

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER PASSAVANT RETIREMENT AND HEALTH		STREET ADDRESS, CITY, STATE, ZIP 105 BURGESS DRIVE ZELIENOPLE, PA 16063	
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	Provide and implement an infection prevention and control program. Based on facility policy review, observations and staff interview, it was determined that the facility failed to make certain handwashing areas were accessible for staff use in four of six soiled utility rooms (Brandywine, Trillium, Allegheny and Larkspur House nursing units). Findings include: The facility Hand Hygiene/Handwashing policy dated 5/20, indicated that appropriate times to wash your hands include after handling contaminated items (dressings, soiled or contaminated linens, soiled depends, bed pans, catheters, urinals, and trash) and after handling soiled equipment or utensils. During an observation on 6/25/20, at 1:30 p.m. of the soiled utility room on the Brandywine House nursing unit revealed the sink blocked by two bedside commodes making in inaccessible for handwashing use. During an interview on 6/25/20, at 1:30 p.m. Elder Care Coordinator Employee E1 confirmed that the soiled utility sink in the Brandywine House nursing unit soiled utility room was inaccessible for hand washing. During an observation on 6/25/20, at 1:40 p.m. of the soiled utility room on the Trillium House nursing unit revealed the sink blocked by the housekeeper's cleaning cart making it inaccessible for handwashing use. During an interview on 6/25/20, at 1:40 p.m. Household Coordinator Employee E2 confirmed that the soiled utility sink in the Trillium House nursing unit soiled utility room was inaccessible for handwashing. During an observation on 6/25/20, at 2:05 p.m. of the soiled utility room on the Allegheny House nursing unit revealed the sink blocked by the housekeeper's cleaning cart making it inaccessible for handwashing use. During an interview on 6/25/20, at 2:05 p.m. Licensed Practical Nurse Employee E3 confirmed that the soiled utility sink in the Allegheny House nursing unit soiled utility room was inaccessible for handwashing. During an observation on 6/25/20, at 2:10 p.m. of the soiled utility room on the Larkspur House nursing unit revealed the sink blocked by the housekeeper's cleaning cart making it inaccessible for handwashing use. During an interview on 6/25/20, at 2:10 p.m. Licensed Practical Nurse Employee E4 confirmed that the soiled utility sink in the Larkspur House nursing unit soiled utility room was inaccessible for handwashing. 28 Pa. Code: 201.18 (b) (1): Management. 28 Pa. Code: 201.20 (c): Staff development. 28 Pa. Code: 211.10 (d): Resident care policies. 28 Pa. Code: 205.33 Utility room.		
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.