STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395285	A. BUILDING _____ B. WING _____	06/12/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BARNES-KASSON COUNTY HOSPITAL	**2872 TURNPIKE STREET SUSQUEHANNA, PA 18847**

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)
E 0024 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Establish policies and procedures for volunteers.** Based on review of the facility's emergency staffing strategy and staff interview it was determined that the facility failed to develop a contingency plan to ensure sufficient staffing during the COVID-19 pandemic. Findings include: Review of the facility's emergency staffing strategy conducted on June 12, 2020, at approximately 10:00 a.m. revealed that the facility had not developed a written plan that included the use of available staffing resources to meet staffing needs of the skilled nursing unit during the COVID-19 pandemic and COVID-19 outbreak in the facility. The State Survey Agency provided Staffing Resources for Nursing Care Facilities During the COVID-19 Pandemic dated April 19, 2020, to all skilled nursing facilities which provided guidance on various measures that may implemented during the COVID-19 Pandemic to maintain adequate staffing in the facilities. To assist in potential staffing shortages caused by the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) issued a blanket waiver of the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)), which prohibits a nursing care facility from employing anyone for longer than four months unless they meet the training and certification requirements in subsection (d). These waivers were issued under the authority of the federal emergency declaration dated March 13, 2020. CMS indicated that anyone can be hired to perform nurse aide work. An individual does not need to be on the registry or have taken a nurse aide training program. The guidance provided by the State Survey Agency, PA Department of Health also included potential consideration that the facility could employ student nurses to work as aides if they provide a document to the potential employer showing evidence of completion of any nursing school course work. Interview with the Nursing Home Administrator on June 12, 2020, at approximately 12:30 p.m. confirmed that the facility's emergency staffing strategy failed to address specific measures for the skilled nursing unit related to the COVID-19 pandemic and outbreak, to include the use of available staffing resources during this emergency event.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, it was determined that the facility failed to maintain infection control practices to prevent spread of infection COVID-19. Findings include: Review of facility policy entitled COVID-19 Coronavirus last updated June 2, 2020, revealed that effective March 17, 2020, staff will enter the building through the basement door. All staff (both hospital and skilled nursing staff-the skilled nursing unit is co-located within an acute care hospital) should enter the building through this door during the hours of 5:00 a.m. and 3:30 p.m. After hours the staff are to access the building through the emergency room . All staff and patients entering the building must be screened for signs of illness and temperature elevation before entering. Each employee screened will receive a dated time dot sticker to place on the front of their ID badge. The dot will identify, which staff have been screened. Observation of staff entrance on June 12, 2020, at approximately 9:15 a.m. revealed an individual at the basement entrance of the hospital wearing a N95 mask, gown and gloves screening staff for temperatures and signs and symptoms of illness. All employees and vendors/visitors are to be screened at this location and issued a dated sticker to indicate that they were screened for the day. The surveyor and NHA then walked up the driveway from the hospital basement o the main entrance of the skilled nursing unit. The door to the skilled nursing unit was locked and staff need to be let in after ringing a doorbell. According to interview with the Nursing Home Administrator (NHA) at that time, once screened in the basement of the hospital, the skilled nursing staff then enter through the main entrance of the skilled nursing unit unless they are assigned to the COVID unit; those staff members proceed up the elevator and enter the skilled nursing unit from within the hospital. Observation at approximately 9:25 a.m. outside of the main entrance to the skilled nursing unit revealed three staff members outside at the employee smoking area. Further observation revealed that these staff members did not return to the skilled nursing unit through the main entrance. Employee 1, Hospital Executive Director, entered the skilled nursing unit through the main entrance at approximately 9:40 a.m. Observation revealed that Employee 1 had a dot sticker dated 6/11 (date of survey 6/12/2020) which indicated that she was last screened for temperature and signs and symptoms of illness on June 11, 2020, according to the facility's screening. Interview with Employee 1 at that time revealed that the employee stated she must have forgotten to pick up a new one. Review of the facility COVID-19 ZONE floor plan provided by the facility on June 8, 2020 revealed that residents who tested positive for COVID-19 would reside in designated rooms located in the Red Zone. However, a tour of the skilled nursing facility on June 12, 2020, at approximately 9:50 a.m. with the Director of Nursing (DON), revealed signage noting Open Slowly on closed double doors leading to the resident rooms. No further signage was posted that the area required any special precautions to enter. Observation of the resident unit hallway revealed that the first resident room on the right had a red piece of paper on the door. According to interview with the DON at this time, this red paper indicated that the residents in that room were positive for COVID-19. Further observation of the resident unit hallway revealed that there were no defined areas to separate residents that tested positive for COVID-19, whose doors were labeled with red paper, from those exposed or quarantined residents under observation/investigation for possible COVID-19, whose doors were labeled with yellow paper and those residents not suspected or exposed to COVID-19, whose doors were labeled with a green paper. According to Health Update dated May 12, 2020, provided by the PA Department of Health to all skilled nursing facilities residents need to be cohorted to separate units in three zones, based on test results; COVID positive test (Red Zone): resident with a positive [DIAGNOSES REDACTED]-CoV-2 PCR test and still within the parameters for transmission-based precautions. COVID- test potentially exposed (Yellow Zone): resident with a negative [DIAGNOSES REDACTED]-CoV-2 PCR test who remain asymptomatic but are within 14 days of possible exposure to COVID-19. Unexposed (Green Zone): any resident in the facility who was not tested and is thought to be unexposed to COVID-19. The tree types of resident residents listed should not share common areas such as communal bathrooms and showers with other types of residents. The three zones should remain separate on the unit. At approximately 10:00 a.m. during the facility tour with the DON, a voice was heard yelling HELP ME, I NEED HELP from behind a closed resident room door. The door was labeled with a red piece of paper (COVID+). The resident continued to yell out for HELP multiple times. Employee 1, physical therapy assistant (PTA), was in the hallway and went to the nurse's station to tell nursing staff that a resident was yelling. The surveyor asked the DON if if there were any staff in the resident's room. The DON stated, I don't know and after hesitation, the DON to knocked on the door and confirmed there were no staff in the room and entered the resident's room. Interview with Employee 2, PTA, following the above observation revealed that she was not permitted to enter rooms with positive COVID-19 residents. According to Employee 2, she was only to enter resident rooms considered to be clean or the rooms with a yellow or green piece of paper on the door. Interview with Employee 3, Infection Control Nurse at approximately 11:48 a.m. revealed that there was not designated staff assigned to residents that were considered Green or not exposed to COVID-19. Observation at approximately 10:10 a.m. revealed staff entering and exiting the skilled nursing unit through the stairway next to the nurse's station. Interview with the Director of Nursing at this time, revealed that the stairway lead to the outside of the facility and a lower parking area where

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395285	A. BUILDING _____ B. WING _____	**06/12/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BARNES-KASSON COUNTY HOSPITAL	**2872 TURNPIKE STREET SUSQUEHANNA, PA 18847**

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	(continued... from page 1) staff park. Further interview with the Director of Nursing revealed that staff do utilize this entrance/exit to access the skilled nursing unit. This explanation was different from initial interview with the NHA upon the surveyor's arrival to the facility that morning, which indicated there were only two entrances/exits that the skilled nursing unit staff were to utilize during the COVID-19 pandemic. The Nursing Home Administrator confirmed that the stairs by the nurse's station lead to and outside exit as well as a bathroom and soda machine. Observation of the area, which the facility's COVID floor plan had designated as the Red Zone (COVID positive residents - although it at the time of the survey housed residents identified as yellow and green as well as red) at approximately 10:30 a.m. revealed that the double doors used to access the area were open. Upon further observation of the opened double doors, a sign which stated Covid Staff Only was posted on the right-hand open door, which was not clearly visible to staff. In addition, to open double doors, there was a makeshift wall made of wood and plastic that appeared to be intended to further separate the Red Zone from the other residents. The makeshift wall also had an open doorway, which failed to separate the facility's intended Red Zone from the other residents. At the end of the hall was another makeshift wall constructed of wood and plastic with a plastic covered doorway for entrance from the hospital. According to interview with the Director of Nursing there was a sign posted on the hospital door which stated, Restricted Area. Interview with the Director of Nursing at the time of this observation confirmed that the facility did not maintain an area for residents that tested positive for COVID-19 separate from the other residents. Interview with the NHA revealed that due to the growing number of residents who tested positive for COVID-19, the skilled nursing unit chose not to move those positive residents into a separate area. Further interview with the NHA revealed that the meals prepared by hospital kitchen for the skilled nursing residents came up to the unit via the hospital elevator and accessed the skilled nursing unit through the area, which was initially designated as the Red Zone. The meal racks then proceeded through the area housing positive COVID-19 residents to get to the rest of the skilled nursing residents. Interview with the NHA further revealed that laboratory and/or x-ray services required by skilled nursing facility residents were completed by the hospital staff. The hospital staff accessed the skilled nursing unit through the area designated as a Red Zone. At the time of the on-site infection control survey, the facility failed to provide the surveyor a specific infection control procedures to be followed by dietary, laboratory or x-ray staff that accessed the skilled nursing unit through the Red Zone which was designated for residents positive for COVID-19. Interview with Nursing Home Administrator on June 12, 2020 at approximately 12:30 p.m. confirmed that the facility failed to implement appropriate infection control practices to prevent the spread of the COVID-19 infection. 28 Pa. Code 211.12 (a)(c)(d)(4)(5) Nursing Services. 28 Pa. Code 211.10(a)(d) Resident care policies