

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395296	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER MEADOWVIEW REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 9209 RIDGE PIKE WHITE MARSH, PA 19128	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview and review of facility policy, it was determined that the facility failed to ensure that residents and staff were protected from infections as evidenced by: two bio-hazard containers overflowing with discarded Personal Protective Equipment (PPE) in a common hallway and a discarded PPE gown and mask in another unit's Day Room. The findings include: On 4/15/2020 at 10:00 AM, an observation of the E wing Day Room revealed a discarded PPE gown on a chair and a discarded surgical type mask on a couch cushion. On 4/15/2020 at 10:00 AM, an observation of the A wing common corridor revealed a red bio-hazard container outside room [ROOM NUMBER], a bio-hazard container was overflowing with discarded PPE hanging over the sides and the lid to the container was ajar. On the same date at 10:12 AM, a second red bio-hazard container in the same hallway was also observed between rooms [ROOM NUMBERS]. This bio-hazard container also contained discarded PPE. This lid was elevated approximately two inches above the container due to the excessive amount of discarded PPE. On 4/15/2020 at 10:20 AM, the Infection Control Preventionist was notified of the observations. She said that she would also conduct observations of the two areas. She returned a short time later and acknowledged that discarded PPE was in the E wing Day Room. She also confirmed that the two bio-hazard containers were overflowing on the A wing. She also said that she notified the Housekeeping Department to remove the bio-hazard containers and dispose of the PPE in the Day Room. On 4/15/2020 at 10:45 AM, in an interview with the Director of Nursing, it was acknowledged that the failure to discard the discarded PPE and remove the overflowing bio-hazards would be an infection control issue for residents and staff. A review of facility policy, Use of Gowns and Masks dated 8/18 documented that, Gowns must be placed in a proper container before leaving the room. The policy also documented that for masks, Discard in a proper container.		
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.