

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395428	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER PREMIER AT SUSQUEHANNA FOR NURSING AND REHAB, LLC		STREET ADDRESS, CITY, STATE, ZIP 990 MEDICAL ROAD MILLERSBURG, PA 17061	
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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews with staff and review of facility procedures and observations it was determined that the facility did not implement infection control measures to prevent the potential spread of infection on one of eight Resident units (500 unit). Findings include: During a tour of the facility on May 26, 2020, at 9:15 AM, the following was observed on the 500's hall. Signage posted at the entrance to the unit stated that the entire unit was on transmission-based precautions, meaning that anyone entering the unit should be wearing a gown, N-95 mask, and eye shield or goggles. Gloves were also required with any direct contact of residents or contaminated resident items. Further observation revealed Nurse Aide (NA) 2 wearing a gown and mask but no gloves. NA 1 was observed going in and out of rooms [ROOM NUMBER] to collect soiled trays without wearing gloves, and without performing hand hygiene between entering each room. During an interview with NA 2 on May 26, 2020, at approximately 9:20 AM she was asked if she should be wearing gloves and performing hand hygiene between resident rooms when removing contaminated trays and she replied yes. During an interview with the Nursing Home Administrator on May 26, 2020, at 3:55 PM, he confirmed that gloves should be worn, and hand hygiene should be performed before entering each room, when removing contaminated trays. 28 Pa. Code 211.12(d)(1) 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.