

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395918	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER SHOOK HOME THE		STREET ADDRESS, CITY, STATE, ZIP 55 SOUTH SECOND STREET CHAMBERSBURG, PA 17201	
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 - Many	Provide and implement an infection prevention and control program. During an onsite COVID-focused survey, and based on observation, staff interviews and review of facility policies and procedures, it was determined that the facility did not implement infection control measures to prevent the potential spread of infection in the facility's main kitchen. Findings include: Observation on June 16, 2020, at 10:05 AM revealed DA 1 working in the main dishroom without facial covering. Additional observations were made on June 16, 2020, at 10:57 AM of DA 1 and DA 2 standing at tray line in the kitchen and were not wearing a facial covering. At 12:53 PM, the cook, DA 3 and DA 4 were observed in the kitchen without facial coverings. During an interview with DA 1 on June 16, 2020, at 1:57 PM, she confirmed that dietary staff have been permitted to remove their facial covering while in the kitchen, with the exception of when they are doing the dishes, but that they are expected to wear facial covering when they leave the kitchen area. During an interview with the Food Service Director on June 16, 2020 at 2:03 PM she stated that the dietary department was instructed that they do not have to wear a mask in the kitchen as long as they social distance. She confirmed that masks are provided, and they wear Personal Protective Equipment (PPE) when they leave the kitchen and enter a resident care area and when they are washing dishes. Review of facility infection control (to include COVID-19) policies and procedures failed to reveal any specific guidance or directive related to donning of facial covering by staff while in the kitchen. During an interview with the Nursing Home Administrator on June 16, 2020, at 2:45 PM he revealed that the facility was not aware of any regulatory mandate directing dietary staff to don facial covering while in the kitchen, social distancing is being observed by staff in the kitchen, kitchen staff are screened for COVID-related symptoms at the beginning and end of each shift, and that he is not aware of any evidence of COVID-19 transmission via food. 28 Pa. Code 201.18(b)(1)(e)(1) Management. 28 Pa. Code 211.6(f) Dietary services.		
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.