

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395749</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PRESBYTERIAN CTR FOR CONT CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>39TH AND MARKET STREETS PHILADELPHIA, PA 19104</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, review of facility documentation, review of facility policies and procedures, and staff interview, it was determined that the facility failed to maintain an effective infection control program related to screening and surveillance of visitors and/or staff for signs and symptoms of the Coronavirus (COVID-19, an infectious disease caused by severe acute respiratory syndrome coronavirus 2, [DIAGNOSES REDACTED]-CoV-2). Findings include: On May 19, 2020, the Centers for Disease Control and Prevention, (CDC, the federal national public health institute of the United States) entitled, Preparing for COVID - 19, in Nursing Homes, section, Having a Plan for Visitation Restrictions Responding to COVID - 19, in Nursing Homes indicated that, All facilities should adhere to current CDC infection prevention and control recommendations, including universal source control measures; visitor restrictions; screening of visitors, Health Care Providers and residents, and promptly notifying the health department about any of the following: Visitors who are noted by healthcare facility staff to have fever or other symptoms of acute respiratory illness (e.g., cough or shortness of breath) should be instructed to leave the facility and seek care if needed. Facilities should encourage visitors to be aware of signs and symptoms of acute respiratory illness consistent with COVID-19 and not enter the facility if they have signs and symptoms. Facilities should establish policies and procedures for managing, screening, educating, and training all visitors. Dedicated staff to evaluate healthcare workers before their shift (active) Implementation plan that includes a method to ensure that staff present at a given place for pre-shift evaluation Accountability system to ensure all visitors and/or health care workers have been evaluated (a questionnaire asking key questions of signs and symptoms of COVID 19) and completed upon entrance and exit of the facility. Review of the facility policy and procedure entitled, COVID - 19, Infection Prevention Strategies dated May 12, 2020, indicated, The facility operates under the Penn Presbyterian Medical Center Infection Control and Prevention Plan. The center also complies with regulations and advisories from federal, state, and local agencies. Review of facility documentation dated, June 4, 2020, signed by the Medical Director and Nursing Home Administrator, indicated, The practices that we will continue to enforce include: Screening all employees daily upon reporting to work for any signs or symptoms of infection. The Surveyor arrived at the main entrance of the facility on June 9, 2020, at 11:30 a.m., Employee E1, Hospital Administrative Staff Person, took the surveyor's temperature, but failed to ask the screening questions relative to COVID-19. The Surveyor introduced herself to Employee E1, and asked for directions to the Skilled Nursing Facility (SNF) floor. The Surveyor was directed to the security desk, showed her state ID badge, received a visitor's badge, and verbal directions to take the elevator to the SNF floor. Before entering the elevator, the Surveyor returned to Employee E1, to ask about completing a questionnaire/surveillance form related to COVID - 19, and Employee E1, stated, (I) Don't know what that is. At 11:45 a.m. Employee E4, Nursing Home Administrator, toured the Surveyor around the floor. During the initial tour, individual staff interviews were completed with five staff members from various departments. Interview with Employee E2, Unit Clerk, on June 9, 2020, at 12:40 p.m. revealed she did not complete a questionnaire asking questions about signs and/or symptoms of COVID -19. Employee E2 stated that her temperature was not taken upon arrival to the floor prior to beginning her workday. Interview with Employee E6, Nurse Aide, on June 9, 2020 at 12:55 p.m., confirmed that she did not complete a questionnaire related to signs and/or symptoms of COVID -19 and that her temperature was not taken upon arrival to work. Interview with Employee E7, Nurse Aide, on June 9, 2020 at 1:15 p.m. confirmed that she did not complete a questionnaire related to signs and/or symptoms of COVID -19 and that her temperature was not taken upon arrival to work. Interview with Employee E8, Licensed Nurse, on June 9, 2020 at 1:20 p.m. indicated that she did not complete a questionnaire related to signs and/or symptoms of COVID -19 and that her temperature was not taken upon arrival to work. Interview with Employee E9, Licensed Nurse, on June 9, 2020 at 1:40 p.m. also indicated, not having her temperature taken and/or recorded and did not complete a questionnaire related to COVID - 19. A review of the facility documentation, entitled, Scheie (Scheie Eye Building) 4 Temperature Log, at 1:55 p.m. in the presence of Employee E3, Director of Nursing (DON), revealed Employee's E2, E6, E7, E8, and E9, all part of the nursing staff for the 7-3 shift, on June 9, 2020, were not screened and/or completed an individual questionnaire related to COVID - 19 signs and/or symptoms. The DON indicated not having any completed individual questionnaires completed by staff members for the surveyor to review. It was also at this time that the DON confirmed that the surveyor was not appropriately screened with a questionnaire upon arriving to the SNF. An interview with the DON and Nursing Home Administrator on June 9, 2020, at 4:25 p.m. confirmed that they have not been complying with regulations and advisories from federal, state, and local agencies, related to screening and questionnaires for staff and/or visitors related to COVID - 19. The facility failed to ensure that infection control measures were established and maintained, related to staff and/or visitors, being screened and completing an individual questionnaire related to signs and/or symptoms of COVID -19. 28 Pa Code 201.14(a) Responsibility of licensee Previously cited 9/12/19 and 11/02/18 28 Pa. Code 201.18(b)(1)(3)(e)(1) Management Previously cited 9/12/19 and 11/02/18 28 Pa. Code 211.12(c) Nursing services 28 Pa. Code 211.12 (d)(1) Nursing services Previously cited 9/12/19 and 11/02/18 28 Pa. Code 211.12 (d)(5) Nursing services Previously cited 9/12/19</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.