

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395604	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER GREENSBURG CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 119 INDUSTRIAL PARK ROAD GREENSBURG, PA 15601	
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 review of guidelines, facility policies, clinical records, facility documents, and information submitted by the facility, as well as observations and staff interviews, it was determined that the facility failed to follow CDC (Center for Disease Control) guidelines, CMS (Center for Medicare/Medicaid Services) guidelines, and Pennsylvania Department of Health (DOH) guidelines regarding the use of personal protective equipment to reduce the spread of infections and prevent cross-contamination during the COVID-19 pandemic for three of 10 residents reviewed (Residents 1, 3, 10), and failed to report to residents/responsible parties when changes occurred related to COVID-19 positive employees. Findings include: Pennsylvania Department of Health 2020 PAHAN (Health Alert Network) - 492 - 4-3-ALT regarding Universal Masking of Healthcare Workers and Staff in Congregate Care Settings, dated April 3, 2020, revealed that minimizing transmission of COVID-19 (a contagious [MEDICAL CONDITION] disease that has caused a global pandemic and which can cause fever, cough, shortness of breath and/or fatigue and other symptoms) into and within health care facilities and congregate care facilities was critical. Facilities were to consider the utility of creating a designated COVID-19 unit or a separate area of the building, with the plan to move COVID-19 positive residents there upon diagnosis. If employed, this strategy was to be used in conjunction with maintaining the original unit under all precautions because many residents of that unit might already be COVID-19 positive. PAHAN - 496 - 4-14-ALT regarding Cohorting of Residents in Skilled Nursing Facilities, dated April 14, 2020, revealed that cohorting residents with COVID-19 in dedicated units within skilled nursing facilities could be an effective transmission prevention strategy, but it must be done deliberately to be effective. Once COVID-19 was identified in a nursing care facility, there were three types of residents to consider. 1. Cases - those with confirmed or probable COVID-19, including residents who were exposed to COVID-19 and were exhibiting symptoms consistent with COVID-19 but who were not yet tested or will not be tested. 2. Exposed - those who have been exposed to COVID-19 but are not yet exhibiting symptoms. 3. Unexposed - those who were not known to have and were not exposed to COVID-19. Cohorting decisions were to consider all three groups of residents, with the priority being to restrict the mixing of residents who were positive cases or exposed with those who were thought to be unexposed. With regard to moving residents and cohorting residents, it was imperative that facilities follow the guidance in PAHAN - 492. All residents in units with COVID-19 cases were considered to be exposed and potentially infectious. Recent information about COVID-19 spread in Long Term Care Facilities (LTCF) showed that about half of residents testing positive for COVID-19 were not symptomatic. Spread of [MEDICAL CONDITION] could have been occurring undetected long before a positive test was reported. All residents in the original unit must be treated as infectious and cared for using full personal protective equipment (PPE - gown, gloves, mask, and eye protection) per PAHAN - 492. PAHAN - 509 regarding testing for COVID-19 in Long-term Care Facility Residents and Healthcare Personnel, dated June 1, 2020, revealed that residents needed to be cohorted to separate units in three zones, based on test results: 1. COVID-19 positive residents (Red Zone) were residents with a positive test and still within the parameters for transmission-based precautions. 2. Potentially exposed residents (Yellow Zone) were residents with a negative COVID-19 test who remained asymptomatic but were within 14 days of possible exposure to COVID-19. 3. Unexposed (Green Zone) were any resident in the facility who was not tested and was thought to be unexposed to COVID-19. Staff should be designated by zone as much as possible to minimize risk to exposed (Yellow) and non-exposed (Green) residents. The best option was for staff to always work on the same unit or zone and not to cross over to other units or zones. Staff could work in two or more exposed (Yellow) units. Ideally, staff would not work in the COVID-19 positive (Red) unit and then return to an exposed (Yellow) or unexposed units (Green) zone. Zones should be clearly marked with limited access signs or temporary barriers to prevent unnecessary foot traffic to the area. Equipment should be dedicated ideally to each unit, and if necessary, shared only between units of the same zone. Full PPE must be used to care for residents in COVID-19 positive (Red) and COVID-19 negative potentially exposed (Yellow) zones. The facility's undated policy regarding their Yellow Zone indicated that the zone was their quarantine zone and staff were to have PPE upon entering all resident rooms in the Yellow Zone. The policy was not reflective of PAHAN - 496, which indicated that full PPE was to be used when caring for residents in a Yellow Zone, including eye protection. Interviews with the Nursing Home Administrator and Director of Nursing on August 10, 2020, at 8:20 a.m. revealed that the facility had a Red Zone due to positive COVID-19 residents until August 7, 2020. Currently, the entire facility, all 106 residents, was a Yellow Zone, and staff were to have on PPE that included a face mask, gown and gloves prior to entering all residents' rooms. An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated June 12, 2020, indicated that the resident was alert and oriented, required the extensive assistance of two staff for transfers, and she was not ambulatory (could not walk). Observations during a transfer of Resident 1 on August 10, 2020, at 11:00 a.m. revealed that Nurse Aide 1 and Licensed Practical Nurse 2 transferred the resident from her bed to her wheelchair using a full body mechanical lift (device that uses hydraulic power to lift and move a resident from surface to surface). The two staff did not have any PPE for eye protection in use during the resident's care. An admission MDS assessment for Resident 3, dated August 4, 2020, indicated that the resident was cognitively impaired, required extensive assistance of two staff for transfers, and she was not ambulatory. physician's orders [REDACTED]. The two nurse aides did not have any PPE for eye protection in use during the resident's care. Interview with Registered Nurse 4, the facility's infection control nurse, on August 10, 2020, at 4:20 p.m. revealed that they did not require staff to wear full PPE that included goggles or face shields in their Yellow Zone quarantine rooms. Interview with Registered Nurse 5 on August 10, 2020, at 5:05 p.m. revealed that the facility's Yellow Zone was their quarantine rooms and they monitor the residents for signs and symptoms of COVID-19, but the residents are not actually placed in transmission based precautions (special infection control procedures to prevent the spread of infection). The nurse indicated that upon entering a resident's room, staff were required to use PPE that included a face mask, gown and gloves. A quarterly MDS assessment for Resident 10, dated June 9, 2020, indicated that the resident was cognitively intact, was independent with ambulation, and required the extensive assistance of one staff for toileting. The resident's care plan, revised on August 4, 2020, indicated that she was independent with ambulation to the toilet with a wheeled walker, but needed staff assistance with care afterward. physician's orders [REDACTED]. Registered Nurse 6 entered the bathroom to assist Resident 10, and Registered Nurse 7 talked to the other resident in the room and picked up Resident 10's oxygen tubing from the floor. Registered Nurse 6 then provided physical assistance to return Resident 10 to the bed. Interview with Registered Nurse 6 on August 10, 2020, at 7:00 p.m. confirmed that she did not put on a gown before entering Resident 10's room. She wore gloves while assisting the resident in the bathroom, and then removed them after they were soiled. She indicated that she was not fully aware of the necessary precautions to be used for Resident 10. Interview with Registered Nurse 7 on August 10, 2020, at 7:00 p.m. confirmed that he did not put on a gown and gloves before entering Resident 10's room. He stated that this was his first day at the facility and he did not know what rooms were yellow. Interview with Registered Nurse 4, the facility's infection control nurse, on August 10, 2020, at 7:32 p.m. confirmed that the facility has been a Yellow Zone since July 28, 2020, and nursing</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>staff should have put on the appropriate PPE, including a gown and gloves in the Yellow zone. CMS Memo QSO-20-26-NH - regarding notification of confirmed COVID-19 cases among residents and staff in nursing homes, dated April 19, 2020, revealed that facilities were required to notify its residents and their representatives. To keep them informed of the conditions inside the facility, homes were to inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms that occurred within 72 hours. Also, the facility needed to update residents and their representatives weekly, or each subsequent time a confirmed infection of COVID-19 was identified. The facility's policy regarding COVID-19 notification, dated May 1, 2020, indicated that residents, families, and/or representatives would be informed within 12 hours of the occurrence of a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms that occurred within 72 hours. Also, residents would be updated weekly, or each subsequent time a confirmed infection of COVID-19 was identified, and/or whenever three or more residents or staff with new onset of respiratory symptoms occurred within 72 hours. Information submitted by the facility revealed that on July 1, 2020, the facility received positive COVID-19 test results for two residents on July 18, 2020, the facility received positive COVID-19 test results for three staff, and on July 27 and 28, 2020, the facility received positive COVID-19 test results for additional staff and residents. An electronic communication from the Nursing Home Administrator on August 11, 2020, indicated that the first positive COVID-19 test result was received on July 1, 2020, and all the residents and their families were made aware via telephone contact by the activities staff. Then, the building was temporarily COVID free from July 7 to 28, 2020, and on July 28, 2020, the activity staff again contacted all residents and their families via phone regarding positive test results. There was no documented evidence the facility notified residents and their families when positive COVID-19 test results were received for three staff on July 18, 2020. Interview with Registered Nurse 4, the facility's infection control nurse, on August 10, 2020, at 7:32 p.m. confirmed that any positive COVID-19 cases should have been reported by the activities department to the residents and their representatives. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(e)(1) Management. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		