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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>395290</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                        | (X3) DATE SURVEY COMPLETED<br><b>07/15/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>PLEASANT ACRES REHABILITATION AND NURSING CENTER</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>118 PLEASANT ACRES RD,RD7<br/>YORK, PA 17402</b> |   |
| 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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Many</b>             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, review of facility documentation, and staff interviews, it was determined that the facility failed to follow infection control practices for the use of PPE (Personal Protective Equipment) for 5 of 5 floors. The findings include: During the entrance on 7/15/20 at 8:30 AM, Employee (E)1 stated that a surgical or fabric face mask was required to enter the building. Floors 2 through 5 had a room near the elevator, designated for donning and doffing. The 1st. floor resident area was separated with plastic and zipper entrance. A separate room was designated for donning and doffing. For each employee, there was a brown bag with the employee's name, where the N-95 facial mask was stored. If an employee was unable to wear the N-95 mask, that employee must wear a surgical mask with a face shield at all times while working. Gowns and N-95 were required on all resident floors. The red zone was located in a hallway on Main 3, and the remainder of the building was considered yellow. Signage was located at the door for the residents with droplet precautions. When an employee entered a resident's room with droplet precautions, the employee must wear gown, gloves, mask, and face shield. The following observations and interviews occurring on 7/15/20 with this writer and E1: 10:12 AM, E2 was observed on the 1st. floor without a N-95 face mask in place. She was told by E1 to get and place her N-95 face mask on. 10:34 AM, E3, who was identified as unable to wear a N-95, was observed in the 5th floor hallway with a surgical mask, holding her face shield in her left hand. She stated that the glare of the Care Tracker and the face shield makes it hard to read. E1 told E3 that as long as she is on the unit, she must wear the mask and face shield. 10:40 AM, E4 was observed on the 5th floor, wearing an N-95 face mask with the bottom strap hanging down under the front of his chin. E1 told him to secure the bottom strap for a proper fit. 10:41 AM, E5 was observed on the 5th floor, exiting room [ROOM NUMBER] (a droplet precaution room) with a gown, N-95 and face shield. She sanitized her hands, and continued to walk towards the nurse's station. She was directed by E1, to come back to the room, remove her face shield and disinfect the face shield. 11:00 AM, E6 was observed in the 4th floor hallway with only a surgical mask in place. She stated that she went off the unit but did have her N95 in her pocket. 11:10 AM, E7 was observed coming down the 4th. floor hallway between rooms 401-408, trying to apply her gown. E1 told her to remember to don her gown prior to leaving the designated donning and doffing room. 11:10 AM, E8 was observed walking down the 4th. floor hallway without a gown on and only a surgical mask. E1 intervened that she was in a resident area and must wear a gown and N-95. 11:20 AM, E9 was observed on the 2nd. floor, exiting room [ROOM NUMBER], removed her gloves and held them in her left hand. She walked down the hallway towards the Nurse's station, dispose the gloves at the medication cart, turned around, reentered room [ROOM NUMBER] without washing hands or sanitizing her hands. E1 told E9 that she needed to sanitize her hands. 11:30 AM, E10 was observed on the 3rd. floor, wearing a gown and a surgical mask. When asked where was his N-95 face mask, he stated that he did not have one. E1 provided E10 with a N-95 face mask. 11:40 AM, E11 was observed at the nurse's station on the 3rd. floor wearing a gown and surgical mask. When asked where was her N-95 mask, she stated that she just took it off. 11:48 AM, E12 was observed on the 3rd. floor, entering room [ROOM NUMBER], a room identified as droplet precautions, wearing a gown, N-95 face mask, and face shield, but no gloves. When E12 exited the room, he was asked what type of PPE he was to wear to enter the room. He correctly identified the PPE and admitted that he did not wear gloves. 11:50 AM, E13 was observed on the 3rd. floor, exiting room [ROOM NUMBER], a room identified as droplet precautions, wearing a gown, N-95 face mask and gloves. When this writer asked where her face shield was, she stated that she did not have one. E1 told her to go to the lobby and get one. Review of the facility's hand washing policy revised August 2015, reads, Use an alcohol-based hand rub .or alternatively, soap and water for the following situations: .m. After removing gloves; n. Before and after entering isolation precaution settings . All the above observations were confirmed and a discussion with the Administrator and E1during a meeting on 7/15/20 at 12:15 PM.</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.