

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395084</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOMERTON NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>650 EDISON AVENUE PHILADELPHIA, PA 19116</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)		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, review of facility policies and procedures and interviews with staff, it was determined that the facility failed to implement appropriate infection control measures to prevent the potential spread of the Coronavirus disease 2019, (COVID-19, infectious disease caused by severe acute respiratory syndrome coronavirus 2, [DIAGNOSES REDACTED]-CoV-2) on three of three areas observed (lobby area, red zone and yellow zone). Findings include: Review of facility policy titled, Policies and Practices-Infection Control, date revised July 2014, revealed, The objectives of our infection control policies and practices are to: a Prevent, detect, investigate, and control infections in the facility. Review of an undated facility policy titled, Isolation-Categories of Transmission-Based Precautions,, revealed, The resident should only leave an isolation room when absolutely essential. Someone who is on Airborne Precautions, should wear a mask when leaving the room or coming into contact with others. Observation of the facility on June 23, 2020, at 9:15 a.m. revealed Employee E1, screener, took the pen she was using to complete a questionnaire form and did not clean the pen before handing it the visitor for use. During the tour of the facility on June 23, 2020 at 10:00 a.m., revealed that the door that separating the Yellow zone from the Red zone was open. Continued observation revealed that the doors to the occupied rooms in the Red zone were also open. Interview with the Nursing Home Administrator (NHA), at the time of the observation, revealed there were three residents who were positive or presumed positive in the Red zone and 13 residents in the Yellow zone who were mainly new admissions from the hospital who were in quarantine before moving to the Green zone. Further interview with the NHA revealed that the door was supposed to be closed and the administrator was unable to explain why the door had been left open. Interview with Employee E2, unit manager, on June 23, 2020 at approximately 10:15 a.m. confirmed that the door separating the Red and the Yellow zones should be closed. Continued observation of the Red zone, revealed a resident leave her room wearing a gown and no mask. She walked over to the clean linen cart and removed two items. Then the resident opened the door separating the Red zone from the Yellow zone and walked through to the nursing station on the other side. The unit manager who was sitting at the nursing station escorted her back through the door separating the two zones and back to her room. 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3)(e)(1) Management 28 Pa. Code 211.12(c) Nursing services 28 Pa. Code 211.12 (d)(1) Nursing services 28 Pa. Code 211.12 (d)(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.