

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395409</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIARLEAF NURSING AND CONVAL C</b>		STREET ADDRESS, CITY, STATE, ZIP <b>252 BELMONT AVENUE DOYLESTOWN, PA 18901</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 - Some</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 observations and review of facility documentation, it was determined that the facility failed to ensure staff used correct PPE (Personal Protective Equipment) as recommended by the CDC (Centers for Disease Control) and Pennsylvania Advisory 508 on the facility's 2 of 5 nursing units. The findings include: During the entrance conference on 6/17/20 at 8:20 AM, the Director of Nursing stated that the facility staff is required to wear surgical mask. Proper PPE (Personal Protective Equipment) N95s were to be used in the yellow and red zones, which was identified as Station 5. Currently, 14 residents were in the yellow zone and no residents were identified in the red zone. Review of the Pennsylvania Advisory 508 identifies, Residents need to be cohorted to separate units in three zones, based on test results. o COVID + test (Red Zone): residents with a positive [DIAGNOSES REDACTED]-CoV-2 PCR test and still within the parameters for transmission-based precautions o COVID - test potentially exposed (Yellow Zone): residents with a negative [DIAGNOSES REDACTED]CoV-2 PCR test</p> <p>who remain asymptomatic but are within 14 days of possible exposure to COVID-19 o Unexposed (Green Zone): any resident in the facility who was not tested and is thought to be unexposed to COVID-19 The three types of residents listed above should not share common areas such as communal bathrooms and showers with other types of residents. The three zones should remain separate on the unit. An observation on 6/17/20 at 9:16 AM, Employee (E)1 was offering Resident (R)1 a cup of hot chocolate. E1 was wearing his surgical mask around his neck; his mouth and nose were exposed. Station 3 Unit Manager instructed the employee to place his mask over his nose and mouth. An observation on 6/17/20 at 9:24 AM of the signage on the closed fire doors at the entrance to Station 5 read, DO NOT ENTER STATION 5, STAFF ONLY, Wear all recommended PPE in Red and Yellow Zones this includes: N95, Eye Protection, gloves and gown. Yellow Zone, STOP sign, Report to Nurse's Station, Staffing Sheet, Droplet Precautions in addition to Standard Precautions, Private Room, Mask, Limit the movement . Station 5 's observations at 9:37 AM, the Administrator was observed coming down the hallway of Station 5 from the nurse's station to the fire doors without gloves or eye protection. Another observation, outside room [ROOM NUMBER] revealed E2 and E3 assisting first responders to the elevator without gloves or eye protection. In addition, E4, E5, and E6 were in the hallway without gloves or eye protection and wearing surgical mask. E4 was pushing a wheeled cart with only a mask on, E5 was at a housekeeping cart with only a mask on; and E6 was only wearing a mask. E7 was at the nurse's station without gloves or protective eye cover in place. At 9:40 AM, E8 was providing speech therapy in the Station 5 lounge to an unknown resident with only a mask on, she was not wearing eye protection or gloves. At 9:45 AM, the Director of Nursing, E9, and E6 were observed entering Station 5, this surveyor stopped them and asked them to read the signage that identified wearing of PPE in the red and yellow zone. This writer asked if they had the correct PPE to enter the unit. The staff responded that they would get PPE to place at the door to don prior to entering. The CDC identified transmission based precautions as Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. There are three categories of Transmission-Based Precautions: Contact Precautions, Droplet Precautions, and Airborne Precautions. Interview with the Infection Preventionist on 6/17/20 at noon revealed that the facility's policy is to follow the CDC and Pennsylvania Advisory. She received guidance from the CDC and the local Health Department and took the CDC recommendations.</p>		

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

TITLE

(X6) DATE

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