

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395687</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>YORK NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7101 OLD YORK ROAD OAK LANE, PA 19126</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	<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 observation, interview and record review; the facility failed to ensure precaution signage specified the personal protective equipment (PPE) to be worn and the use of PPE consistent with accepted standards of practice to reduce the spread of infections and prevent cross-contamination during the COVID-19 pandemic for 2 residents on isolation precautions (Resident 1 and 2), out of 4 sampled residents. The findings include: According to CDC guidelines for COVID-19 infections at cdc.gov, Covid-19 is a coronavirus and based on what is currently known about COVID-19, spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. Healthcare personnel caring for patients with confirmed or possible COVID-19 should adhere to CDC recommendations for infection prevention and control (IPC): oAssess and triage these patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure, including placing a facemask on the patient and placing them in an examination room with the door closed. oUse Standard and Transmission-Based Precautions when caring for patients with confirmed or possible COVID-19. oPerform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled. oPractice how to properly don, use, and doff PPE in a manner to prevent self-contamination. An observation was made on 4/15/20 at 9:12 AM of Employee (E) 1, Certified Nursing Assistant, in room [ROOM NUMBER] talking with Resident (R) 1 and taking the temperature under R1's axilla/underarm. E1 was wearing personal protective equipment (PPE, gown, mask and gloves). The door to the room [ROOM NUMBER] had signage posted that read, Stop. See Nurse. The sign did not specify the PPE to be worn for that unit (e.g., PPE such as gowns, gloves, goggles, N95 respirators, surgical masks). It also was not specified what type of transmission based precautions (TBP) should be implemented. For example contact, droplet, or airborne. E1 was then observed as she exited room [ROOM NUMBER]. E1 removed her gloves and used the hand sanitizer after exiting the room. E1 kept her PPE mask and gown on. E1 then went to room [ROOM NUMBER] which was not a COVID19 room to take another residents temperature. The residents in room [ROOM NUMBER] were not suspected to have COVID19. There were no further observation of other staff members reusing PPE gowns when going from a suspected or confirmed COVID19 room to a room that was not suspected of having COVID19. E2 was observed changing her PPE gown prior to entering room [ROOM NUMBER] on 4/15/20 at 9:25 AM. Record review of the medical record and interview with the nurse (E2) on 4/15/20 at 9:30 AM for R3 and R4 in room [ROOM NUMBER] confirmed that they were not diagnosed or suspected of COVID19. An interview was conducted on 4/15/20 at 9:35 AM with E1 related to the observations made of E1 in room [ROOM NUMBER] and 138, with a particular focus on this staff member's failure to remove and change PPE gown. E1 stated, I did not do patient care. room [ROOM NUMBER] has covid and room [ROOM NUMBER] does not have covid. She then explained the signage posted at the door means to see the nurse before going into the room to get instructions what PPE to be worn which they did tell me to wear gown, mask, glove and eye shield. Also, she explained that she received inservices on COVID19 infection control and understand going from dirty to clean, she should change her gown. She then stated she will get a new PPE gown and change. Review of a lab report dated 4/10/20 revealed that R1 in room [ROOM NUMBER] was positive for COVID19. Her roommate R2 was also positive for COVID19 per the lab report dated 4/14/20. Record review of the electronic medical record for R1 revealed a high temperature of 100.6 on 4/9/20 and R2 also had a high temperature of 100 on 4/10/20.</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.