STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395019	A. BUILDING _____ B. WING _____	**06/03/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ARISTACARE AT MEADOW SPRINGS	**845 GERMANTOWN PIKE PLYMOUTH MEETING, PA 19462**

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, interview and facility policy review, the facility failed to ensure a visitor entering the building was screened for symptoms of COVID-19 as a precautionary measure during the COVID-19 pandemic. The census was 133. The findings include: A review of the facility policy for Covid-19 revealed under number 7. Actively try to screen all individuals entering the building, including employees, contractors, new admissions, government officials, and healthcare professionals. The screening process will include asking individuals for respiratory symptoms (fever, sore throat, cough and new shortness of breath), international travel within the last 14 days to areas where COVID-19 cases have been confirmed, and anyone who has worked in another health care setting with confirmed COVID-19 cases. An observation was made on 6/3/20 at 8:55 AM of Employee (E) 1. E1 was at the front desk talking on the telephone. Surveyor arrived at the front desk. E1 checked the surveyor's temperature only. Surveyor was then instructed by E1 to wait in the lobby afterward. No further screening or education was done. E1 did not screen surveyor/visitor for any other symptoms of COVID-19. The Director of Nursing (DON) was interviewed during the entrance conference on 6/3/20 at 9:10 AM and confirmed that the screening for respiratory symptoms of COVID-19 was not done, as per facility's protocol. The screening questionnaire was then provided to surveyor for completion after it was brought to the attention of the DON.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE