

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395891	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER LAUREL VIEW VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 2000 CAMBRIDGE DRIVE DAVIDSVILLE, PA 15928	
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	<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 policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that proper infection control practices were followed regarding quarantining new admissions to the facility for one of eight residents reviewed (Resident 1). Findings include: The facility's policy regarding Resident Monitoring for COVID-19, dated May 1, 2020, indicated that new admissions/hospital returns from any care facility or from campus would be housed within the designated area of Laurel View Village for 14 days, and COVID-19 testing results would be required prior to acceptance to Laurel View Village. Progress notes from a personal care home (PCH - a care facility that provide shelter, meals, supervision and assistance with personal care tasks) for Resident 1, dated July 16, 2020, at 9:15 p.m. revealed that the resident was found on the floor in his bathroom, sweating profusely and with a temperature of 99.4 degrees Fahrenheit (F), and the resident was transferred to the emergency room via ambulance for evaluation. Subsequent notes indicated that the resident was brought back to the PCH by a family member on July 17, 2020, at 1:40 a.m. (4.5 hours later) and was discharged from the PCH to the skilled nursing facility later in the day on July 17, 2020, at 1:50 p.m. physician's orders [REDACTED]. Observations on July 20, 2020, at 11:45 a.m. revealed that the room that Resident 1 was admitted to had the resident's name at the entrance to the room, and there were personal belongings on and about the resident's side of the room. Interview with Registered Nurse 1 on July 20, 2020, at 12:30 p.m. confirmed that Resident 1 resided in the specified room with a roommate, and was out of the building at that time for a doctor's appointment. Interview with the Nursing Home Administrator on July 20, 2020, at 3:30 p.m. confirmed that Resident 1 was admitted to the skilled nursing facility from a PCH on July 17, 2020, and was not placed into the facility's designated quarantine observation area to be monitored for 14 days. She indicated that she did not determine it was necessary, as the PCH and the Nursing Home were under the same roof, and she did not consider the resident's trip to the emergency room as a source of potential exposure to COVID-19, as the resident was not admitted to the hospital. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</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.