

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2020
NAME OF PROVIDER OF SUPPLIER BROOMALL REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 50 NORTH MALIN ROAD BROOMALL, PA 19008	
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>Based on observation, staff interview, review of facility's policy and procedure, and clinical records review, it was determined that facility failed to ensure that infection prevention and control practices, and appropriate use of Personal Protective Equipment (PPE) were maintained on three out of four units observed (One Main, Two Main, and Three Main). Finding include: A review of the facility's policy titled, Personal Protective Equipment (PPE) Information for Suspected/Confirmed Covid-19, with an effective date of April 21, 2020, revealed that for all centers with confirmed COVID cases, staff should wear all recommended PPE (gown, gloves, eye protection, face mask or N95 respirator) for the care of all residents, regardless of the presence of symptoms. Further review of the same policy revealed that in the absence an N-95 respirator (a face mask that filters 95 percent of airborne particles), a surgical face mask may be worn when caring for a COVID-19 assumed or confirmed resident. When the supply is restored, facilities with respiratory protection program should return to use of respirators for residents with known or suspected COVID-19. Gloves- Put on clean, non-sterile gloves upon entry into the resident room, remove and discard gloves when leaving the resident room and immediately perform hand hygiene. An observation of the One Main Unit on May 15, 2020, at 10:30 a.m., in the presence of the facility educator, Employee E4, revealed Employee E6 entered the room of Resident R2 wearing a surgical mask, gown, and gloves. At 10:35 a.m., Employee E6 entered the room of Resident R3, at 10:42 a.m., entered the room of Resident R4, at 10:44 a.m., entered the room of Resident R5, and at 10:45 a.m., entered the room of Resident R6. Employee E6 was observed maintaining approximately six feet apart while interviewing residents. The observation also revealed that Employee E6 entered the rooms of Resident R2, R3, R4, R5, and R6 without changing gloves and performing hand hygiene. A review of facility documentation, list of residents positive with COVID 19 revealed that Resident R2, R3, R4, R5, and R6 were all positive for COVID 19. An interview with the Infection Preventionist, Employee E3 on May 15, 2020, at 2:30 p.m., confirmed that Employee E6 should have removed her/his gloves and performed hand hygiene prior to leaving the room of each resident. An observation of the Two Main Unit on May 15, 2020, at 11:20 a.m., revealed Licensed nurse, Employee E8 sited in the nursing station, with an N95 mask placed on her/his neck. Employee E8 immediately placed his/her N95 mask properly covering her/his nose and mouth upon seeing the surveyor. An observation on the same unit on May 15, 2020, at 11:35 a.m., revealed Employee E9, making the bed of Resident R1. An observation revealed that Employee E9's face mask was positioned on his/her neck, Employee E9 placed his/her face mask properly, covering both mouth and nose upon seeing the surveyor. The resident was observed sited in a wheelchair near the bedroom door which was approximately six feet away. A review of the clinical record revealed that Resident R1 was positive for COVID 19. An interview with the staff educator, Employee E4 on May 15, 2020, at 11:38 a.m., confirmed that all direct care staff must wear a face mask appropriately at all times when entering the unit with COVID positive residents. An observation of the Three Main Unit on May 15, 2020, at 11:50 a.m., revealed licensed nurse Employee E10, approached the nursing station with cloth mask placed on his/her chin. Employee E10 placed the cloth mask back to his/her face upon seeing the surveyor but pulled it back to his/her neck while talking on the telephone. An interview with Employee E10 on May 15, 2020, at 12:00 noon revealed that Employee E10 only use cloth mask in the hallway and nursing station. Employee E10 stated that he/she had a medical condition, Asthma which makes it hard for him/her to breathe with a mask on for a long time. During the interview, Employee E10 replaced his/her cloth mask to a surgical mask but continued to pull the surgical mask down to his/her chin everytime he/she talk. A review of the facility documentation, Fit Test performed on April 21, 2020, revealed that Employee E10 was medically cleared to wear an N95 mask An observation on the Three Main Unit on May 15, 2020, at 12:10 p.m. revealed Employee E11 sited in the nursing station with cloth mask on but only covering his/her mouth, isolation gown hanged on the chair in the nursing station. An interview with Employee E11 on May 15, 2020, at 12:15 p.m., revealed that he/she just came back from break. Employee E11 put on his/her isolation gown with cloth mask still covering just his/her mouth and remained sited by the nursing station. An interview with the staff educator, Employee E4 on May 15, 2020, at 12:17 p.m. confirmed that staff should have worn all PPE's which includes a face mask, gown, and gloves upon entering Three Main Unit. The above was conveyed with the Nursing Home Administrator, and Director of Nursing on May 15, 2020 at 3:00 p.m. The facility failed to ensure that PPE's were used correctly and appropriately, and infection control practices were maintained on One Main, Two Main, and Three Main units. 28 Pa. Code 211.10(d) Resident care policies Previously cited 11/22/19 28 Pa. Code 211.12(d)(1)(5) Nursing services Previously cited 12/30/19, 11/22/19</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.