

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER MANORCARE HEALTH SERVICES-POTTSVILLE		STREET ADDRESS, CITY, STATE, ZIP 420 PULASKI DRIVE POTTSVILLE, PA 17901	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Based on review of the facility's provided information and staff interview, it was determined that the facility failed to ensure that residents representatives and families were timely informed of cumulative, confirmed and suspected COVID-19 infections in the facility. Findings include: A review of the facility provided documentation revealed that the facility had established a corporate wide mechanism to inform residents, their representatives, and families using a computer internet based website. At the time of the survey ending June 23, 2020, the facility was unable to provide evidence of any other current methods used for notifying residents' representatives and interested family of the facility's updates on their COVID activity and infection other than their website. The facility did not have a system in place or use alternate measures (such as telephone calls or letters) to inform those individuals without internet access. Further review of facility communications revealed that the facility failed to timely update cumulative, confirmed or suspected COVID-19 activity in the facility with families and the residents' representatives following the May 29, 2020, and May 30, 2020, COVID positive findings that was identified during the facility wide screening. Interview with the Nursing Home Administrator on June 23, 2020, at 12:35 PM confirmed that the facility used no other current means to inform resident representatives and families of the cumulative facility updates, confirmed or suspected COVID-19 activity in the facility and that the facility noted timely informed and update the resident representatives and families of confirmed COVID infections on May 29, 2020, and May 30, 2020. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code 201.18(e)(1)(2)(3)Management</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.