

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Grove at North Huntingdon, The		STREET ADDRESS, CITY, STATE, ZIP CODE 249 Maus Drive North Huntingdon, PA 15642	

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)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>39311</p> <p>Based on review of facility policy, observations, and staff interview it was determined that the facility failed to maintain the confidentiality of residents' medical information for two of four days (7/30/22 and 7/31/22).</p> <p>Findings include:</p> <p>Review of the facility policy Confidentiality dated 7/14/22, indicated that residents have the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>During an observation on 7/30/22, at 1:25 p.m. the beauty salon/computer server room door was open.</p> <p>On 7/30/22, at 1:50 the surveyor was escorted to this room to use as a place to set up. Upon entry to the still open room, a stack of physician's orders for what appeared to be all the residents in the facility were noted on the table.</p> <p>On 7/30/22, and 7/31/22, at various times, staff members entered this room to get supplies.</p> <p>On 8/1/22, the physician's orders had been removed.</p> <p>During an interview on 8/2/22, at 2:40 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to maintain the confidentiality of residents' medical information for two of four days.</p> <p>28 Pa. Code 201.29(j) Resident rights.</p> <p>Previously cited: 2/10/21, 7/14/21, 8/26/21.</p> <p>28 Pa. Code 211.5(b) Clinical records.</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
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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>39311</p> <p>Based on a review of facility policy, observations, and staff interviews, it was determined that the facility failed to secure medications properly on one of two nursing units (A-Wing nursing unit).</p> <p>Findings include:</p> <p>The facility policy Storage of Medications dated 7/14/22, indicated that medications are stored in a safe, secure, and orderly manner.</p> <p>During an observation of A-Wing nursing unit on 7/30/22, at 1:58 p.m. the supply room door was noted to be open. Inside this room was a tall metal cabinet with the doors open. The doors had a lock on them, which was not engaged. Within this cabinet were multiple shelves of over-the-counter medications. Additionally, facility supplies were stored in the room.</p> <p>No staff were available to confirm this observation.</p> <p>During an interview on 8/2/22, at 2:40 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that that the facility failed to secure medications properly on the A-Wing nursing unit.</p> <p>28 Pa. Code: 211.9(a) Pharmacy services.</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39311</p> <p>Based on a review of facility policies, observations, and staff interviews, it was determined that the facility failed to prevent possible cross-contamination while storing food and food service items, failed to follow hair restraint protocols, and failed to monitor and maintain equipment in the Main Kitchen.</p> <p>Findings include:</p> <p>A review of the facility policy Food Storage dated 7/14/22, previously reviewed 6/14/22, indicated that food storage areas shall be clean at all times, all foods or food items not requiring refrigeration shall be stored at least six inches above the floor on shelves, racks, dollies, or other surfaces, frozen foods shall be stored at 0 Fahrenheit or below at all times, all foods stored in walk-in refrigerators and freezers shall be stored above the floor on shelves, racks, dollies, or other surfaces, un-served leftovers shall be labeled and dated, and that the Dining Services Manager, Cook, or designee will check refrigerators and freezers twice daily for proper temperature maintenance. The Dining Services Manager maintains records of such information.</p> <p>A review of the facility policy Sanitation dated 7/14/22, previously reviewed 6/14/22, indicated all kitchens, kitchen areas, and dining areas shall be kept clean and free from litter and rubbish.</p> <p>A review of the facility policy Personnel Standards dated 7/14/22, previously reviewed 6/14/22, indicated dining services personnel shall follow sanitary standards, and that hair nets or caps, covering all of the hair, must be worn at all times while on duty.</p> <p>During an observation of the Main kitchen on 7/30/22, beginning at 2:18 p.m. the following was observed:</p> <ul style="list-style-type: none"> -Dietary Employee E1 in the food preparation area with no hair net on. -Dietary Employee E3 in the food preparation area with no hair net on. -A bag of chicken patties, open and undated with only the top of the bag folded over, not sealed. -A bag of personal pizzas, open and undated with only the top of the bag folded over, not sealed -A bag of bowtie pasta, open and undated with only the top of the bag folded over, not sealed. -A bag of hard boiled eggs, open and undated with only the top of the bag folded over, not sealed. -A bag of hot dogs, open and undated with only the top of the bag folded over, not sealed. -A bag of doughnuts, open and undated with only the top of the bag folded over, not sealed. -An undated container of cheese, with slices of cheese congealed together. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-A large container of a pink unknown food substance, with no lid, open to air.</p> <p>-A bottle of soda, partially consumed, in the resident food storage refrigerator.</p> <p>-A bag of cold breakfast cereal, open and undated.</p> <p>-A bag of corn flakes, open and undated with only the top of the bag folded over, not sealed.</p> <p>-A package of bottled water stored directly on the floor.</p> <p>-Cans of food stored on the floor by the back exit.</p> <p>-An open cardboard box of food thickener, internal bag open to air.</p> <p>-Storage room floor was extremely dirty, with alcohol pads laying on the floor.</p> <p>Foods within the walk-in refrigerator and freezer were unable to be visualized due to boxes of food items stacked in a way to block the entrances.</p> <p>During an observation of the upright freezer in the food preparation area, the electronic temperature display indicated a temperture of 7 Fahrenheit. Dietary Employee E3 confirmed that the items in the freezer were soft, and stated that they have been having problems with it. When asked where the temperature logs for the freezer were kept, Dietary Employee E3 stated that the Dietary Manager had them, but she was off on leave.</p> <p>During an interview and observations of the Main Kitchen on 7/30/22, at 5:17 p.m. Corporate Regional Nurse Employee E43 confirmed the above concerns.</p> <p>During a review on 8/2/22, of the freezer temperature logs for July 2022, revealed no temperatures documented after 7/10/22.</p> <p>During an observation on 8/22/22, of the upright freezer in the food preparation area, the electronic temperature display indicated a temperture of 11 Fahrenheit. Food items stored in the freezer were soft. Dietary Manager Employee E25 stated that the freezer cycles between freezing and defrosting.</p> <p>During an interview on 8/2/22, at 1:11 p.m. Dietary Manager Employee E25 confirmed the freezer temperatures were not documented as required and confirmed that the freezer doesn't not operate as intended.</p> <p>During an interview on 8/2/22, at 2:40 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the failed to prevent possible cross-contamination while storing food and food service items, failed to follow hair restraint protocols, and failed to monitor and maintain equipment in the Main Kitchen.</p> <p>28 Pa. Code 211.6(c) Dietary services.</p> <p>Previously cited: 2/23/22, 5/13/22.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>28 Pa. Code 207.2(a) Administrator's responsibility.</p> <p>Previously cited: 2/10/21, 2/23/22, 4/18/22.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>39311</p> <p>Based on facility policy review, observation, and staff interview, it was determined that the facility failed to dispose of refuse in a sanitary manner, for one of one receptacle.</p> <p>Findings include:</p> <p>The facility policy Garbage and Rubbish Disposal last reviewed on 7/14/22, indicated that outside dumpsters provided by the garbage pick-up services must be kept closed and free of litter around the dumpster area.</p> <p>During an observation of the garbage receptacle area on 7/30/22, at 2:45 p.m. revealed that the garbage dumpster was open.</p> <p>During an observation of the garbage receptacle area on 8/2/22, at 1:11 p.m. revealed that the garbage dumpster was open, with bags of refuse above the top edge of the dumpster.</p> <p>During an interview on 8/2/22, at 1:11 p.m. Dietary Manager Employee E25 stated she was unaware when the garbage pick-up service was schedule to come to the facility, and confirmed that the facility failed to maintain the garbage refuse area in a clean and sanitary condition.</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility.</p> <p>Previously cited: 2/10/21, 2/23/22, 4/18/22.</p>

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<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>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 follow infection control guidelines from the Centers for Disease Control (CDC) and the Pennsylvania Department of Health (PA DOH) to reduce the spread of infections and prevent cross-contamination during the COVID-19 pandemic. This failure resulted in actual harm of one of seven residents who remained in a room with a COVID-19 positive resident becoming positive and symptomatic of COVID-19 (Resident R5).</p> <p>Findings include:</p> <p>Pennsylvania Health Alert Network (PA-HAN) - 627, Response to an Outbreak and Residents with Exposure to COVID-19 for Long-term Care Facilities for outbreaks and exposure to COVID-19 (a contagious viral disease that can cause a variety of symptoms, including breathing problems, fever, and cough) dated 2/15/22, indicated for residents positive with COVID-19: the use of a private room with a private bathroom or with another resident with laboratory-confirmed COVID-19, and to restrict the resident to their room with the door closed. Instructions in this HAN indicate to refered to archived PA-HAN 570 for recommendations related to the implementation of zone-based guidance.</p> <p>PA-HAN - 570, Response to an Outbreak and Residents with Exposure to COVID-19 for Long-term Care Facilities for outbreaks and exposure to COVID-19 dated 5/10/21, indicated the use of an N95 or equivalent or higher level respirator and eye protection.</p> <p>Review of the facility policy Infection Control COVID 19 Skilled Nursing and Rehabilitation Facilities dated 7/14/22, indicated red zone guidelines of: a gown is required at all times while on the red unit, gloves and eye protection is to be worn with all resident contact, and N-95 respirators are to be worn at all times in the red zone. The policy indicated yellow zone guidelines of: gowns, gloves, and eye protection for resident contact, and N-95 respirators are to be worn at all times in the yellow zone.</p> <p>Review of Centers for Disease Control (CDC) recommendation Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated 2/2/22, indicated for the facility to ensure everyone is aware of recommended IPC (infection prevention and control) practices in the facility by posting a visual alert (e.g., signs, posters) at the entrance and in strategic places with instructions about current IPC recommendations (e.g., when to use source control and perform hand hygiene).</p> <p>Review of daily census information indicated that Resident R4 and R5 were roommates. Review of COVID-19 test results indicated that Resident R4 resulted as positive on 7/23/22. Both residents remained in the same room, with Resident R5 then testing as positive for COVID-19 on 8/1/22. Review of a nurse practitioner note on 8/1/22, at 9:13 p.m. indicated that Resident R5 had a non-productive cough, and reported feeling of thick mucous in his throat that he cannot seem to get up. Review of facility room assignments indicated the availability of four open beds in rooms on 7/23/22, of the same gender as Resident R5 with roommates who were up to date on their COVID-19 vaccinations.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of daily census information indicated that Resident R19 and R20 were roommates. Review of COVID-19 test results indicated that Resident R19 resulted as positive on 7/26/22. Both residents remained in the same room. Review of facility room assignments indicated the availability of four open beds in rooms on 7/23/22, of the same gender as Resident R20 with roommates who were up to date on their COVID-19 vaccinations.</p> <p>During an observation of the dining room and common areas between the nursing units on 7/30/22, beginning at 1:25 p.m. revealed:</p> <ul style="list-style-type: none"> -Dietary Employee E1 entering the dining room, from the kitchen, with no mask on. During an interview on 7/31/22, at 2:15 p.m., Dietary Employee E1 confirmed she was unvaccinated. -Licensed Practical Nurse (LPN) Employee E2 walked from the nursing unit to the outside exit at the back of the dining room with no mask on. -Dietary Employee E3 observed at food preparation table with no mask on. -Nurse Aide (NA) Employee E4 observed wearing a surgical mask. At 1:34 p.m. noted to have the surgical mask below her nose. -NA Employee E5 observed wearing a surgical mask. -Registered Nurse (RN) Employee E6 observed with no mask on. -NA Employee E7 was observed wearing a surgical mask. -Maintenance Employee E8 observed wearing surgical mask below his nose. At 1:48 p.m. noted to have no mask on. -LPN Employee E9 observed wearing a surgical mask. -NA Employee E10 observed wearing a surgical mask. Vaccination record review on 7/31/22, confirmed that NA Employee E10 was unvaccinated. -NA Employee E11 observed not wearing a mask. -RN Employee E12 observed wearing a surgical mask. -LPN Employee E13 observed wearing a surgical mask. Vaccination record review on 7/31/22, confirmed that LPN Employee E13 was unvaccinated. <p>During an interview on 7/30/22, at 1:50 p.m. Registered Nurse Employee E12 stated that both nursing units were red zones, the common areas of the lobby and dining areas were yellow zones, and that the facility was in a COVID-19 outbreak.</p> <p>During observations conducted on 7/30/22, beginning at 2:09 p.m. revealed the following residents' room doors open:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Signage at the entrance to both nursing units indicating that the nursing units were considered red zones.</p> <p>-Resident R6, diagnosed three days previously.</p> <p>-Resident R7, diagnosed four days previously.</p> <p>-Resident R8, diagnosed four days previously.</p> <p>-Resident R9, diagnosed four days previously.</p> <p>-Resident R19, diagnosed four days previously.</p> <p>-Resident R10, diagnosed five days previously.</p> <p>-Resident R11, diagnosed five days previously.</p> <p>Additionally, the room doors for Residents R2, R12, R13, R14, R15, R16, R17, and R18 were open. These residents were between 7-9 days after a positive test. The clinical record failed to indicate if after seven days negative viral tests were used to end isolation early.</p> <p>During observations completed throughout the day on 7/31/22, all the above doors were now closed.</p> <p>During observations conducted on 8/2/22, beginning at 12:10 p.m. revealed the following residents' room doors open:</p> <p>-Resident R5, diagnosed on e day previously.</p> <p>-Resident R7, diagnosed seven days previously.</p> <p>-Resident R10, diagnosed seven days previously.</p> <p>-Resident R19, diagnosed seven days previously.</p> <p>During an interview on 8/9/22, at 12:53 p.m. the Nursing Home Administrator confirmed that the facility failed to maintain an infection prevention and control program by failing to follow infection control guidelines from the CDC and the PA DOH to reduce the spread of infections and prevent cross-contamination during the COVID-19 pandemic. This failure resulted in actual harm of one of seven resident who remained in a room with a COVID-19 positive resident.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>Previously cited 2/10/21, 8/26/21, 2/23/22, 3/30/22, and 6/3/22, 6/21/22.</p> <p>28 Pa. Code:201.18(e)(6) Management.</p> <p>Previously cited: 8/26/21.</p> <p>(continued on next page)</p>		

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<p>F 0882</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>39311</p> <p>Based on review of infection control documentation and staff interview, it was determined that the facility failed to have one or more individuals serving as the Infection Preventionist, responsible for the facility's infection prevention plan during an outbreak of Covid-19. This failure resulted in the actual harm of eight of 17 unvaccinated residents becoming positive with COVID-19 (Resident R5, R11, R13, R14, R17, R21, R22, and R30).</p> <p>Review of the Centers for Disease Control (CDC) guidance Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes dated 2/2/22, indicated facilities should assign one or more individuals with training in infection prevention and control (IPC) to provide on-site management of the IPC program. This should be a full-time role for at least one person in facilities that have more than 100 residents.</p> <p>During an interview on 7/30/22, at 4:25 p.m., Corporate Regional Nurse Employee E43 confirmed that she had been acting Director of Nursing between 6/13/22, and 7/11/22, and was not often in the building. During a confirmatory interview conducted on 8/18/22, at 2:30 p.m. Corporate Regional Nurse Employee E43 confirmed that while having Infection Preventionist certification, during that timeframe she was covering only the Director of Nursing position.</p> <p>Review of the facility provided list of COVID-19 positive staff members confirmed that the Director of Nursing tested positive for COVID-19 on 7/22/22, and was off of work through 7/29/22. During that time, Corporate Regional Nurse Employee E43 was covering the Director of Nursing position.</p> <p>During an electronic communication on 8/5/22, at 12:53 p.m. the Nursing Home Administrator confirmed that the facility failed to have an Infection Preventionist (IP) since 6/13/22, and further confirmed they tentatively have an Assistant Director of Nursing beginning employment on 8/16/22, who will have IP certification.</p> <p>Review of facility provided infection control documentation completed during the survey dating 7/30/22, through 8/8/22, revealed the following:</p> <p>-Resident Immunizations: 13 of 17 unvaccinated residents failed to have documentation indicating that they (or their representatives) were provided education on the risks and benefits, and the opportunity to receive the COVID-19 vaccination. Record review of the 17 residents not vaccinated revealed that R5, R11, R13, R14, R17, R21, R22, and R30 were subsequently diagnosed as positive with COVID-19 between 7/17/22, and 8/4/22.</p> <p>-Resident vaccination matrix: Received two versions, first with 83 of 103 residents on it. Second version did not document a vaccination status for six of 103 residents, and 17 of 103 residents were unvaccinated.</p> <p>-Resident testing: Resident testing was requested for the month of July. The facility provided testing only from 7/18/22, through 8/1/22. The Nursing Home Administrator confirmed on 8/4/22, at 8:45 a.m. that no further testing documentation was available for review.</p> <p>(continued on next page)</p>		

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<p>F 0882</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff vaccination matrix: Received two versions, first staff vaccination matrix received was noted to be greater than six weeks out of date. Second was noted to not include newly hired employees (24), and did not include vendor employees.</p> <p>-Staff testing: Review of thirty unvaccinated employees failed to indicate twice weekly testing for 30 of 30 employees.</p> <p>-Facility infection control practices: On 7/30/22, 13 of 16 staff members were noted to not be using appropriate personal protective equipment. Eleven of 16 rooms with residents diagnosed with COVID-19 residing in them had the doors open. Two residents not diagnosed with COVID-19 remained in the same room as two residents diagnosed with COVID-19 residents, resulting in one resident (Resident R5) becoming positive for COVID-19.</p> <p>-Reporting of COVID-19: Five of 27 positive resident cases and zero of eight positive staff cases of COVID-19 reported to the state licensing agency.</p> <p>During an interview on 8/9/22, at 12:53 p.m. the Nursing Home Administrator confirmed that the facility failed to have one or more individuals serving as the Infection Preventionist, responsible for the facility's infection prevention plan during an outbreak of Covid-19. This failure resulted in the actual harm of eight of 17 unvaccinated residents becoming positive with COVID-19.</p> <p>Refer to F880, F886, F887, and F888</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee Previously cited 2/10/21, 8/26/21, 2/23/22, 3/30/22, and 6/3/22, 6/21/22.</p> <p>28 Pa. Code 201.18(b)(1) Management. Previously cited: 5/7/21, 7/14/21, 2/23/22.</p> <p>28 Pa. Code 201.18(b)(3) Management. Previously cited: 2/23/22.</p> <p>28 Pa. Code 201.18(e)(1) Management. Previously cited: 2/10/21, 7/14/21, 8/26/21.</p> <p>28 Pa. Code: 211.12(d)(1) Nursing services. Previously cited 8/31/20, 12/3/20, 2/10/21, 6/29/21, 7/14/21, and 8/26/21, 6/21/22.</p> <p>28 Pa. Code: 211.12(d)(3) Nursing services. Previously cited: 8/31/20, 10/26/20, 12/3/20, 2/10/21, 8/26/21.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Grove at North Huntingdon, The		STREET ADDRESS, CITY, STATE, ZIP CODE 249 Maus Drive North Huntingdon, PA 15642	
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 0886</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Many</p>	<p>Perform COVID19 testing on residents and staff.</p> <p>39311</p> <p>Based on Centers for Medicare & Medicaid Services (CMS) guidance, review of facility documentation, review of facility policy and staff interviews, it was determined that the facility failed to follow the COVID-19 testing guidelines for staff based on the county level of community transmission of COVID-19 in the month of July 2022, for 30 of 30 unvaccinated employees (Employees E13 through E42).</p> <p>Findings include:</p> <p>Review of Centers for Medicare and Medicaid Services (CMS) document QSO-20-38-NH Revised 3/10/22, indicated routine staff testing frequency for staff who are not up to date on their vaccinations should be based on the extent of the virus in the community. Facilities should use their community transmission level as the trigger for staff testing. This memorandum indicated that facilities in counties with a high transmission rate should test their staff who are not up-to-date (a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible) twice per week.</p> <p>Review of the Centers for Disease Control (CDC) guidance Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes dated 2/2/22, indicated in nursing homes, health care personnel who are not up to date with all recommended COVID-19 vaccine doses should continue expanded screening testing based on the level of community transmission as follows: in counties with substantial to high community transmission, these healthcare personnel should have a viral test twice a week.</p> <p>Review of the county community transmission rate revealed that the county community transmission rate of high from 06/24/22, through 8/3/22.</p> <p>Review of the facility provided staff testing records for the month of July 2022, indicated the following for unvaccinated employees:</p> <ul style="list-style-type: none"> -Employee E13 had one test on 7/19/22, resulting negative. -Employee E14 had no testing documented. -Employee E15 had one test on 7/28/22, resulting positive. -Employee E16 had no testing documented. -Employee E17 had two tests, on 7/20/22, and 7/24/22, both resulting positive. -Employee E18 had no testing documented. -Employee E19 had one test on 7/17/22, resulting negative. -Employee E20 had no testing documented. <p>(continued on next page)</p>		

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<p>F 0886</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Many</p>	<p>-Employee E21 had one test 7/21/22, with no results noted.</p> <p>-Employee E22 had one test 7/21/22, with no results noted. Review of the staff positive list indicated that Employee E22 was positive on 7/24/22.</p> <p>-Employee E23 had three tests on 7/14/22, 7/25/22, and 7/28/22, all resulting negative. Employee E23 was positive on 8/1/22.</p> <p>-Employee E24 had one test on 7/19/22, resulting negative.</p> <p>-Employee E25 had one test on 7/18/22, resulting negative, and one test on 7/21/22, with no result noted. Review of the staff positive list indicated that Employee E25 was positive on 7/24/22.</p> <p>-Employee E26 had two tests, on 7/18/22, and 7/21/22, both resulting negative.</p> <p>-Employee E27 had one test on 7/17/22, resulting negative.</p> <p>-Employee E28 had no testing documented.</p> <p>-Employee E29 had one test on 7/12/22, resulting negative, and one test on 7/21/22, with no result noted.</p> <p>-Employee E30 had no testing documented.</p> <p>-Employee E31 had two tests, on 7/1/22, and 7/3/22, both resulting negative.</p> <p>-Employee E32 had one test on 7/17/22, resulting negative.</p> <p>-Employee E33 had no testing documented.</p> <p>-Employee E34 had two tests, on 7/18/22, and 7/21/22, both resulting negative.</p> <p>-Employee E35 had two tests, on 7/18/22, and 7/21/22, both resulting negative.</p> <p>-Employee E36 had no testing documented.</p> <p>-Employee E37 had no testing documented.</p> <p>-Employee E38 had no testing documented.</p> <p>-Employee E39 had one test on 7/30/22, resulting negative.</p> <p>-Employee E40 had one test on 7/27/22, resulting negative.</p> <p>-Employee E41 had three tests on 7/17/22, 7/27/22, 7/28/22, and 7/29/22, all resulting negative.</p> <p>-Employee E42 had no testing documented.</p> <p>(continued on next page)</p>

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F 0886 Level of Harm - Actual harm Residents Affected - Many	<p>During an electronic communication on 8/4/22, at 8:45 a.m. the Nursing Home Administrator confirmed that the facility did not have any further testing to provide for review.</p> <p>During an interview on 8/9/22, at 12:53 p.m. the Nursing Home Administrator confirmed that the facility failed to follow the COVID-19 testing guidelines for staff based on the county level of community transmission of COVID-19 in the month of July 2022, for 30 of 30 unvaccinated employees.</p>

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<p>F 0887</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of facility documentation, clinical records and staff interview it was determined that the facility failed to provide accurate and timely documentation related to offering the COVID-19 vaccine and providing education for 17 of 17 unvaccinated residents (Resident R5, R11, R13, R14, R17, R21, R22, R30, R23, R29, R24, R25, R31, R20, R26, R27, and R28). This failure resulted eight of 17 unvaccinated residents becoming positive with COVID-19 (Resident R5, R11, R13, R14, R17, R21, R22, and R30) and in the actual harm of six of the eight positive residents having symptoms of COVID-19 (Resident R5, R11, R13, R14, R21, and R22).</p> <p>Review of facility provided infection control documentation from 7/30/22-8/2/22, revealed the following:</p> <p>Resident vaccination matrix requested on 7/30/22. Received on 7/31/22, as a list of resident names, some with notations of vaccination status. Facility census was 103 upon entry to the facility of 7/30/22, only 83 names on the listing of resident vaccination status. A second listing of resident vaccination status was received 8/1/22:</p> <ul style="list-style-type: none"> -Six residents have no status listed. -Four residents have a status of unavailable (noted to be historically vaccinated, but facility does not maintain a record). -Twelve residents have a status of partially vaccinated (vaccinated, not up to date). -Four residents have a status of refused. -Seven residents have a status of unvaccinated (no differentiation provided how this differed from refused). -72 Residents documented as vaccinated. <p>Record review of 17 residents not vaccinated revealed the following:</p> <p>Resident R5 vaccination status in the resident vaccination matrix was documented as unvaccinated. Review of Resident R5's progress notes from 11/24/21, through 8/1/22, failed to reveal Resident R5 being offered or educated on the COVID-19 vaccine. Resident R5 tested positive for Covid-19 on 8/1/22. Review of a nurse practitioner note on 8/1/22, at 9:13 p.m. indicated that Resident R5 had a non-productive cough, and reported feeling of thick mucous in his throat that he cannot seem to get up.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Resident R11 vaccination status in the resident vaccination matrix was blank. Review of Resident R11's progress notes from 7/1/22, through 7/26/22, failed to reveal Resident R11 being offered or educated on the COVID-19 vaccine. Resident R11 tested positive for COVID-19 on 7/26/22. Review of a nurse practitioner note on 7/28/22, at 4:46 p.m. indicated that Resident R11 had COVID-19 related symptoms of loose stools, nausea, and abdominal cramps. A new order for Zofran (medication used to prevent and treat nausea and vomiting) was ordered on 7/28/22.</p> <p>Resident R13's vaccination status in the resident vaccination matrix was blank. Review of Resident R13's progress notes from 6/27/22, through 7/21/22, failed to reveal Resident R13 being offered or educated on the COVID-19 vaccine. Resident R13 tested positive for COVID-19 on 7/21/22. Review of a progress note on 7/21/22, at 3:52 a.m. indicated that Resident R13 had two loose stools, a cough, and complained of all-over pain. Resident R13 was receiving hospice services (end of life care), and ceased to breathe on 8/9/22.</p> <p>Resident R14's vaccination status in the resident vaccination matrix was blank. Review of Resident R14's progress notes from 6/22/22, through 7/21/22, failed to reveal Resident R14 being offered or educated on the COVID-19 vaccine. Resident R14 tested positive for COVID-19 on 7/21/22. Review of a nurse practitioner note on 7/21/22, at 1:18 p.m. indicated that Resident R14 reported a sore throat and a moist cough for two days.</p> <p>Resident R17's vaccination status in the resident vaccination matrix was blank. Review of Resident R17's progress notes from 5/27/22, through 7/21/22, failed to reveal Resident R17 being offered or educated on the COVID-19 vaccine. Resident R17 tested positive for COVID-19 on 7/21/22.</p> <p>Resident R21's vaccination status in the resident vaccination matrix was blank. Review of Resident R21's progress notes from 6/5/21, through 7/17/22, failed to reveal Resident R21 being offered or educated on the COVID-19 vaccine. Resident R21 tested positive for COVID-19 on 7/17/22. Review of a nurse practitioner note on 7/18/22, at 4:04 p.m. indicated that Resident R14 reported a sore throat. Review of a progress note dated 7/19/22, at 4:30 a.m. indicated Resident R21 had an oxygen saturation of 88% (normal level between 95-100%, 88-92 % for residents with chronic obstructive pulmonary disease, a group of progressive lung disorders characterized by increasing breathlessness) and audible congestion with wheezes (high-pitched whistling sound made while breathing). Review of all oxygen saturations documented in the clinical record indicated 88% is the lowest documented since Resident R21 was admitted on [DATE].</p> <p>Resident R22's vaccination status in the resident vaccination matrix was documented as unvaccinated. Review of Resident R22's progress notes from 11/12/21, through 7/21/22, failed to reveal Resident R22 being offered or educated on the COVID-19 vaccine. Resident R22 tested positive for COVID-19 on 7/21/22. Review of a nurse practitioner note on 7/21/22, 12:03 p.m. indicated that Resident R14 reported a sore throat and dry cough. Review of a progress note on 7/21/22, at 12:30 p.m. indicated Resident R14 complained of a runny nose.</p> <p>Resident R30's vaccination status in the resident vaccination matrix was documented as unvaccinated. Review of Resident R30's progress notes from 6/23/21, through 8/4/22, failed to reveal Resident R30 being offered or educated on the COVID-19 vaccine. Resident R30 tested positive for COVID-19 on 8/4/22.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Resident R23's vaccination status in the resident vaccination matrix was blank. Review of a progress note on 1/12/21, at 12:05 p.m. indicated that Resident R23 wanted to receive the vaccine. Review of the Medication Administration Records (MARs) from January 2021, through July 2022, failed to indicate that Resident R23 received the COVID-19 vaccine.</p> <p>Resident R29's vaccination status in the resident vaccination matrix was blank. Review of a progress note on 6/4/21, at 3:18 p.m. indicated that Resident R29 was considering receiving the vaccine. Review of the MARs from January 2021, through July 2022, failed to indicate that Resident R29 received the COVID-19 vaccine, and progress notes from 6/5/21, through 8/1/22, failed to reveal if Resident R29 was provided an additional opportunity to receive the vaccination or education on refusing.</p> <p>Resident R24's vaccination status in the resident vaccination matrix was documented as refused. Review of Resident R24's progress notes from 1/24/22, through 8/1/22, failed to reveal Resident R24 being offered or educated on the COVID-19 vaccine.</p> <p>Resident R25's vaccination status in the resident vaccination matrix was documented as refused. Review of Resident R25's progress notes from 1/31/22, through 8/1/22, failed to reveal Resident R25 being offered or educated on the COVID-19 vaccine.</p> <p>Resident R31's vaccination status in the resident vaccination matrix was documented as unvaccinated. Review of Resident R31's progress notes from 1/24/22, through 8/1/22, failed to reveal Resident R31 being offered or educated on the COVID-19 vaccine.</p> <p>Review of progress notes indicated that Residents R20, R26, R27, and R28 all refused the COVID-19 vaccine on 6/24/21, and no further documentation was noted that they were offered again.</p> <p>During an interview on 8/9/22, at 12:53 p.m. the Nursing Home Administrator confirmed that the facility failed to provide accurate and timely documentation related to offering the COVID-19 vaccine and providing education for 17 of 17 unvaccinated residents. This failure resulted in the actual harm of eight of 17 unvaccinated residents becoming positive with COVID-19.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>Previously cited 2/10/21, 8/26/21, 2/23/22, 3/30/22, and 6/3/22, 6/21/22.</p> <p>28 Pa. Code 201.18(b)(1) Management.</p> <p>Previously cited: 5/7/21, 7/14/21, 2/23/22.</p> <p>28 Pa. Code 201.18(b)(3) Management.</p> <p>Previously cited: 2/23/22.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>Previously cited: 2/10/21, 7/14/21, 8/26/21.</p> <p>28 Pa. Code: 211.12(d)(1) Nursing services.</p> <p>(continued on next page)</p>		

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F 0887 Level of Harm - Actual harm Residents Affected - Some	Previously cited 8/31/20, 12/3/20, 2/10/21, 6/29/21, 7/14/21, and 8/26/21, 6/21/22. 28 Pa. Code: 211.12(d)(3) Nursing services. Previously cited: 8/31/20, 10/26/20, 12/3/20, 2/10/21, 8/26/21.

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<p>F 0888</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure staff are vaccinated for COVID-19</p> <p>39311</p> <p>Based on a review of observations, clinical records, facility employee vaccination data, and staff interviews, it was determined that the facility failed to implement policies and procedures to ensure that all staff were vaccinated for COVID-19 and mitigation actions for non-vaccinated staff were implemented. This failure created an Immediate Jeopardy situation for 32 of 103 residents not up-to-date with the COVID-19 vaccination, or for whom vaccination status is unknown (Residents R1, R5, R9, R11, R12, R13, R14, R15, R17, R18, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R31, R32, R33, R34, R36202, R37, R38, R39, R40, R41, R42, R43).</p> <p>Findings include:</p> <p>The Centers for Medicare and Medicaid Services (CMS) Center for Clinical Standards and Quality/Quality, Safety and Oversight Group memo (QSO-22-07-ALL) dated 12/28/21, revised 04/05/22, indicated the facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents: facility employees, licensed practitioners, students, trainees, and volunteers, and individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement.</p> <p>Review of the facility, COVID 19 Vaccination Policy dated 7/14/22, indicated this policy will comply with all applicable laws and is based on guidance from the CDC (Centers for Disease Control and Prevention) that all employees are required to receive vaccinations as determined by CMS (the Centers for Medicare and Medicaid Services) unless a reasonable medical or religious accommodation is approved, that the COVID-19 vaccination program applies to all employees, that the facility is responsible for maintaining an accurate record of COVID-19 vaccinations, and that any individual receiving an exemption for any reason is required to wear a surgical mask at all times within the facility and universal eye protection.</p> <p>A review of facility reported information on 7/29/22, indicated that the facility had residents currently infected with COVID-19.</p> <p>During an observation of the dining room and common areas between the nursing units on 7/30/22, beginning at 1:25 p.m. revealed:</p> <ul style="list-style-type: none"> -Dietary Employee E1 entering the dining room, from the kitchen, with no mask on. During an interview on 7/31/22, at 2:15 p.m. Dietary Employee E1 confirmed she was unvaccinated. -Licensed Practical Nurse (LPN) Employee E2 walked from the nursing unit to the outside exit at the back of the dining room with no mask on. -Dietary Employee E3 observed at food preparation table with no mask on. -Nurse Aide (NA) Employee E4 observed wearing a surgical mask. At 1:34 p.m. noted to have the surgical mask below her nose. <p>(continued on next page)</p>		

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<p>F 0888</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-NA Employee E5 observed wearing a surgical mask.</p> <p>-Registered Nurse (RN) Employee E6 observed with no mask on.</p> <p>-NA Employee E7 was observed wearing a surgical mask.</p> <p>-Maintenance Employee E8 observed wearing surgical mask below his nose. At 1:48 p.m. noted to have no mask on.</p> <p>-LPN Employee E9 observed wearing a surgical mask.</p> <p>-NA Employee E10 observed wearing a surgical mask. Vaccination record review on 7/31/22, confirmed that NA Employee E10 was unvaccinated.</p> <p>-NA Employee E11 observed not wearing a mask.</p> <p>-RN Employee E12 observed wearing a surgical mask.</p> <p>-LPN Employee E13 observed wearing a surgical mask. Vaccination record review on 7/31/22, confirmed that LPN Employee E13 was unvaccinated.</p> <p>On 7/30/22, at 2:30 p.m. the Director of Nursing was asked for a staff vaccination matrix.</p> <p>On 7/30/22, at 5:43 p.m. the Director of Nursing was again asked for a staff vaccination matrix.</p> <p>On 7/30/22, at 6:00 p.m. a staff vaccination matrix was received. Initial review of the matrix indicated that it included staff that had not been employed at the facility for over six weeks. A request was made for an updated matrix to be provided.</p> <p>During a review on 7/31/22, at 8:30 a.m. of the clinical records of positive residents revealed the following:</p> <p>-Resident R1 had a positive COVID-19 test on 7/19/22. Resident R1 was documented as being short of breath on 7/27/22. Resident R1 ceased to breathe on 7/29/22.</p> <p>-Resident R2 had a positive COVID-19 test on 7/21/22. Resident R2 was hospitalized on 7/30/22.</p> <p>-Resident R3 had a positive COVID-19 test on 7/26/22. Resident R3 was hospitalized on 7/28/22.</p> <p>-Additionally, 22 other residents had tested positive for COVID-19, and remained in the facility.</p> <p>On 7/31/22, at 10:00 a.m. an updated staff vaccination matrix was provided.</p> <p>(continued on next page)</p>		

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<p>F 0888</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/31/22, at 1:10 p.m. Human Resources (HR) Employee E14 confirmed that 25 staff members on the matrix were no longer employed at the facility, and confirmed that 24 currently employed staff members were not on the vaccination matrix. HR Employee E14 further confirmed that only facility-hired and agency nursing staff were included on the matrix, that medical providers, hospice providers, and other outside vendor staff were not included.</p> <p>A review of the facility provided list of residents and their COVID-19 vaccination status and of the resident's clinical records revealed the following:</p> <p>Resident R1: No documentation that resident was vaccinated.</p> <p>Resident R5: Documented as unvaccinated.</p> <p>Resident R9: Documented as unavailable (noted to be historically vaccinated, but facility does not maintain a record). Progress notes did not include administration of a booster.</p> <p>Resident R11: Vaccination status was blank.</p> <p>Resident R12: Documented as unavailable. Progress notes did not include administration of a booster.</p> <p>Resident R13: Vaccination status was blank.</p> <p>Resident R14: Vaccination status was blank.</p> <p>Resident R15: Resident documented as not up-to-date with boosters.</p> <p>Resident R17: Vaccination status was blank.</p> <p>Resident R18: Documented as unavailable. Progress notes did not include administration of a booster.</p> <p>Resident R20: Documented as unvaccinated.</p> <p>Resident R21: Vaccination status was blank.</p> <p>Resident R22: Documented as unvaccinated.</p> <p>Resident R23: Vaccination status was blank.</p> <p>Resident R24: Documented as unvaccinated.</p> <p>Resident R25: Documented as unvaccinated.</p> <p>Resident R26: Documented as unvaccinated.</p> <p>Resident R27: Vaccination status was blank.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2022
NAME OF PROVIDER OR SUPPLIER Grove at North Huntingdon, The		STREET ADDRESS, CITY, STATE, ZIP CODE 249 Maus Drive North Huntingdon, PA 15642	
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 0888</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Resident R28: Documented as unvaccinated.</p> <p>Resident R29: Documented as unvaccinated.</p> <p>Resident R31: Documented as unvaccinated.</p> <p>Resident R32: Documented as unavailable. Progress notes did not include administration of a booster.</p> <p>Resident R33: Documented as unavailable. Clinical record reveals only first dose of a two-part vaccine was given on 2/3/21. Resident R33 was not documented as having been diagnosed with COVID-19 from 2/3/21, through 3/3/21, to preclude second dose.</p> <p>Resident R34: Documented as unavailable. Clinical record reveals only first dose of a two-part vaccine was given on 3/23/22. Resident R34 was not documented as having been diagnosed with COVID-19 from 3/23/22, through 4/20/22, to preclude second dose.</p> <p>Resident R36: Documented as unavailable. Progress notes did not include administration of a booster.</p> <p>Resident R37: Documented as unavailable. Clinical record reveals only first dose of a two-part vaccine was given on 3/23/22. Resident R37 was not documented as having been diagnosed with COVID-19 from 3/23/22, through 4/20/22, to preclude second dose.</p> <p>Resident R38: Documented as unavailable. Clinical record reveals only first dose of a two-part vaccine was given on 3/23/22. Resident R38 was not documented as having been diagnosed with COVID-19 from 3/23/22, through 4/20/22, to preclude second dose.</p> <p>Resident R39: Documented as unavailable. Clinical record reveals only first dose of a two-part vaccine was given on 3/23/22. Resident R39 was not documented as having been diagnosed with COVID-19 from 3/23/22, through 4/20/22, to preclude second dose.</p> <p>Resident R40: Documented as unavailable. Clinical record reveals only first dose of a two-part vaccine was given on 3/23/22. Resident R40 was not documented as having been diagnosed with COVID-19 from 3/23/22, through 4/20/22, to preclude second dose.</p> <p>Resident R41: Documented as unavailable. Clinical record reveals the second dose of a two-part vaccine was given on 4/19/21. Progress notes did not include administration of a booster.</p> <p>Resident R42: Documented as unavailable. Clinical record reveals only first dose of a two-part vaccine was given on 3/23/22. Resident R42 was not documented as having been diagnosed with COVID-19 from 3/23/22, through 4/20/22, to preclude second dose.</p> <p>Resident R43: Documented as unavailable. Clinical record reveals only first dose of a two-part vaccine was given on 3/1/21. Progress notes did not include administration of a new vaccine series.</p> <p>(continued on next page)</p>		

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<p>F 0888</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 7/31/22, at 2:58 p.m. the Nursing Home Administrator and the Director of Nursing were made aware that Immediate Jeopardy existed for 32 of 103 residents in the facility. The Immediate Jeopardy template was provided to facility administration and a corrective action plan was requested.</p> <p>On 7/31/21, at 5:55 p.m. an acceptable Corrective Action Plan was received which included the following interventions:</p> <ul style="list-style-type: none"> -Facility will acquire the vaccination status of staff members and residents within 24 hours to assure the facility presents a safe environment for family, staff, and residents. -A whole house audit will be conducted to assure the vaccination status is known for all residents and staff immediately. -The vaccination matrix will be updated immediately and will stay updated with all current staff and agency staff members, vendors, providers and CRNPS. -The Nursing Home Administrator will ensure the vaccination matrix remains updated moving forward, and a staff member is assigned to be stationed at the lobby entrance during normal hours of operation. -All Covid positive staff members will be included on our line listing. -Signage was placed on entrance doors on 7-31-2022, at 3:02 p.m. letting staff members and any members of the community know that there are active positive cases of covid-19 in the facility. -Staff will be educated that staff and any members of the community including vendors need to be signed in to the facility and pass the screening before they can enter the floors. -Dietary staff will be educated to wear the proper PPE in the kitchen at all times, initial education was provided to dietary staff in the facility, and will be provided to the remaining staff prior to the start of their next shift. -All departments will be educated to wear the proper PPE at all times per the zones of the building, facility staff will be educated prior to their next scheduled shift. -Nursing Home Administrator or Designee will complete an audit daily for 2 weeks then 5 times a week for 2 weeks in all departments to ensure staff are wearing appropriate Personal Protective Equipment while in the facility to ensure the safety of all residents and staff. -These audits will be forwarded to the monthly QAPI for review and frequency of audits. -Resident R3's hospitalization will be fully investigated, and documentation will be completed to assure status of resident is known. <p>Review of the updated staff vaccination matrix on 8/1/22, at 1:34 p.m. confirmed that it was 100% complete.</p> <p>(continued on next page)</p>		

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<p>F 0888</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Facility observations on 8/1/22, from 2:00 p.m. through 4:00 p.m. confirmed that education was being provided to the oncoming shift, and the facility red, yellow, and green zones were demarcated, with instructions for the correct PPE requirements in each zone.</p> <p>During interviews on 8/1/22, from 2:00 p.m. through 4:00 p.m. seventeen employees confirmed they had received education on appropriate PPE, requirements of each zone, and had vaccination status confirmed.</p> <p>The Immediate Jeopardy was lifted on 8/2/22, at 10:00 a.m. when the action plan implementation was verified.</p> <p>During an interview on 8/2/22, at 2:40 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the staff vaccination matrix was not updated with current employees, confirmed that the matrix did not include vendor or outside provider employees, and that both vaccinated and unvaccinated staff were not following requirements for the proper use of personal protective equipment required in a facility COVID-19 outbreak. This failure created an Immediate Jeopardy situation for 32 of 103 residents not up-to-date with the COVID-19 vaccination, or for whom vaccination status was unknown.</p> <p>Infection Control</p> <p>CFR(s): S483.80(i)(1)(3)(iii)(iv)(vii)</p> <p>Previously cited:</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>Previously cited 2/10/21, 8/26/21, 2/23/22, 3/30/22, and 6/3/22, 6/21/22.</p> <p>28 Pa. Code: 201.14(c) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1) Management.</p> <p>Previously cited: 5/7/21, 7/14/21, 2/23/22.</p> <p>28 Pa. Code 201.18(b)(3) Management.</p> <p>Previously cited: 2/23/22.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>Previously cited: 2/10/21, 7/14/21, 8/26/21.</p> <p>28 Pa. Code 201.29(a) Resident Rights.</p> <p>28 Pa. Code: 211.12(d)(1) Nursing services.</p> <p>Previously cited 8/31/20, 12/3/20, 2/10/21, 6/29/21, 7/14/21, and 8/26/21, 6/21/22.</p> <p>(continued on next page)</p>		

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