

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395596	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER BRIDGEVILLE REHABILITATION & CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3590 WASHINGTON PIKE BRIDGEVILLE, PA 15017	
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 - Some	Provide and implement an infection prevention and control program. Based on facility policy review, observations and staff interviews, it was determined that the facility failed to make certain handwashing areas were accessible for staff use in three of four soiled utility rooms (Pinnacle, B Hall and AQU nursing units). Findings include: The facility Hand Hygiene/Handwashing policy dated 7/2/20, indicated that staff are to perform frequent hand hygiene per CDC guidelines which include after handling contaminated or visibly soiled items, between resident contact, after contact with bodily fluids, secretions or equipment that is potentially contaminated, after touching resident's surroundings, and must be performed prior to donning gloves and after gloves are worn for interactions with residents. During an observation on 7/13/20, at 1:35 p.m. of the soiled utility room on the Pinnacle nursing unit revealed the sink and hopper (sink used for disposal of clinical waste) were blocked by a garbage bin and isolation garbage bin making them inaccessible for handwashing and disposal use. During an interview on 7/13/20, at 1:35 p.m. Licensed Practical Nurse Employee E1 confirmed that the soiled utility sink and hopper in the Pinnacle nursing unit soiled utility room were inaccessible for handwashing and disposal use. During an observation on 7/13/20, at 2:05 p.m. of the soiled utility room on the B Hall nursing unit revealed the sink and hopper blocked by two bedside commode chairs, two garbage cans, one linen hamper and one couch making it inaccessible for handwashing and disposal use. During an interview on 7/13/20, at 2:05 p.m. Registered Nurse Employee E2 confirmed that the soiled utility sink and hopper in the B Hall nursing unit soiled utility room were inaccessible for handwashing and disposal use. During an observation on 7/13/20, at 2:25 p.m. of the soiled utility room on the AQU nursing unit revealed the sink and hopper blocked by a housekeeping cart and garbage cart making it inaccessible for handwashing and disposal use. During an interview on 7/13/20, at 2:25 p.m. Assistant Director of Nursing Employee E3 confirmed that the soiled utility sink and hopper in the AQU nursing unit soiled utility room were inaccessible for handwashing and disposal use. 28 Pa. Code: 201.18 (b) (1) Management. 28 Pa. Code: 201.20 (c) Staff development. 28 Pa. Code: 211.10 (d) Resident care policies. 28 Pa. Code: 205.33 Utility room.		

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.