

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395666	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2020
NAME OF PROVIDER OF SUPPLIER MANORCARE HEALTH SERVICES-NORTHSIDE		STREET ADDRESS, CITY, STATE, ZIP 2170 RHINE STREET PITTSBURGH, PA 15212	
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 facility document review, observations and staff interview, it was determined that the facility failed to consistently follow guidance from the Centers for Disease Control (CDC) to screen visitors for signs and symptoms of COVID-19 and failed to wear personal protective equipment on two of two nursing units (First and Second Floors). Findings include: Review of the CDC guidance, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated 5/22/20, indicated to screen visitors entering the healthcare facility for symptoms consistent with COVID-19 by actively taking their temperature and document absence of symptoms consistent with COVID-19. The facility COVID-19 Clinical Monitoring and Measures Plan effective 3/13/20, indicated that symptom monitoring would be completed on authorized visitors and universal masking was in effect for all employees. On 6/28/20, at 11:30 a.m. the state surveyor admitted to the facility by the weekend supervisor, Registered Nurse RN Employee E1. No screening for temperature or symptoms of COVID-19 was completed at this time. On 6/28/20, at 12:19 p.m. the state surveyor was screened for temperature, after touring both nursing units. On 6/28/20, at 12:25 p.m. the state surveyor was screened for symptoms of COVID-19. During an interview on 6/28/20, at 12:25 p.m. RN Employee E1 confirmed that all visitors are required to be screened upon entry to the facility. During an observation of the Second-Floor nursing unit on 6/28/20, from 11:50 a.m. to 12:10 p.m. the following was observed: -Environmental Services Employee E2 not wearing a mask on the elevator. -Licensed Practical Nurse LPN Employee E3 removing items from the medication cart, without wearing a mask. -NA Employee E4 carrying a food tray near her face, not wearing a mask. During an observation of the First-Floor nursing unit on 6/28/20, from 12:12 p.m. to 12:20 p.m. the following was observed: -NA Employee E5 passing food trays to multiple rooms with her mask below her chin. During an interview on 6/28/20, at 1:30 p.m. the Nursing Home Administrator and interim Director of Nursing confirmed that the facility failed to consistently wear personal protective equipment. 28 Pa. Code: 201.18 (b)(1): Management. Previously cited 5/24/19 28 Pa. Code: 211.10 (d): Resident care policies.</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.