

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395561	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER REFORMED PRESBYTERIAN HOME		STREET ADDRESS, CITY, STATE, ZIP 2344 PERRYVILLE AVENUE PITTSBURGH, PA 15214	
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 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and staff interview it was determined that the facility failed to properly dispose of expired medications in one of one medication rooms and one of one treatment rooms. (Third Floor). Findings include: The facility Medication Distribution System policy last reviewed 8/15/19, indicated outdated medications are immediately removed from stock and disposed of. The pharmacy instructions for [MEDICATION NAME]-antibiotic in liquid form most recently revised 2/2018, indicated to discard reconstituted solutions after 14 days. During an observation of the Third Floor medication room on 6/11/20, at 1:30 p.m. the following was observed: One container of liquid [MEDICATION NAME] 50mg/ml was observed in the medication refrigerator with an expiration date of 6/1/20. 52 vacutainers with an expiration date of 5/31/20. One swab (used in testing for microorganisms) with an expiration date of 12/31/19. One open, and undated Humalog (insulin) vial. One bottle of liquid [MEDICATION NAME] (an pain reliever and fever reducer), with an open date of 12/2017. Two intravenous replacement caps with an expiration date of 01/2019. During an observation of the Third Floor treatment room on 6/11/20, at 1:45 p.m. the following was observed: Two cartons of [MEDICATION NAME] liquid nutritional formula, with an expiration date of 11/1/19. 20 Hemocult collection tubes (used to test for blood in the stool) with an expiration date of 1/31/20. 12 Hemocult collection tubes with an expiration date of 3/31/20. Four hemocult test kits with an expiration date of 3/31/20. During an interview on 6/11/20, at 2:30 p.m. Licensed Practical Nurse LPN Employee E1 confirmed that the liquid [MEDICATION NAME] and [MEDICATION NAME] liquid were expired, that the liquid [MEDICATION NAME] should have been disposed of after one year, and that insulin is required to be dated when opened. During an interview on 6/11/20, at 3:00 a.m. Nursing Home Administrator confirmed that the facility failed to properly dispose of expired medications on the Third Floor medication room and treatment room. 28 Pa. Code: 211.9(a)(1) Pharmacy services. Previously cited: 11/21/18, 2/7/19, 10/21/19 28 Pa. Code: 211.12(d)(1)(5) Nursing services. Previously cited: 11/21/18, 10/21/19		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation, and staff interviews, it was determined that the facility failed to properly store soiled laundry, facility failed to follow CDC (Centers for Disease Control) guidelines for the use of PPE (Personal Protective Equipment), and failed to create a clean and sanitary environment which created the potential for the cross-contamination and the spread of diseases and infections one of one nursing units. Findings include: Review of facility policy Droplet Precautions dated 7/23/18, and most recently updated 6/8/20 indicated for staff to use PPE appropriately. Review of the CDC guidelines Using Personal Protective Equipment (PPE) dated 4/3/20 indicated that both the mouth and the nose should be protected by the face mask, and not to wear the face mask below the chin. Review of facility policy Housekeeping dated 8/15/19, indicated the facility will provide a sanitary and orderly environment. During an observation on 6/11/20, at 11:03 a.m. Nurse Aide (NA) Employee E4 was not wearing a mask. During an observation on 6/11/20, at 11:05 a.m. NA Employee E4 with gloved hands, removed red biohazardous bag in a hallway hamper, carried to full biohazardous bag in hallway obtain a new bag, walked back to the hamper placed full biohazardous bag on the floor, placed new bag in hamper and then tied full bag closed. Carried full biohazardous bag to soiled utility room, removed gloves touching door, mask then performed hand hygiene. During an observation on 6/11/20, at 11:10 a.m. Nurse Aide (NA) Employee E2 was wearing her face mask below her nose. During an observation on 6/11/20, at 11:11 a.m. NA Employee E3 was wearing her mask below her chin, and left the linen cart uncovered after removing clean linen. During an observation on 6/11/20, at 11:19 a.m. NA Employee E2 exited resident room and was holding soiled linens against uniform. During an observation on 6/11/20, 11:32 a.m. NA Employee E2 with gloved hands was pushing a double hamper down hallway, stopped at soiled utility room, opened hamper lid removed a bag opened soiled utility room door disposed of bag continued to push hamper to a set of double doors and with gloved hands pushed open the doors. During interviews on 6/11/20, at 12:00 p.m. NA Employee E2, NA Employee E3 and NA Employee E4 confirmed that they did not wear PPE as they were trained, failed to wear gloves properly and perform hand hygiene and transport soiled linens and biohazardous waste properly which created the potential for cross-contamination and the spread of disease. During an observation of the shower room on 6/11/20, at 1:15 p.m., the following was observed: -Shower chair with a partially used bottle of shampoo, with no name, with the cap flipped open on it. -Shower chair next to the shower with wet towel and a partially used shampoo bottle laying on its side on it. There was no name on the shampoo bottle. -Two gray basins were stacked one inside the other, each with toiletries and razors with no names. -A cabinet with bleach, an open package of briefs, and a container of breakfast cereal stored in it. -A cabinet with more than twenty personal care items in it, stored with bleach. -A cabinet with a resident's jar of moisturizing cream open, with the lid next to the jar. -The tub area had a bible, a staff training manual, and a bottle of body wash with the cap flipped open, and the name and room number of a resident who was discharged on [DATE] (seven weeks prior). During an interview on 6/11/20, at 2:30 p.m. Licensed Practical Nurse LPN Employee E1 confirmed that the shower room contained items that were stored improperly and created the potential for cross contamination and the spread of disease.		

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.