

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395726</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HARMON HOUSE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>601 SOUTH CHURCH STREET MOUNT PLEASANT, PA 15666</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<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 review of guidance from the Pennsylvania Department of Health (DOH) and the Centers for Disease Control (CDC), residents' clinical records, and facility documents and policies, as well as observations and staff interviews, it was determined that the facility failed to follow DOH and CDC guidelines to reduce the spread of infections and prevent cross-contamination during the COVID-19 pandemic for 72 of 84 residents reviewed (Residents 6, 10, 14, 15, 17 through 84). Findings include: Pennsylvania Department of Health 2020 PAHAN (Health Alert Network) - 492 - 4-3-ALT regarding Universal Masking of Healthcare Workers and Staff in Congregate Care Settings, dated April 3, 2020, revealed that minimizing transmission of COVID-19 (a contagious [MEDICAL CONDITION] disease that has caused a global pandemic and which can cause fever, cough, shortness of breath and/or fatigue and other symptoms) into and within health care facilities and congregate care facilities was critical. Facilities were to consider the utility of creating a designated COVID-19 unit or a separate area of the building, with the plan to move COVID-19 positive residents there upon diagnosis. If employed, this strategy was to be used in conjunction with maintaining the original unit under all precautions because many residents of that unit might already be COVID-19 positive. PAHAN - 496 - 4-14-ALT regarding Cohorting of Residents in Skilled Nursing Facilities, dated April 14, 2020, revealed that cohorting residents with COVID-19 in dedicated units within skilled nursing facilities could be an effective transmission prevention strategy, but it must be done deliberately to be effective. Once COVID-19 was identified in a nursing care facility, there were three types of residents to consider. 1. Cases - those with confirmed or probable COVID-19, including residents who were exposed to COVID-19 and were exhibiting symptoms consistent with COVID-19 but who were not yet tested or will not be tested. 2. Exposed - those who have been exposed to COVID-19 but are not yet exhibiting symptoms. 3. Unexposed - those who were not known to have and were not exposed to COVID-19. Cohorting decisions were to consider all three groups of residents, with the priority being to restrict the mixing of residents who were positive cases or exposed with those who were thought to be unexposed. With regard to moving residents and cohorting residents, it was imperative that facilities follow the guidance in PAHAN - 492. All residents in units with COVID-19 cases were considered to be exposed and potentially infectious. Recent information about COVID-19 spread in Long Term Care Facilities (LTCF) showed that about half of residents testing positive for COVID-19 were not symptomatic. Spread of [MEDICAL CONDITION] could have been occurring undetected long before a positive test was reported. All residents in the original unit must be treated as infectious and cared for using full personal protective equipment (PPE - gown, gloves, mask, and eye protection) per PAHAN 492. PAHAN - 509 regarding testing for COVID-19 in Long-term Care Facility Residents and Healthcare Personnel, dated June 1, 2020, revealed that residents needed to be cohorted to separate units in three zones, based on test results: 1. COVID-19 positive residents (Red Zone) were residents with a positive test and still within the parameters for transmission-based precautions. 2. Potentially exposed residents (Yellow Zone) were residents with a negative COVID-19 test who remained asymptomatic but were within 14 days of possible exposure to COVID-19. 3. Unexposed (Green Zone) were any resident in the facility who was not tested and was thought to be unexposed to COVID-19. Staff should be designated by zone as much as possible to minimize risk to exposed (Yellow) and non-exposed (Green) residents. The best option was for staff to always work on the same unit or zone and not to cross over to other units or zones. Staff could work in two or more exposed (Yellow) units. Ideally, staff would not work in the COVID-19 positive (Red) unit and then return to an exposed (Yellow) or unexposed units (Green) zone. Zones should be clearly marked with limited access signs or temporary barriers to prevent unnecessary foot traffic to the area. Equipment should be dedicated ideally to each unit, and if necessary, shared only between units of the same zone. Full PPE must be used to care for residents in COVID-19 positive (Red) and COVID-19 negative potentially exposed (Yellow) zones. Guidance from the Centers for Disease Control regarding Contact Tracing for COVID-19, updated July 22, 2020, revealed that a close contact was someone who was within six feet of an infected person for at least 15 minutes starting from 48 hours before illness onset (or a positive test), until the time the patient is isolated, and separating close contacts from people who were not exposed was critical to the success of any contact tracing effort. An interview with the Director of Nursing on July 30, 2020, at 9:00 a.m. revealed that the facility's upper level (rooms 101 through 140) were currently considered a Green Zone, the facility's lower level (rooms 17 through 25) were currently considered a Yellow Zone, and rooms 10 through 16 were currently considered a Red Zone. The facility began testing all staff and residents on June 30, 2020, and results were obtained on July 5, 2020, which revealed that one staff (Nurse Aide 1) was positive and all residents were negative. Additional testing of staff and residents was completed on July 8, 2020, and results were obtained on July 13, 2020, which revealed that two additional staff were positive and all residents were negative. Additional testing of staff and residents was completed July 15, 2020, and no staff and/or residents tested positive. Additional testing of staff and residents was completed on July 22, 2020, with results obtained on July 28, 2020, which revealed that 16 residents were positive for COVID-19. A laboratory report for Nurse Aide 1 revealed that she was tested for COVID-19 on June 30, 2020, and a positive result was received on July 5, 2020. Review of Nurse Aide 1's work schedule and staff assignment sheets, dated June and July 2020, revealed that she worked a Yellow Zone on June 28, and July 2 and 3, and she worked in a Green Zone on June 30 (the day that the test was obtained) and July 1 and 3, 2020. The facility's census information showed that Nurse Aide 1 was assigned to work with Residents 6, 10, 14, 15 and 17 through 45, who resided in a Green Zone worked by Nurse Aide 1 on June 30, July 1 and/or July 3, 2020. There was no documented evidence that Residents 6, 10, 14, 15 and 17 through 45 were identified as potentially exposed to COVID-19 by Nurse Aide 1 and were then placed into isolation in a Yellow Zone after the nurse aide's positive test result was received. Interview with the facility's Registered Nurse Infection Control Preventionist on July 31, 2020, at 11:46 a.m. confirmed that the facility had one area (rooms 120 through 127) that was considered a Yellow Zone and that all of the other areas were considered Green Zones. Residents assigned to Nurse Aide 1 who were potentially exposed were never placed in Yellow Zone isolation. She confirmed that the residents who were potentially exposed should have been placed in Yellow Zone isolation, where staff are required to wear full PPE (mask, gown, goggles/face shields and gloves). Laboratory reports for Residents 1, 3 and 9, dated July 28, 2020, revealed that positive test results for COVID-19 were received that day. Census information provided by the facility, dated July 28, 2020, revealed that Residents 1, 3 and 9 resided on the lower level in a Green Zone (rooms 10 through 25). Laboratory reports for Residents 2, 4, 5, 6, 8, 10, 12, 15 and 16, dated July 28, 2020, revealed that positive test results for COVID-19 were received that day. Census information provided by the facility, dated July 28, 2020, revealed that Residents 2, 4, 5, 6, 8, 10, 12, 15 and 16 resided on the upper level in a Green Zone (rooms 101 through 119, and 128 through 140). Interview with the Registered Nurse Infection Control Preventionist on July 31, 2020, at 11:46 a.m. revealed that after the facility received all of the COVID-19 test results on July 28, 2020, they made a Red Zone on the lower level (rooms 10 through 16) and changed their Yellow Zone from the upper level (rooms 120 through 127) to the lower level (rooms 17 through 25). They moved all COVID-19 positive residents to the lower level Red Zone (rooms 10 through 16) and moved all their roommates to the lower level Yellow Zone (rooms 17 through 25). They moved the residents who were in the Yellow Zone on the upper level (rooms 120 through 127) to</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>the lower level Yellow Zone (rooms 17 through 25). They then made the upper level a Green Zone (rooms 101 through 140). They moved all residents who tested negative for COVID-19 from the lower level to the upper level Green Zone, except for the roommates of residents who tested positive. Observations on July 30, 2020, at 12:10 p.m. revealed that the upper level had signage in place that it was considered a Green Zone. The lower level revealed that signage was in place to indicate that rooms 17 through 25 were a Yellow Zone and rooms 10 through 16 were a Red Zone. There was no documented evidence that Residents 18 through 26, 28, 29, 30, 32, 33, 34, 35, 37, 38, 40, 41, 42, 43, and 45 through 59, who previously resided on the upper level Green Zone with residents who tested positive for COVID-19, were identified as potentially exposed and placed in a Yellow Zone isolation. There was no documented evidence that Residents 60 through 84, who previously resided on the lower level with residents who tested positive for COVID-19, were identified as potentially exposed and placed in a Yellow Zone isolation. Interview with DOH Infectious Disease Epidemiologist 2 on July 31, 2020, at 10:45 a.m. revealed that when they are contacted by facilities regarding positive COVID-19 staff and/or residents, they refer to the guidance from DOH PAHAN-496 and DOH PAHAN - 509. The epidemiologist indicated that at the time Nurse Aide 1 tested positive for COVID-19 they would have recommended placing any resident that the employee had contact with into a Yellow Zone due to the potential exposure; and when the residents tested positive for COVID-19, they would have recommended placing all of the facility's rooms in a Yellow Zone due to the potential exposure. 28 Pa. Code 211.12(d)(1) Nursing services.</p>		