

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER AMBLER EXTENDED CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 32 SOUTH BETHLEHEM PIKE AMBLER, PA 19002	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review the facility failed to provide appropriate resident care by not separating a newly admitted resident (Resident (R) 1) and [MEDICATION NAME] the appropriate social distancing between two residents (R1, R2) out of 4 sampled residents during the COVID-19 pandemic. R1 was awaiting COVID-19 test result. R1 was observed sitting across from R2 who was not suspected of having COVID-19. The findings include: Record Review for Resident (R) 1 revealed a physician's progress note dated 06/1/2020 that R1 is Quarantine for covid also exacerbated depression/confusion. Covid19 swab x 2 was negative. The resident was recently admitted for rehab on 5/29/2020. R1 came from the hospital. [DIAGNOSES REDACTED]. Record Review for R2 revealed R2 was admitted on [DATE]. [DIAGNOSES REDACTED]. R2 has a history of falling. An observation was made on 06/4/2020 at 9:25 AM of two residents, R1 and R2. They were observed sitting in wheelchairs across from each other at a dining table. They were sitting less than 6 feet apart. Both were not wearing face masks at the time. R2 was eating a meal while R1 was just sitting at the same table. R1 was seated in an area which was designated for COVID-19 free residents. An interview was conducted on 06/4/2020 at 9:35 AM with Employee (E) 1 related to the observations made of R1 and R2 in the dining room. E1 stated, They should be at least 6 feet apart. R2 was then moved to another table after it was brought to the attention of E1. Facemasks were also provided for the two residents to wear. R2 did not keep facemask on. E1 also explained that all residents in this unit were negative for COVID-19. An interview with E2 was done on 06/4/2020 at 9:45 AM. E2 stated that, R1 and R2 are in the dining area right now because they are fall risks. We have to watch them closer. R1 is new. R1 just came here recently and R2 is been here for a while. The Director of Nursing (DON) provided a copy of the COVID-19 respiratory surveillance report. This report revealed that R1 was a new admission and was tested for COVID-19 on 06/3/2020. The result for R1 was still pending at that time. On 6/11/20 at 3:05 PM, a review of lab report dated 06/5/2020 had revealed that R1 was negative for Coronavirus. During an interview on 6/11/20 at 3:11 PM, the Administrator stated We follow CDC guidelines related to new admissions. R1 was on observation status. R1 tested negative for covid before R1 was admitted. During an interview on 6/11/20 at 3:20 PM, E3 (Nurse Unit Manager) stated The newly admitted residents do not come out of their room. They are separated from the other residents.</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.