

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395774	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER CONESTOGA VIEW		STREET ADDRESS, CITY, STATE, ZIP 900 EAST KING STREET LANCASTER, PA 17602	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, review of facility policy, staff and resident interview, it was revealed that the facility failed to ensure infection control and prevention practices were implemented on one of two units observed (fourth floor unit). Findings include: Review of the facility policy titled Infection Control Protocol for Infectious Illness, undated, revealed that the facility will use contact precautions for residents known or suspected to have infectious diseases transmitted by direct resident contact or by contact with items in the resident's environment. Personal Protective Equipment (PPE) needed for Yellow Zone (a unit designated for residents potentially exposed to COVID) are N95 masks (PPE used to protect the wearer from airborne particles), disposable gown, face shield, hair covers, and gloves. An interview with the unit manager, Employee E4, on July 14, 2020, at 9:46 a.m., confirmed that the fourth-floor unit was a designated Yellow Zone. Employee E4 further stated that all staff must wear an N-95 mask when in the unit. On July 14, 2020, at 10:05 a.m., an observation on the fourth-floor unit revealed nurse aide, Employee E5, standing on the side of the nursing station talking to other staff with an N-95 mask hanging on her neck. Employee E4 instructed Employee E5 to put on the N95 mask properly. Employee E5 went inside a room by the nursing station, and came back out with the N95 mask properly placed on her face. At 10:10 a.m., Employee E5 was observed again standing on the side of the nursing station in front of the surveyor with the N-95 mask hanging on her neck. Employee E4 again instructed Employee E5 to put on the N-95 mask properly. Employee E5 requested to be off the unit, then left. Interview with Employee E4 on July 14, 2020, at 10:15 a.m., confirmed that Employee E5 should always have properly worn her N-95 mask on the nursing unit. On July 14, 2020, at 9:32 a.m., a medication administration observation with licensed nurse Employee E3 was conducted. Employee E3 was observed popping out pills from a blister medication pack directly to a medication cup. At 9:34 a.m., while Employee E3 was popping out the pill, a small, pink round pill fell on top of the medication cart. Employee E3 picked up the pill with their bare hand, placed it back on the medication cup, and proceeded to prepare the other medication. Employee E3 administered all the medication in the medication cup including the pill that fell on top of the medication cart to Resident #2 at 9:36 a.m. An interview with Employee E3 on July 14, 2020, at 9:40 a.m., confirmed the pill that fell on top of the medication cart and handled with a bare hand, should have been discarded and a new medication should have been prepared. The above findings were presented to the Nursing Home Administrator (NHA) on July 14, 2020, at 1:45 p.m. The facility failed to ensure that infection control and prevention practices were implemented on the fourth floor unit. 28 Pa. Code 201.14(a) Responsibility of licensee. Previously cited 8/8/19 28 Pa. Code 201.18(b)(1)(e)(1) Management. Previously cited 8/8/19 28 Pa. Code 211.12(d)(1)(5) Nursing services. Previously cited 8/8/19, 10/1/19, 2/11/20</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.