

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 07/16/2020
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, review of facility documentation, and staff interviews, it was determined that the facility failed to consistently implement infection control practices with the use of PPE (Personal Protective Equipment) for 2 of 2 floors (1st and 2nd floors). The findings include: During the entrance conference on 7/16/20 at 8:30 AM, the Assistant Director of Nursing (ADON) identified that the facility had red, yellow, and green zone areas which were designated by streamers hanging from the ceiling tiles in the hallways. The facility had 2 floors and each floor had 4 hallways. Parts of the 500 and 800 hallways were identified as the Red Zone areas. The facility's policy regarding PPE for the zones were as follows: the green zone a surgical face mask only; for a red or yellow zone zone room, full PPE was required. Full PPE consist of a N-95 face mask, Gown, Glove, and face shield. The following observations occurred on 7/16/20: At 10:00 AM, Employee (E)1 was observed on the 2nd floor, in the 700 hallway, at a yellow zone, trying to get the Care Tracker computer to Boot Up. E1 was wearing a surgical mask and not a N-95 face mask. When this writer asked was she aware that rooms 704, 705, 708 were designated yellow. She responded, you can tell by the streamers. She was then asked where her N-95 face mask was located. She responded, It is in a paper bag in my locker. At 10:03 AM, E2 was observed on the 2nd floor, in the 600 hallway, using a wet mop to clean the floor of room [ROOM NUMBER], identified as yellow zone, wearing a gown, N-95 face mask, eye protection but no gloves. Another observation on the 2nd floor at 10:03 AM revealed E3 was in the 600 hallway wearing a gown and a N-95 face mask. Her nares and nose were exposed indicating there was no seal for the N-95 face mask. At 10:04 AM, E4 was observed on the 2nd. floor, coming out of a green room in the 500 hallway and entering room [ROOM NUMBER], a yellow room, to answer a call light with only a surgical mask. When E4 exited the room, she was asked by this writer if she was aware that the room was yellow and what would be the proper PPE. She responded, I didn't think, I wanted to answer the light. I've been trained, if it's yellow, it's full PPE. At 10:09 AM, E5 was observed on the 2nd. floor wearing a gown and N-95 face mask in the 500 hallway, she was knocking on a designated yellow room, room [ROOM NUMBER], door and entered. When she exited this writer asked her what education she had regarding the use of PPE for a yellow room. She stated, I was told only a gown and N-95. At 10:20 on the 2nd. floor, in the 800 hallway, room [ROOM NUMBER] had a call light activated. E6 and E7 were observed entering room [ROOM NUMBER], identified as red, wearing only a gown and surgical face masks. When E6 and E7 exited, they were asked if they were aware that the room was a red zone, which both responded yes. This writer asked if they received education of what PPE is necessary for yellow and red zone which they responded Yes, I was. At 10:40 AM, E8 entered room [ROOM NUMBER] delivering laundry wearing a gown, surgical face mask and gloves. This writer asked her where her N-95 face mask was located. She immediately left the floor to obtain her N-95 face mask. At 10:42 AM, E3 was again observed in the 600 hallway wearing a gown and a N-95 face mask. Her nares and nose were exposed indicating there was no seal for the N-95 face mask. The following observations were made with the ADON: At 12 noon, E9 and E10 were observed on the 1st Floor near the nurse's station between the 200 and 300 hallways with their surgical masks on but E9 and E10's noses and nares were exposed. The ADON told E9 and E10 to pull their masks up. At 12:10 PM on the 1st. floor, E11 was in the 100 hallway standing in front of the medication cart, with her nose exposed from her surgical face mask. All the above observations were confirmed and a discussion with the ADON during a meeting in the conference room on 7/16/20 at 12:20 PM, and the Administrator in his office at 12:25 PM.</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.