

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395685	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER MANORCARE HEALTH SERVICES - WALLINGFORD		STREET ADDRESS, CITY, STATE, ZIP 115 SOUTH PROVIDENCE ROAD WALLINGFORD, PA 19086	
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 - Many	<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, interviews with facility staff, review of facility policies and guidelines established by the Center for Disease Control and Prevention, it was determined the facility did not maintain an effective infection control program related to facial mask coverings, and handling of soiled linens in three of four nursing units, laundry department and the dietary department. (1 North, 2 North and 2 South, laundry department and dietary department) Findings include: Review of established guidelines, from Centers for Disease Control and Prevention, (CDC - the branch of the U.S. Public Health Service under the Department of Health and Human Services charged with the investigation and control of contagious disease in the nation), established at the start of the Coronavirus (COVID-19) pandemic, ([MEDICAL CONDITION] identified as the cause of an outbreak of respiratory illness), recommended that all persons working in a health care setting, such as a long term care facility, should at all times, wear a cloth face covering, especially in areas of significant community-based transmission. A review of Facility Environmental Policy titled Handling, Transport and Storage of Laundry reads, Staff should handle all used laundry as potentially contaminated and use standard precautions (i.e. gloves). Review of Facility Infection Control Policy titled Standard Precautions reads, Avoid excess handling of linen or placing soiled linen on furniture or floor. Place soiled or used linens in a non-permeable bag prior to removal from immediate patient care area. Observation conducted on May 19, 2020 at approximately 9:00 a.m. revealed a posting at the main entrance to the facility indicating that anyone entering facility must be wearing a facial mask. Upon entrance to the facility on [DATE] at approximately 9:00 a.m. while waiting for the Administrator to escort surveyors to the second-floor conference room a staff member, Employee E16 was visualized walking through the fire doors leading to the 1 North Long Hall Nursing Unit and 1 North Short Hall Nursing Unit. Employee E16 was wearing her mask around her neck. The surveyor asked if she was a nursing staff member. Employee E16 looked up but did not answer. The Administrator who was in the lobby at the time identified Employee E16 as the business office employee. During the initial tour of the Dietary Department on May 19, 2020, at 9:45 a.m. in the presence of Employee E3, Dietary Manager, an observation was made of three dietary employee's Employee E4, Cook; Employee's E5 and E6, both Food Service Employee's, all the employees were working with food. Further observation of each of the three dietary employee's revealed, that they did not have facial masks in place as recommended by the CDC. At the time of the observation, Employee E3, indicated that it was also a facility policy for all staff members to be wearing facial coverings when inside of the facility. Individual interviews with Employee's E4, cook; Employee E5 and Employee E6, Food Service Employee's, during the observation, indicated that they received training from Employee E3, Dietary Manager, about facial masks being required to be in place while inside the facility. Review of facility documentation, titled, Coronavirus Training, dated, March 2020, confirmed that Employee's E4, E5 and E6, all received in servicing about the requirement of wearing facial masks when in the facility. An observation of the Laundry Department, in the presence of Employee E7, Director of Environmental Services, on May 19, 2020, at 10:25 a.m., revealed Employee E8, Laundry Aide, was handling soiled linens, at the time of the observation, Employee E8, was observed not wearing a facial covering in place. At the time of the observation Employee E8, indicated that she had a medical condition and wearing the facial mask made it more difficult for her to breathe. At the conclusion of the observation of Employee E8, an interview with Employee E7, confirmed that Employee E8, did not have a facial mask in place while handling soiled linens. Employee E7, further indicated being unaware of Employee E8's medical condition as she indicated to surveyor and Employee E7. Review of facility documentation, titled, Competency: Respirator Mask (N95), (a particulate-filtering facepiece respirator that meets the U.S. National Institute for Occupational Safety and Health N95 classification of air filtration, meaning that it filters at least 95% of airborne particles. This standard does not require that the respirator be resistant to oil; another standard, P95, adds that requirement. The N95 type is the most common particulate-filtering facepiece respirator. It is an example of a mechanical filter respirator, which provides protection against particulates but not against gases or vapors), dated, April 9, 2020, indicated Employee E8, Laundry aide received individual training and in-servicing on wearing a facial mask. Further review of facility documentation, titled, Program Attendance Record, dated, March 6 - 8, 2020, confirmed that Employee E8, Laundry Aide received previous in servicing and training. An interview with Employee E7, on May 19, 2020, at 12:35 p.m. confirmed as indicated. An interview with the Director of Nursing, on May 19, 2020, at 10:55 a.m. confirmed that Employee E8, did receive individual competency and in-service training about wearing a facial mask when in the facility and further confirmed that Employee E8, has underlying medical diagnosis. Director of Nursing further indicated that Employee E8, was sent home, as it was not medically safe for her to be working in the laundry department. Observation of two of two nursing units on the second floor (2 North and 2 South), on May 19, 2020, between, 8:50 a.m. and 9:25 a.m. revealed that four Nurse Aides, Employee's; E10, E11, E12 and E13, did not have appropriate facial covering in place. An interview with Employee E14, Licensed Nurse, confirmed during an interview at the end of the observation, that the four nursing assistants' facial covering were not in place as required and that each nursing assistant had received in servicing about facial covering while in the facility. Employee E14, further indicated on both two nursing units, were residents that recovered from COVID-19. An interview with the Director of Nursing, on May 19, 2020, at 1:20 p.m. confirmed it a facility policy and procedure that all facility staff members, must always wear a facial covering when in the facility. At approximately 2:00 p.m. Surveyor knocked on the Nursing Home Administrator's closed door. From inside, the Administrator was heard to say, Come in. When the door opened it was observed that the DON was wearing a mask; the Administrator was not wearing a mask. Surveyor entered and Administrator immediately put on her mask. Surveyor wanted to question a sign that was posted in multiple areas of the building as well as elevators. The sign read, ALL NURSING STAFF NEED TO REMOVE THEIR N95 MASKS PRIOR TO ENTERING THE BREAK ROOM. Surveyor asked what the facility staff should wear in the break room. The Nursing Home Administrator said, they know they should wear a regular mask in the break room. Upon entering the break room in the company of the Nursing Home Administrator there were two nursing assistants, E14 and E15, sitting together at a table (approximately 30 inches wide). One was seated on one side and the other on the opposite side, one seat over. (not socially distant- 6 feet apart) without masks on their faces. One nursing assistant was not eating at the time but did have food on the table. The other nursing assistant did not have any food. Both were asked if they understood what the sign meant as far as wearing masks in the break room. Neither E14 nor E15 could verbalize the understanding that they should be wearing regular masks inside the breakroom. An observation of the Laundry Department, in the presence of Employee E7, Director of Environmental Services, on May 19, 2020, at 10:25 a.m., revealed Employee E8, Laundry Aide, was handling soiled linens, at the time of the observation, Employee E8, was observed not wearing gloves when sorting the soiled linen. An observation of the Covid 19 Unit on the Second Floor at approximately 10:00 a.m. on May 19, 2020 with Director of Nursing revealed patient rooms with soiled resident linen in plastic bags on the floor of the resident's room. Discussion with the DON revealed that the laundry should have been placed in the bins in the soiled utility room but since there was only one nursing assistant on the unit, she will probably collect it when she can to place it in soiled utility room. 28 Pa Code 201.18(b)(1) Management 28 Pa Code 201.18(b)(3) Management 28 Pa Code 211.6(f) Dietary services 28 Pa Code 207.2(a) Administrator's</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.

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