

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395783</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MANORCARE HEALTH SERVICES-PETERS TOWNSHIP</b>		STREET ADDRESS, CITY, STATE, ZIP <b>113 WEST MCMURRAY ROAD MCMURRAY, PA 15317</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> - Some	<b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observations and staff interviews, it was determined that the facility failed to make certain handwashing areas were accessible for staff use in two of four soiled utility rooms (Vintage and (NAME)any nursing units). Findings include: The facility Hand Hygiene policy dated 7/31/20, indicated that hand hygiene means cleaning your hands either by handwashing or an alcohol based hand sanitizer. Effective hand hygiene reduces the spread of infection. Some indications for when hand hygiene should be performed are after removing gloves, after contact with inanimate objects in the vicinity of the resident, and when hands are visibly soiled or contaminated. During an observation on 9/9/20, at 2:42 p.m. of the soiled utility room on the Vintage nursing unit revealed the sink was blocked by garbage and dirty linen bins and two chairs leaning against the hopper making the sink inaccessible for handwashing and the hopper (sink used for disposal of clinical waste) inaccessible for disposal use. During an interview on 9/9//20, at 2:42 p.m. Registered Nurse Employee E1 confirmed that the soiled utility sink in the Vintage nursing unit soiled utility room was inaccessible for handwashing and the hopper was inaccessible for disposal use. During an observation on 9/9/20, at 2:55 p.m. of the soiled utility room on the (NAME)any nursing unit revealed the sink was blocked by a garbage can making it inaccessible for handwashing. During an interview on 9/9/20, at 2:55 p.m. Certified Nurse Aide Employee E2 confirmed that the soiled utility sink in the (NAME)any nursing unit soiled utility room was inaccessible for handwashing. 28 Pa. Code: 201.18 (b) (1) Management. 28 Pa. Code: 201.20 (c) Staff development. 28 Pa. Code: 205.33 (c) Utility room [ROOM NUMBER] Pa. Code: 211.10 (d) Resident care policies. 28 Pa Code: 211.12 (d) (1) (2) (3) 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.