

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395883</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PENNWOOD NURSING AND REHABILITATION CENTER LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>909 WEST STREET PITTSBURGH, PA 15221</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0835  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</b>  Based on a review of job descriptions, facility and clinical records, and staff interviews, it was determined that the Nursing Home Administrator (NHA) and the Director of Nursing (DON) did not effectively manage the facility to make certain that proper infection control procedures were followed to protect residents from cross-contamination, infections, viruses and disease in the facility. Findings include: The job description for the NHA specified the primary purpose of the job position is responsibility for the efficient operation of the facility, facility compliance with corporate policies, and State and Federal rules and regulations, and providing the highest quality of care possible. The job description for the DON specified the purpose of the job position was to manage the facility nursing program in accordance with the Nurse Practice Act, applicable State and Federal regulations, and policies and procedures. Based on the findings in this report that identified that the facility failed to consistently maintain an infection prevention and control program. The facility staff failed to consistently maintain an infection prevention and control program to mitigate or potentially control the spread of the coronavirus, failed to consistently educate staff, failed to follow CDC guidelines, and failed to accurately track and report infection information. The NHA and the DON failed to fulfill their essential job duties to ensure that the federal and state guidelines and regulations were followed. Refer to F880. 28 Pa. Code 201.14(a) Responsibility of licensee. Previously cited 1/10/20. 28 Pa. Code 201.18(b)(1) Management. Previously cited 12/12/18, 1/10/20. 28 Pa. Code 201.18(b)(3) Management. Previously cited 12/12/18. 28 Pa. Code 201.18(e)(1) Management. Previously cited 1/10/20. 28 Pa. Code 207.2(a) Administrator's responsibility. Previously cited 12/12/18. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services. Previously cited 12/12/18, 1/10/20. 28 Pa. Code 211.12(d)(2) Nursing services. Previously cited 1/10/20		
F 0838  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</b>  Based on review of facility documents and staff interview it was determined that the facility failed to complete the Facility Assessment annually. Findings include: A review of the facility policy titled, Facility Assessment, dated 8/13/19, indicated that a Facility Assessment will be completed. A review of the Facility Assessment Tool, dated 3/25/20, revealed the facility did not individualize the template to indicate accurate information on: -Ethnic, cultural, or religious factors: no information was provided in this section. -Care required by the resident population: information was included on ventilator care, which is not provided by the facility. -Staff Resources: Information was included on medication aides and medication technicians, which are not employed by the facility. -Physical Environment: No contracts, memorandum of understanding, or third-party agreements provided with Facility Assessment for services not directly provided by the facility or in the instance of emergency. -Health Information: No information was provided on electronic record management. -A facility-based and community-based risk assessment was not provided. During an interview on 5/30/20, at 3:45 p.m. the Nursing Home Administrator confirmed that the facility failed to complete the Facility Assessment document as necessary. 28 Pa. Code 201.18(b)(3) Management. Previously cited: 12/12/18 28 Pa. Code 201.18(e)(2) Management.		
F 0880  <b>Level of harm</b> - Immediate jeopardy  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical records, facility policies, documentation, and staff interviews, it was determined that the facility failed to consistently maintain an infection prevention and control program to mitigate or potentially control the spread of the coronavirus, failed to consistently educate staff on infection control practices pertaining to the COVID-19 pandemic for 34 of 52 nursing staff and 51 of 53 non-nursing staff, failed to follow CDC (Center for Disease Control) guidelines to actively monitor all residents for 39 of 41 residents diagnosed with [REDACTED], R6, R7, R8, R9, R10, R11, R12, R13, R15, R16, R18, R19, R21, R22, R23, R25, R26, R28, R29, R33, R34, R36, R37, R40, and R41). These failures placed the facility in an Immediate Jeopardy situation for 19 of 68 residents (Resident R1, R4, R6, R9, R10, R11, R13, R14, R15, R17, R20, R21, R25, R29, R31, R33, R38, R39, and R40). Findings include: Review of the CDC guidance Preparing for COVID-19: Long-term Care Facilities, dated [DATE], indicated to actively monitor all residents at least daily for fever. Review of the facility titled, Policies and Practices - Infection Control, dated [DATE], indicated that the facility will provide a safe, sanitary environment to prevent the development and transmission of communicable diseases and infections. The policy further stated that all personnel will be trained on infection control practices upon hire and periodically thereafter. During an interview on [DATE], at 12:30 p.m. the Director of Nursing provided a list of current employees and confirmed that the facility provided three additional trainings to their staff pertaining to the Covid-19 pandemic: Covid Response Plan, Personal Protective Equipment (PPE) Powerpoint, and Taking Temperatures (for nursing staff). During an interview on [DATE], at 1:30 p.m. the Nursing Home Administrator provided literature used in orientation pertaining to infection control. This literature did not include the Covid Response Plan, PPE Powerpoint, or Taking Temperatures. During a review of the signed education rosters for the COVID Response Plan, PPE Powerpoint, and Taking Temperatures, the following was revealed for nursing staff: Nurse Supervisor Employees E52 did not receive education in Taking Temperatures and on Personal Protective Equipment and Nurse Supervisor Employee E53 did not receive education on the Covid Response Plan and on Personal Protective Equipment. Registered Nurse (RN) Employees E54 and E55 did not receive education in Taking Temperatures and on Personal Protective Equipment and RN Employee E54 did not receive education on the Covid Response Plan. Clerical Nurse Employee E56 did not receive education on Personal Protective Equipment. Licensed Practical Nurse (LPN) Employees E57, E60, E61, and E63 did not receive education on Taking Temperatures. LPN Employees E57, E58, E62 and E63 did not receive education on the Covid Response Plan. LPN Employees E57, E59, E60, E61, and E63 did not receive education on Personal Protective Equipment. Nurse Aide Employees (NA) E65, E67, E68, E70, E71, E72, E73, E74, E75, E76, E77, E78, E79, E81, E82, E83, E84, and E85 did not receive education on Taking Temperatures. NA Employees E66, E69, E72, E73, E75, E76, E79, E82, E83, E84, and E85 on the Covid Response Plan did not receive education. NA Employees E64, E65, E66, E67, E68, E70, E71, E72, E73, E74, E75, E76, E77, E79, E80, E81, E82, E83, E84, and E85 did not receive education on Personal Protective Equipment. During a review of the signed education rosters for the COVID Response Plan and the PPE, the following was revealed for non-nursing staff: The Nursing Home Administrator did not receive education in the COVID Response Plan. Activities Department Employees E1, E2, and E3 were not educated in the Covid Response Plan and on Personal Protective Equipment. Dietary Department Employees E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, and E15 were not educated in the Covid Response Plan and Employees E4, E5, E6, E7, E8, E9, E10, E11, E14, and E15 were not educated on Personal Protective		
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.

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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>Equipment. Environmental Services Department Employees E17, E18, E19, E20, E21, E22, E23, E24, were not educated in the Covid Response Plan and Employees E16, E17, E18, E20, E21, E22, E23, and E24 were not educated on Personal Protective Equipment. Laundry Department Employees E25, E26, E27, E28, and E29 were not educated in the Covid Response Plan and on Personal Protective Equipment. Maintenance Department Employees E30 and E31 were not educated in the Covid Response Plan and on Personal Protective Equipment. Office/Clerical Department Employees E32, E33, E34, E35, E36, E37, E39, E41, E42, E43, E44, and E45 were not educated in the Covid Response Plan and Employees E33, E34, E35, E36, E37, E38, E39, E40, E41, E42, E43, E44, and E45 were not educated on Personal Protective Equipment. Social Services Department Employees E46 and E47 were not educated in the Covid Response Plan and on Personal Protective Equipment. Therapy Department Employees E48, E49, E50 and E51 were not educated in the Covid Response Plan and Employees E50 was not educated on Personal Protective Equipment. During a telephone interview on [DATE], at 4:57 p.m. NA Employee E70 confirmed that she was not provided education during March, April, or [DATE] on taking temperatures or on the proper use of personal protective equipment. NA Employee E70 further confirmed that she did not always wear an N95 mask when caring for the residents who were COVID-19 positive which potentially contributed [MEDICAL CONDITION] spread. During a telephone interview on [DATE], at 5:21 p.m. Environmental Service Employee, (EVS) Employee E22, confirmed that he was not provided education during March, April, or [DATE] on signs and symptoms of COVID-19 or on the proper use of personal protective equipment. EVS Employee E22 further confirmed that he did not always use proper PPE when handling the residents' laundry which potentially contributed [MEDICAL CONDITION] spread. During a telephone interview on [DATE], at 6:26 p.m. NA Employee E79 confirmed that she was not provided education during March, April, or [DATE] on taking temperatures, signs and symptoms of COVID-19, or on the proper use of personal protective equipment. NA Employee E79 further confirmed that she did not fully understand the importance of taking the residents' temperatures during the early part of the pandemic which potentially contributed [MEDICAL CONDITION] spread. During a telephone interview on [DATE], at 6:40 p.m. NA Employee E75 confirmed that she was not provided education during March, April, or [DATE] on taking temperatures, signs and symptoms of COVID-19, or on the proper use of personal protective equipment. NA Employee E75 further confirmed that she had not always taken the residents' temperatures daily on her shift which potentially contributed [MEDICAL CONDITION] spread. During an interview on [DATE], at 3:10 p.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to educate their staff pertaining to the Covid-19 pandemic. During a telephone interview on [DATE], at 2:30 p.m. the Director of Nursing indicated that the facility nursing staff were provided direction to monitor for temperatures daily, starting on [DATE]. Review of Resident R1's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly Minimum Data Set (MDS - periodic assessment of care needs) dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R1 was diagnosed with [REDACTED]. Review of Resident R1's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 23, 29, 30, and [DATE], 5, and 11. Review of Resident R2's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R2 was diagnosed with [REDACTED]. Review of Resident R2's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], and [DATE]. Review of Resident R3's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R3 was diagnosed with [REDACTED]. Review of Resident R3's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 27, 28, 29, 30, 31 and [DATE], 5, 7, 10, 14. Review of Resident R4's admission record indicated she was admitted to the facility on [DATE]. A review of the Annual MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R4's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 23, 28, 29 and [DATE], 5, and 11. Review of Resident R5's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R5 was diagnosed with [REDACTED]. Review of Resident R5's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 23, 28, 29 and [DATE], 5, and 11. Review of Resident R6's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R6 was diagnosed with [REDACTED]. Review of Resident R6's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 22, 26, 27, 28, 29, 30, 31 and [DATE], 5, and 11. Review of Resident R7's admission record indicated she was admitted to the facility on [DATE]. A review of the Annual MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R7's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 27, 28, 29, 30 and [DATE], 5, and 11. Review of Resident R8's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R8 was diagnosed with [REDACTED]. Review of Resident R8's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 22, 26, 27, 28, 29, 30, 31 and [DATE], 4, 5, and 11. Review of Resident R9's admission record indicated she was admitted to the facility on [DATE]. A review of the Annual MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R9's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 27 and [DATE]. Review of Resident R10's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R10's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 27, 28, 29, 30 and [DATE], 5, and 11. Review of Resident R11's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R11's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 22, 23, 26, 27, 28, 29, 30, 31 and [DATE], 4, 5, and 11. Review of Resident R12's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R12's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 19, 22, 26, 29, 30, 31 and [DATE], and 11. Review of Resident R13's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R13's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 23, 28, 29, 30 and [DATE], and 11. Review of Resident R14's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R14's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 27, 28, 29 and [DATE], and 15. Review of Resident R15's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R15 was diagnosed with [REDACTED]. Review of Resident R15's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 23, 28, 29 and [DATE], 5, and 11. Review of Resident R16's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R16's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 23, 28, 29 and [DATE], 5, and 11. Review of Resident R17's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R17 was diagnosed with [REDACTED]. Review of Resident R17's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 24 and [DATE], and 9. Review of Resident R18's admission record indicated he was admitted to the facility on [DATE]. A review of the Admission MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R18's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 28, 29, 30, 31 and [DATE], 3, 4, 5, and 11. Review of Resident R19's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R19's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 19, 22, 23, 26, 28, 29 and [DATE], 5, 11, and 12. Review of Resident R20's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R20</p>		



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<p>F 0880</p> <p><b>Level of harm</b> - Immediate jeopardy</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 2)</p> <p>was diagnosed with [REDACTED]. Review of Resident R20's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], and 27. Review of Resident R21's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R21 was diagnosed with [REDACTED]. Review of Resident R21's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 19, 22, 23, 26, 27, 28, 30, 31 and [DATE], 5, and 11. Review of Resident R22's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R22's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 19, 22, 23, 26, 27, 30, 31 and [DATE], 4, 5, and 11. Review of Resident R23's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R23 was diagnosed with [REDACTED]. Review of Resident R23's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 22, 23, 26, 27, 28, 29, 30, 31 and [DATE], 4, 5, and 11. Review of Resident R24's admission record indicated he was admitted to the facility on [DATE]. A review of the Admission MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R24 was diagnosed with [REDACTED].</p> <p>Review of Resident R24's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 23, 25, 27, 28, 29, 30 and [DATE], 5, and 10. Review of Resident R25's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R25 was diagnosed with [REDACTED]. Review of Resident R25's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 19, 23, 26, 27, 28 and [DATE], 3, 4, 5, and 7. Review of Resident R26's admission record indicated he was admitted to the facility on [DATE]. A review of the Annual MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R26 was diagnosed with [REDACTED]. Review of Resident R26's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 26, 28, 30, 31 and [DATE], and 11. Review of Resident R27's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R27's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 23, 27, 29, 30, 31 and [DATE], and 11. Review of Resident R28's admission record indicated she was admitted to the facility on [DATE]. A review of the Annual MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R28's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 23, 27, 28, 29 and [DATE], 9, and 10. Review of Resident R29's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R29's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 19, 22, 23, 26, 27, 28, 29, 30, 31 and [DATE], 4, 5, and 11. Review of Resident R30's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R30's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 19, 22, 23, 26, 27, 28, 29, 31 and [DATE], 5, and 11. Review of Resident R31's admission record indicated he was admitted to the facility on [DATE]. A review of the Annual MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R31 was diagnosed with [REDACTED]. Review of Resident R31's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 19, 20, 22, 23, 24, 27, 29, 30 and [DATE], 4, and 5. Review of Resident R32's admission record indicated he was admitted to the facility on [DATE]. A review of the Annual MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R32's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], (hospital transfer date) failed to reveal temperatures documented on [DATE], 23, 26, 27, 28, 29, 30 and [DATE], and 5. Review of Resident R33's admission record indicated he was admitted to the facility on [DATE]. A review of the Annual MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R33's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 23, 26, 27, 28, 29, 30, 31 and [DATE], 4, 5, and 11. Review of Resident R34's admission record indicated she was admitted to the facility on [DATE]. A review of the Annual MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R34 was diagnosed with [REDACTED]. Review of Resident R34's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 23, 25, 28 and [DATE], and 11. Review of Resident R35's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R35's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 23, 27, 28, 29, 30 and [DATE], and 9. Review of Resident R36's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R36's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 27, 28 and [DATE], 9, and 11. Review of Resident R37's admission record indicated he was admitted to the facility on [DATE]. A review of the Admission MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of the clinical record indicated that Resident R37 was diagnosed with [REDACTED]. Review of Resident R37's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], (hospital transfer date) failed to reveal temperatures documented on [DATE], 29 and [DATE], and 5. Review of Resident R38's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R38's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], (hospital transfer date) failed to reveal temperatures documented on [DATE], 28, 29 and [DATE], 5, and 11. Review of Resident R39's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. Review of Resident R39's nursing progress notes and Vitals Summary for temperature from [DATE], to [DATE], failed to reveal temperatures documented on [DATE], 19, 21, 22, 23, 26, 27, 28, 29, 30, 31 and [DATE], 4, 5, and 11. During an interview on [DATE], at 2:45 p.m. the Director of Nursing confirmed that the facility failed to monitor for temperatures daily. Review of resident room locations indicate that Resident R27 resided in a room identified as Covid-19 positive, and Resident R30 resided in that room together from [DATE] through [DATE], when Resident R30 was transferred to the hospital. Clinical record review indicated that Resident R30 became febrile with a temperature of 100.0 degrees on [DATE], after a three day absence of temperatures having been taken. Resident R27 became febrile on [DATE], with a temperature of 100.3. Review of resident room locations indicate that Resident R9 resided in a room identified as Covid-19 positive, and Resident R17 resided in that room together from [DATE] through [DATE]. Clinical record review indicated that Resident R17 became febrile with a temperature of 101.8 degrees on [DATE], after a three day absence of temperatures having been taken. Resident R9 became febrile on [DATE], with a temperature of 100.8. During an interview on [DATE], at 2:55 p.m. the Director of Nursing confirmed that if the temperatures for Residents R27 and R30, and for Residents R9 and R17 had been assessed daily, initial signs and symptoms could potentially have been noted earlier, [MEDICAL CONDITION] spread could potentially have been lessened. Line listings of Covid-19 infections were provided by the facility on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. Residents R1, R2, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R15, R16, R18, R19, R21, R22, R23, R25, R26, R28, R29, R33, R34, R36, R37, R40, and R41 did not have the required data completed for the following areas: Dementia/Neurologic Condition [MEDICAL CONDITION] Diabetes Condition Specifics Symptom Onset Date First Symptom Documented Any indicators the [DATE]</p> <p>days prior Specific Exposure Fever Lowest O2 sat Highest Temp Myalgia Fatigue Headache Sore throat Shortness of Breath Cough Chills Rhinorrhea Nausea/ Vomiting Not Yet tested Transferred out of LTCF Date of transfer out hospitalized hospitalization Date Supplemental Oxygen Intubated deceased Date Resolution of Symptoms During an interview on [DATE], at 11:30 a.m. the Nursing Home Administrator confirmed that the facility failed to report complete and accurate information on Covid-19 positive residents. The Nursing Home Administrator (NHA) and Director of Nursing (DON) were made aware that Immediate Jeopardy existed for the 19 of 68 residents in the facility on [DATE], at 3:15 p.m. and a corrective action plan was requested. On [DATE], at 6:45 p.m. an acceptable Corrective Action Plan was approved which included the following interventions: 1. The line list has been resolved, all residents have tested negative. Will complete the line list if new positives occur and line list will be updated daily. Director of Nursing (DON) or designee will complete. 2. Full time infection control specialist in place. Monthly tracking and monitoring in place. Residents</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395883</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PENNWOOD NURSING AND REHABILITATION CENTER LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>909 WEST STREET PITTSBURGH, PA 15221</b>	
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)		
<p>F 0880</p> <p><b>Level of harm</b> - Immediate jeopardy</p> <p><b>Residents Affected</b> - Some</p>	(continued... from page 3)		