STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395796	A. BUILDING _____ B. WING _____	**07/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MANORCARE HEALTH SERVICES-MONTGOMERYVILLE	**640 BETHLEHEM PIKE MONTGOMERYVILLE, PA 18936**

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 0684 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that physician's orders were implemented for one of one sampled resident who was on antibiotic therapy. (Resident 1) Findings include: Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Review of a nurse's note dated July 19, 2020, revealed that that the resident was lethargic and had crackles at the left lower lung. The note further indicated that the nurse practioner was notified and a chest x-ray was ordered by the physician. Review of a medical practitioner assessment dated [DATE], revealed that the resident was seen for [MEDICATION NAME]-pneumonia and had diminished breath sounds in her right lobe and coarse sounds in her left lower lobe of her lung. At this time, a physician ordered for staff to administer an antibiotic ([MEDICATION NAME]) every 12 hours for seven days. Review of the Medication Administration Record [REDACTED]. Observation on July 28, 2020, at 3:00 p.m., of the medication cart located on the Medbridge unit revelaed four doses remaining of the antibiotic. In an interview at the time, the Unit Manager (UM1) stated that there had been 14 doses of the antibiotic in the box and that there should only be two doses of the antibiotic remaining in order for the resident to have the full course of the antibiotic therapy. UM1 further stated that the resident missed two doses of the antibiotic therapy and confirmed that the medication had not been administered as ordered by the physician. 28 Pa. Code 211.12(d)(1)(5) Nursing services.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation and staff interview, it was determined that the facility failed to ensure that staff implemented precautions to prevent the spread of infection for one of three sampled residents who were on infection control precautions. (Resident 1) Findings include: Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Resident R1 was diagnosed on [DATE], with new [MEDICATION NAME]-pneumonia of the mid to right lung and both lung bases. On July 17, 2020, a nurse practitioner noted that the resident had been admitted for pneumonia and to monitor her respiratory status for COVID 19. A nurse noted on July 18, 2020, that isolation precautions were being maintained. Review of a medical practitioner comprehensive assessment dated [DATE], revealed that the resident had been admitted from the hospital and had tested positive two times for COVID 19. The assessment further indicated that the resident was on respiratory isolation for COVID 19 infection, and had a low grade fever of 99 in the morning. On July 19, 2020, a physician ordered a chest x-ray. Review of the chest xray dated July 19, 2020, revealed that there was new [MEDICATION NAME]-pneumonia of the mid to right lung and both lung bases. Review of a medical practitioner assessment dated [DATE], revealed that the resident was seen due to a chest x-ray that showed the lung bases consistent with superimposed [MEDICATION NAME]-pneumonia and that the resident had elevated temperatures in the last couple of days. The assessment further indicated and a physician ordered an antibiotic ([MEDICATION NAME]) to be administered every 12 hours for seven days. Review of a medical practitioner note dated July 22, 2020, revealed that the resident was on an antibiotic, and was on droplet isolation precautions. Observation on July 28, 2020, at 1:30 p.m., on the Medbridge unit where Resident 1 resided revealed no signage outside of the resident's room at the doorway to alert staff or visitors to see the nurse's station before entering the room. In addition, there was no isolation cart containing personal protective equipment (PPE), gloves, masks and gowns, outside of the resident's room. At the same time, there was an occupational therapist (OT1) seated on a chair in the resident's room. In an interview at 1:30 p.m., the unit manager (UM1) stated that the resident was on isolation precautions and that there should have been signage on the doorway to alert staff and visitors to see the nurse's station before entering the room. In addition, there was to be an isolation cart outside of the resident's room door that contained PPE to include gloves, masks, and gowns for staff to utilize before entering the resident's room. In an interview, with the occupational therapist at 1:35 p.m., OT1 stated that she was unaware that Resident R1 was on any isolation precautions. In an interview on the same day at 2:30 p.m., the Administrator stated that Resident R1 was to be on isolation precautions until her antibiotic therapy was completed. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

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.