

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395670</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MONROEVILLE REHABILITATION AND WELLNESS CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4142 MONROEVILLE BLVD MONROEVILLE, PA 15146</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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Some</b></p>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on review of facility policy, observations and staff interview, it was determined that the facility failed to consistently follow guidance from the Centers for Disease Control (CDC) to properly wear Personal Protective Equipment while on one of two nursing units (Side 1 Nursing unit), and failed to maintain a clean and disinfected environment in the residents rooms and throughout the facility. Findings include: Review of the facility policy Coronavirus-Interim Guidance and Policy last reviewed on 3/11/20, indicated that the facility is to educate staff on proper handwashing and Personal Protective equipment (PPE) use, including before and after removing PPE. Staff are to clean commonly touched surfaces on a regular basis throughout the day. Review of the facility policy Pandemic outbreak last reviewed 3/11/20, indicated that the facility infection control plan includes housekeeping keeping areas within three feet of the resident free from unnecessary supplies and clutter to facilitate cleaning daily. Review of the facility staff education material provided indicated that staff had education regarding a resident is being tested for COVID-19, staff are to practice Droplet precautions, including donning gloves, gown, and mask, these items are to be left in the room for that resident care only and new gown for each resident cared for then at the end of shift remove all gowns. If mask or gown becomes soiled get a new one from shift supervisor. Face masks are to be a part of the infection control strategy indicating a face shield or goggles. Review of the facility staff education and plan provided by the Nursing Home Administrator indicated that the facility is utilizing the ZONE Cohorting strategies from the Bureau of Epidemiology. Red Zone is indicated as residents who have tested positive. Yellow is exposed residents Green is for unexposed residents. During an observation from 9:00 a.m. through 12:00 p.m. the following was observed: Signs had been placed on all entrance doors with gowns, gloves and shields or goggles indicating that items are to be worn when entering areas whether green, yellow or red. Side 2 had the green zone entrance into the yellow zone. the Side 1 had an area of yellow zone into the red zone. Side 2 : Resident rooms 201, 202, 249, and 256 had linens and personal items cluttered on floors and chairs in rooms, garbage cans overflowing and floors had debris on them. Cardboard boxes were piled at the end of a hall near Resident room [ROOM NUMBER] with a soiled sit to stand lift and debris through the foot rest areas. Two wheelchairs had boxes stacked on them and a large bag of linens and clothing in the same area. Soiled utility room had 12 medication destruction bottles stored in the two sinks which would not allow staff use of the sink to wash hands. Side 1: Resident room [ROOM NUMBER] had a large puddle of a tan substance on floor. The resident was in bed with a pump and tube feed bottle half empty on the night stand. Resident rooms in Red Zone were unclean with debris on floors, garbage cans overflowing the halls had soiled gloves, garbage and stored items throughout. The area was very warm with no air circulating. Staff indicated residents complaints of being too warm in the area. Residents beds appeared to be unclean and sheets falling off of beds. Maintenance Employee E1 was observed entering the yellow zone of Side 1 without a gown and eye protection then walked into Red Zone. During an interview on 7/27/20, at 2:15 p.m. the Nursing Home Administrator was made aware of the observations. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 201.20(c) Staff development. 28 Pa. Code: 211.10(d) Resident care policies. 28 Pa. Code: 211.12 (d)(1)(2)(3)(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.