

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395801	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2020
NAME OF PROVIDER OF SUPPLIER QUADRANGLE		STREET ADDRESS, CITY, STATE, ZIP 3300 DARBY ROAD HAVERFORD, PA 19041	
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 - Few	Provide and implement an infection prevention and control program. Based on observation, staff interviews and reviews of CDC (Centers for Disease Control) COVID-19 guidelines and the facility COVID-19 Mitigation and Response Plan Overview, it was determined that the facility failed to follow COVID-19 precautions for personal protective equipment (PPE) for one of 30 Residents (R1). The findings include: During an observational tour of the facility on 5/26/20 at 12:10 PM, Employee 1 (E1) was observed exiting the room of R1. The room of Resident 1 (R1) had a sign posted plainly visible on the closed door. The sign documented, Stop Resident is on isolation precautions ! Enter only if wearing PPE for standard, Contact, and Droplet Precaution , E1 was wearing a white laboratory (lab) coat and carrying a brown plastic serving tray. E1 was observed without PPE including eye protection, mask and gloves. E1 walked away from the room and into the hallway of the A wing. The Administrator nearby observed E1 walk past the underwriter was told of the observation and asked what was the employee's name and where the employee was assigned. She said that the employee was from the Dietary Department. The Administrator was informed that E1 had exited the room of R1 not wearing PPE. She followed him/her into the A wing hallway. E1 emerged about 30 seconds later from the A wing hallway, now wearing protective eyewear, mask and gloves and pushing a dietary cart. E1 was approached by this surveyor and asked his/her name and informed him/her of the observation at R1's room and not wearing proper PPE. E1 said, I got my glasses on. E1 was told that he/she had been observed not wearing eye protection, mask or gloves when he/she exited the room of R1. E1 then walked away pushing the dietary cart into a large adjacent room. E1 came out of the room about one minute later without the PPE (protective eyewear, mask and gloves), he/she then removed his/her white lab coat and put it into a laundry receptacle and walked back to the large room where the dietary cart had been taken. In an interview with the Administrator on 5/26/20 at 12:20 PM, It was reported that all nursing staff wear white laboratory (lab) coats in the facility. When staff exit a presumptive COVID-19 room they are to discard the coat into a laundry receptacle for sanitation and get a clean lab coat for wear in the facility. She also acknowledged that E1 should have worn protective eyewear, mask and gloves while in the room and discarded the PPE upon exiting in the proper receptacle. In addition, the Administrator produced documentation that E1 had previously been in-serviced for Infection Control procedures. Review of the facility's COVID-19 Mitigation and Response Plan documented that, .Standard PPE Required for Contact with Suspected or Known Cases of COVID-19-Put on a regular facemask or N95 respirator mask before enter into the resident's room Put on eye protection .Put on clean non-sterile gloves Place Reusable cloths gowns into the appropriate laundry receptacle after each use. Review of the CMS (Centers for Medicare and Medicaid Services)/CDC guidelines to Long Term Care facilities reads, For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE.		
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.