

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395593	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER QUALITY LIFE SERVICES - GROVE CITY		STREET ADDRESS, CITY, STATE, ZIP 400 HILLCREST AVENUE GROVE CITY, PA 16127	
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 - Few	<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 observations, staff interviews, and review of facility policy, it was determined that the facility failed to ensure COVID-19 infection control protocols were followed to help prevent the development and transmission of communicable diseases and infections on one of two floors (2nd Floor). Findings include: The facility policy COVID-19 Protocol, dated 7/1/20, revealed that residents must be masked if out of his or her room. Residents that are admitted from home and the hospital are under a 14-day COVID-19 prevention protocol. During an interview on 7/16/20, 9:50 a.m. regarding the facility protocol and COVID-19 precautions, the Director of Nursing stated that activities and therapy should be done in the room; however, if they need to be done out of the room then the resident must be masked. The clinical record for Resident R1 revealed an admission date of [DATE], for respite hospice stay, with [DIAGNOSES REDACTED]. The clinical record for Resident R2 revealed an admission date of [DATE], with [DIAGNOSES REDACTED]. Resident R1 and Resident R2 were cohorted in a room together on the 2nd floor. During the facility tour on 7/16/20, at 10:17 a.m. Resident R1 was found seated in a wheelchair close to the nurse's station without a mask on. Resident R1 was on COVID-19 precautions starting on his/her admission date of [DATE] and through 7/22/20. During an interview with Nursing Assistant (NA) Employee E1 on 7/16/20, at 10:15 a.m. revealed that he/she didn't know that Resident R1 was still under COVID-19 precautions. During an interview on 7/16/20, at 10:16 a.m. NA Employee E2 revealed that he/she was told during report that Resident R1 was under COVID-19 precautions but it wasn't anything to worry about. During an interview on 7/16/20, at 10:17 a.m. Licensed Practical Nurse (LPN) Employee E3 indicated that Resident R1 should have a mask on when sitting out in the hall. LPN Employee E4 proceeded to place a mask on Resident R1 who did not voice any complaints or issues. The facility failed to properly implement thorough infection control practices to help prevent transmission of communicable diseases for residents and staff by not properly educating all staff concerning COVID-19 precautions and ensuring all residents were wearing a mask as required. 28 Pa. Code 201.14(d)(1)(5) Nursing services Previously cited 7/25/19</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.