

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395391</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ASBURY HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>700 BOWER HILL ROAD PITTSBURGH, PA 15243</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 0761  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>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.</b>  Based on facility policy review, observation and staff interview, it was determined that the facility failed to properly store medications on one of four nursing units (Willow secured dementia nursing unit). Findings include: The facility policy Medication and Biological Storage dated 7/13/20, indicated to store all medications and biologicals in the locked medication cart, treatment cart, medication room or refrigerator as indicated. No medications or biologicals are to be in any area of the nursing unit which is accessible to residents. During an observation of the medication cart on the Willow secured dementia nursing unit, on 7/13/20, from 4:19 p. m. to 4:31 p.m. revealed the medication cart to be unlocked, and a card containing stool softening medication, a tub of medicated topical cream, and a box of steroid inhalation (to decrease swelling of airways) medication was noted on top of the medication cart and nurse was not in sight of the medication cart. During this observation, four cognitively impaired and ambulatory residents were in the hallway in the vicinity of this medication cart. During an interview on 7/13/20, at 4:29 p.m. Nurse Aide Employee E2 indicated that the nurse was at the nurse's station located on the other side of the closed door to this hallway. During an interview on 7/13/20, at 4:31 p.m. Licensed Practical Nurse Employee E3 confirmed that her medication cart and the listed medications were unsecured and out of her sight and that cognitively impaired and ambulatory individuals were in the hallway in the vicinity of her medication cart. 28 Pa. Code: 211.9(a) (1) (k) Pharmacy services. 28 Pa. Code: 211.12(d) (1) (2) (5) Nursing services. Previously cited 7/12/19 and 8/31/18.		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on facility policy review, observations and staff interviews, it was determined that the facility failed to make certain handwashing areas were accessible for staff use in two of four soiled utility rooms ( Redwood and Evergreen nursing units). Findings include: The facility Hand Hygiene/Handwashing policy dated 7/13/20, indicated that appropriate times to wash your hands include after handling contaminated or visibly soiled items, between resident contact, after contact with bodily fluids, secretions or equipment that is potentially contaminated, after touching resident's surroundings, and must be performed prior to donning gloves and after gloves are worn for interactions with residents. During an observation on 7/13/20, at 3:49 p.m. the soiled utility room on the Redwood nursing unit revealed the sink blocked by two walkers and a wheelchair cushion was in the sink making in inaccessible for handwashing use. During an interview on 7/13/20, at 3:49 p.m. Nurse Aide Employee E1 confirmed that the soiled utility sink in the Redwood nursing unit soiled utility room was inaccessible for hand washing. During an observation on 7/13/20, at 4:05 p.m. the soiled utility room on the Evergreen nursing unit revealed the sink blocked by a garbage can and box in front of the sink making it inaccessible for handwashing use. During an interview on 7/13/20, at 4:05 p.m. Director of Nursing confirmed that the soiled utility sink in the Evergreen 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.