STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395251	A. BUILDING _____ B. WING _____	**07/20/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MANORCARE HEALTH SERVICES-SHADYSIDE	**5609 FIFTH AVENUE PITTSBURGH, PA 15232**

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 0761 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations and staff interviews, it was determined that the facility failed to properly store medications and biologicals in two of six medication carts (Second Floor and Third Floor) and failed to maintain clean and orderly medication carts. Findings include: Review of the facility policy Storage and Expiration Dating Of Drugs, Biologicals, Syringes, and Needles dated 8/2018, indicated that medications and biologicals are stored safely, securely, and properly. Orally administered medications are kept separate from externally used medications and treatments. Eye medications are kept separate. When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated. Medication storage areas are to kept clean and free of clutter. During an observation on 7/15/2020, at 11:10 am, of the second floor medication cart the following was observed: Therahoney Gel and triple antibiotic cream with no label or name were in a drawer with Insulin (an injectable for management of diabetes). There were four dozen gauze pads of different sizes and saline for wound care in the same drawer with [MEDICATION NAME] (an antacid liquid) and [MEDICATION NAME] (liquid cough suppressant), a blood pressure cuff and two flashlights. One bottle of [MEDICATION NAME] (nasal spray for congestion) was in the top drawer with no date opened and the manufacturer's guidelines stated it is good for 90 days once opened. In the third drawer were bottles of Vitamin D2 and Vitamin B6,with no date opened and the manufacturer's guidelines stated they were good for one year after opening. During an interview on 7/15/2020, at 11:20 am, Registered Nurse (RN) Employee E1 confirmed that the facility failed to properly store medications and biologicals, failed to date each medication and biological when opened, and failed to maintain clean and orderly medication carts. During an observation on 7/15/2020, at 11:35 am, of the third floor med cart the following was observed: One drawer contained [MEDICATION NAME] (an injectable to prevent clotting), Aspirin tablets, and [MEDICATION NAME] (an inhaler to help with breathing). In another drawer,Triple antibiotic cream, [MEDICATION NAME] tablets and Vitamin B6 were found together, with the manufacturer's guidelines of expiration as one year after opening. Six rolls of tape, two pair of scissors, and 73 gauze pads were in a drawer with [MEDICATION NAME] (cough suppressant) and [MEDICATION NAME] (antacid) medications and not on the treatment cart. During an interview on 7/15/2020, at 11:50 am, Registered Nurse (RN) Employee E2 confirmed that over-the-counter stock meds were not labelled, treatment supplies were present in med cart, and oral, injectables, inhalants, and topical were co-mingled in the med cart. 28 Pa. Code: 2211.9 (a) (1) (h) (i) Pharmacy services. 28 Pa Code: 211.12 (d) (1) (2) (3) (5) Nursing services
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide and implement an infection prevention and control program.** Based on review of facility policy, observations and staff interviews, it was determined that the facility failed to maintain infection control practices to prevent the potential for cross contamination in one of three central shower and tub rooms (fourth floor) and failed to make certain that linens and laundry were handled in a sanitary manner. Findings include: Review of the facility policy Linen Handling dated 7/8/2020, indicated that staff were to treat all used laundry as potentially contaminated and use standard precautions. The contaminated laundry was to be bagged or contained at the point of collection. The staff were to handle soiled textiles/linens with minimum agitation to avoid the contamination of air, surfaces and persons. Sorting and rinsing of contaminated laundry at the point of use, hallways, or other open resident care space was prohibited. Staff were never to place soiled linen on the floor, over the bed table, bedside stand, or chair. And staff must wear gloves when handling soiled linen and wash hands afterwards. During an observation on 7/15/2020, at 11:50 am, of the fourth floor central tub and shower room, it was discovered that a pile of soiled linens was in the sink and laundry bags in the hall which had opened mesh coverings so that soiled linen was open to air. During an interview on 7/15/2020, at 11:52 am, Registered Nurse (RN) Employee E2 confirmed that the facility failed to prevent the potential for cross contamination in the residents shower room and failed to maintain a clean and sanitary environment in the facility. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code: 211.12(d)(1)(5) 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.