

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER QUALITY LIFE SERVICES - SUGAR CREEK		STREET ADDRESS, CITY, STATE, ZIP 120 LAKESIDE DRIVE WORTHINGTON, PA 16262	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on facility policy review, observations and staff interviews, it was determined that the facility failed to make certain handwashing areas were accessible for staff use in two of four soiled utility rooms (Hemlock and Maple nursing units). Findings include: The facility Hand Hygiene/Handwashing policy dated 10/15/19, indicated that appropriate times to wash your hands include after contact with resident's skin, contact with body fluids or excretions, non-intact skin and wound dressings and after removing gloves During an observation on 6/29/20, at 1:34 p.m. of the soiled utility room on the Hemlock nursing unit revealed the sink blocked by a utility cart and a mop head in the sink making it inaccessible for handwashing use. During an interview on 6/29/20, at 1:34 p.m. Licensed Practical Nurse (LPN) Employee E1 confirmed that the soiled utility sink in the Hemlock nursing unit soiled utility room was inaccessible for hand washing. During an observation on 6/29/20, at 1:41 p.m. of the soiled utility room on the Maple nursing unit revealed the sink blocked by two garbage bins making it inaccessible for handwashing use. During an interview on 6/29/20, at 1:41 p.m. LPN Employee E2 confirmed that the soiled utility sink in the Maple nursing unit soiled utility room was inaccessible for handwashing. 28 Pa. Code: 201.18(b)(1): Management. 28 Pa. Code: 201.20(c): Staff development. 28 Pa. Code: 211.10(d): Resident care policies. 28 Pa. Code: 205.33 Utility room.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.