Review of progress notes and bowel records indicated Resident R21 experienced nausea and vomiting on [DATE], and remained cohorted with Resident R50 who was asymptomatic.</p> <p>Review of progress notes indicated Resident R5 experienced nausea and vomiting on [DATE], and diarrhea on [DATE]. Resident R5 remained cohorted with Resident R51 who was asymptomatic.</p> <p>Review of progress notes indicated Resident R7 experienced nausea and vomiting on [DATE], and remained cohorted with Resident R52 who was asymptomatic.</p> <p>Review of progress notes and bowel records indicated Resident R8 experienced nausea, vomiting, and diarrhea on [DATE], and remained cohorted with Resident R53 who was asymptomatic.</p> <p>Review of progress notes indicated Resident R10 experienced nausea and diarrhea on [DATE], and vomiting on [DATE]. Resident R10 remained cohorted with Resident R55 who was asymptomatic.</p> <p>Review of progress notes and bowel records indicated Resident R22 experienced nausea and diarrhea on [DATE], and remained cohorted with Resident R56 who was asymptomatic.</p> <p>An observation of the Fifth Floor on [DATE], at 10:25 a.m. revealed Resident R33 had PPE on a door carrier however no other resident rooms were noted to have PPE available, there were two boxes of gloves located on the hand rails in the hallway.</p> <p>During an interview on [DATE], at 10:30 a.m. the observations listed above were confirmed by Environmental Services Employee E6.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE], at 9:30 a.m. the NHA provided a list of staff who had been provided education on handwashing and GI illness care based on the current GI illness outbreak the facility was experiencing.</p> <p>During an interview on [DATE], at 12:31 p.m. the NHA confirmed that the infection control PPE stock set-up units were just now being put in the rooms for the residents with GI illness. The NHA stated that she, did not know what to do, in response to the outbreak.</p> <p>During a review of the signed education rosters for the, Handwashing and, GI Virus education the following was revealed:</p> <p>Administrative Employees E12, E13, and E14, did not receive handwashing or GI illness education.</p> <p>Clerical Employees E15, E16, E17, E18, E19, E20, and E21, did not receive handwashing or GI illness education.</p> <p>Dietary Department Employees E22, E23, E24, E25, E26, E27, E28, E29, E30, E31, E32, E33, and E34, did not receive handwashing or GI illness education.</p> <p>Environmental Services Department Employees E36, E37, E38, E39, E40 and E41, did not receive handwashing or GI illness education.</p> <p>Laundry Department Employees E42 and E43, did not receive handwashing or GI illness education.</p> <p>Licensed Practical Nurse Employees E44, E45, E46, E47, E48, E49, E50, E51, and E52, did not receive handwashing or GI illness education.</p> <p>Maintenance Employee E53, did not receive handwashing or GI illness education.</p> <p>Nurse Aide Employees E54, E55, E56, E57, E58, E59, E60, E61, E62, E63, E64, E65, E66, E67, E68, E69, E70, E71, E72, E73, E74, E75, E76, and E77, did not receive handwashing or GI illness education.</p> <p>Registered Nurse Employees E78, E79, E80, E81, E82, E83, E84, E85, E86, E87, E88, E89, E90, E91 and E92, did not receive handwashing or GI illness education.</p> <p>Therapy Department Employees E94, E95, E96, E97, E98, E99, and E100, did not receive handwashing or GI illness education.</p> <p>The NHA and the Medical Director were made aware that an Immediate Jeopardy situation existed for residents on [DATE], at 12:30 p.m. and a corrective action plan was requested. The Immediate Jeopardy template was provided to the facility administration at this time.</p> <p>On [DATE], at 4:45 p.m. an acceptable Corrective Action Plan was received which included the following interventions:</p> <p>-Full house sweep of all residents in the building and those with symptoms need to be moved.</p> <p>(continued on next page)</p>		



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NAME OF PROVIDER OR SUPPLIER  Squirrel Hill Wellness and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 Wightman Street Pittsburgh, PA 15217	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-Infection control nurse will be creating a schematic regarding which residents will need to be moved and to where. Moving and cohorting will be done by end of the day today by all available staff. [DATE].</p> <p>-Residents will be moved to cohort all residents in a newly formed GI isolation area who all have symptoms together on the 4th floor. Residents will remain in isolation for at least 48 hours after symptoms resolve. We will also be placing roommates of infected residents into a temporary isolation for 48 hours to make sure they do not develop symptoms.</p> <p>-Housekeeping will be deep cleaning hallways and infected residents' rooms by end of day today [DATE].</p> <p>-Family letter was sent to notify responsible parties of infection [DATE].</p> <p>-Education begins immediately by RN supervisor and Human Resources with everyone and oncoming staff will be done for the staff with the following subjects: By Thursday [DATE] at 5 PM.</p> <p>-Staff will not work until educated</p> <p>--Signs and Symptoms of GI Virus</p> <p>--Handwashing with soap and water</p> <p>--Infection control of a GI Virus</p> <p>--Food Products-not allowed to bring food in from outside</p> <p>--Appropriate donning and doffing of PPE</p> <p>-Stool specimens from two patients with active symptoms were collected and sent to both the county and to [NAME] lab for testing on [DATE]. Results will be reported to MD for further action. This was overseen by the DON.</p> <p>-PPE signage and equipment will be made available for all treatment areas and specifically gowns and gloves for contact precautions and will be checked by all shift supervisors in all shifts. Nursing supervisor has created appropriate signage and placed on [DATE], and PPE stocking will be overseen by Central Supply by [DATE].</p> <p>-The Audit tool recommended by the CDC guidelines that will be utilized will contain the following items: This will be reviewed at the QAPI Committee and Infection Control meetings.</p> <p>-Patients with suspected norovirus GI illness will be on contact precautions until symptom free at least 24 hours.</p> <p>-Hand hygiene</p> <p>-Equipment Cleaning</p> <p>(continued on next page)</p>		



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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>-Cohort residents</li> <li>-Restricted Activities</li> <li>-Serve Meals in Resident Rooms</li> <li>-Avoid new admissions until symptom free for 48 hours.</li> <li>-Soap and Hand sanitizer out in all places</li> <li>-PPE and signage abundance on floors</li> <li>-Stool specimens</li> <li>-Transferring ill patients-continuing precautions</li> <li>-Utilize commercial disinfectant</li> <li>-Perform cleaning disinfecting on all surfaces in cohorting areas.</li> <li>-Cleaning 3 times a day in all areas of the building</li> <li>-Staff cannot come to work until 48 hours symptom free</li> <li>-Cohort staff on the wards</li> <li>-Limit visitation of all residents.</li> </ul> <p>This specific audit tool will be utilized in the following frequency:</p> <ul style="list-style-type: none"> <li>-Daily for the first week.</li> <li>-2 times a week for the second week</li> <li>-1 time a week for the third week</li> <li>-If at 100% then we will discontinue use of audit tool.</li> </ul> <p>The following was implemented by the NHA on or before [DATE]:</p> <p>Returning patients will be placed into standard COVID isolation precautions. MD is ordering isolation precautions for all returning residents.</p> <ul style="list-style-type: none"> <li>-New admissions are on hold pending MD clearing the facility which will be 48 hours after the last symptomatic patient resolves and after the last staff member reports symptoms.</li> <li>-Restricting all visitors until further notice.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-Personal food items are restricted in the following ways: no cooked food from family homes, pre-packaged snacks and drinks will be accepted for residents. Staff is permitted to bring their lunches and order outside food due to no available food provided by the facility. No items are to be consumed or eaten on the units or shared with residents.</p> <p>-PT on hold for all residents with symptoms who are ordered PT until symptoms subside.</p> <p>-Staff should report any symptoms to their supervisors and should not return to work for 48 hours after symptoms subside.</p> <p>-We are limiting large group activities and serving all meals in resident rooms. Symptomatic residents will remain in their rooms.</p> <p>-Housekeeping has been consistently keeping the building sanitized daily. Housekeeping supervisor has been notified and his staff will sanitize heavily used areas like handrails three times a day and other areas two times a day using approved commercial disinfectants.</p> <p>During staff interviews conducted on [DATE], between 12:41 p.m. and 3:27 p.m., 22 of 22 staff members confirmed that they received education on signs and symptoms of GI virus, handwashing with soap and water, infection control of a GI virus infection, appropriate donning and doffing of PPE, and food products not being allowed to be brought in to the facility.</p> <p>A review of the documentation received from the facility on [DATE], at 4:00 p.m. revealed that all elements of the Corrective Action Plan were substantially completed.</p> <p>The Immediate Jeopardy was lifted on [DATE], at 4:15 p.m. when the Corrective Action Plan implementation was verified.</p> <p>During an interview on [DATE], at 4:15 p.m. the NHA confirmed the facility failed to maintain an infection prevention and control program by failing to investigate, document surveillance of, and implement preventative measures timely, to address an outbreak of GI illness resulting in actual harm to 29 of 95 residents who developed GI illness and failed to provide education to staff members on GI illness and additional handwashing requirements to 89 of 115 employees.</p> <p>28 Pa. Code:201.14(a) Responsibility of licensee.</p> <p>Previously cited: [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE]</p> <p>28 Pa. Code:201.18(e)(6) Management.</p> <p>Previously cited: [DATE], [DATE], [DATE]</p> <p>28 Pa. Code:211.12(a) Nursing services.</p> <p>28 Pa. Code:211.12(c) Nursing services.</p> <p>Previously cited: [DATE]</p> <p>(continued on next page)</p>		

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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F 0880  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	28 Pa. Code:211.12(d)(1) Nursing services.  Previously cited: [DATE], [DATE], [DATE], [DATE], [DATE], [DATE]  28 Pa. Code:211.12(d)(2) Nursing services.  Previously cited: [DATE]  28 Pa. Code:211.12(d)(3) Nursing services.  Previously cited: [DATE], [DATE], [DATE]  28 Pa. Code:211.12(d)(4) Nursing services.  28 Pa. Code:201.20(a) Staff development.		

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F 0886  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Perform COVID19 testing on residents and staff.  39311  Based on staff interviews, facility documentation and Centers for Medicare & Medicaid Services (CMS) guidance, it was determined that the facility failed to follow the testing guidelines for staff based on the positivity rate of COVID-19 of the county.  Findings include:  Review of CMS Center for Clinical Standards and Quality/Survey & Certification Group QSO (Quality & Safety Oversight)-20-38-NH dated 8/26/20, indicated that routine testing should be based on the extent of the virus in the community, therefore facilities should use their county positivity rate in the prior week as the trigger for staff testing frequency. Reports of COVID-19 county-level positivity rates will be available on the following website by 8/28/20 (see section titled, COVID-19 Testing).  CMS guidance QSO (Quality & Safety Oversight)-20-38-NH Table 2, indicated that testing frequency for staff is to be conducted weekly if the county positivity rate is between 5 to 10% and twice a week if the facility's county positivity rate is above 10%.  Review of test positivity rates from <a href="https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data">https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data</a> indicate that the facility county had a positivity rate of 5.1% for the week ending 3/16/21, and a positivity rate of 6.1% on 3/23/21.  Interview with the Nursing Home Administrator (NHA) on 3/29/21, at 2:25 p.m. revealed that the facility scheduled staff COVID-19 testing each Monday.  Review of the facility provided staff listing indicated there are 115 staff members employed by the facility.  Review of facility provided laboratory testing results for Monday, 3/22/21 revealed 24 staff members tested .  During an interview on 3/31/21, at 2:00 p.m. the NHA confirmed that the facility failed to perform testing of staff in accordance with CMS guidelines based on the facility's county positivity rate.  28 Pa. Code: 201.14(a) Responsibility of licensee.  28 Pa. Code: 201.18(b)(1)(e)(1) Management.  28 Pa. Code: 211.12 (c) Nursing services.		