

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395646	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER OAK HILL HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 827 GEORGES STATION ROAD GREENSBURG, PA 15601	
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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of guidance from the Centers for Disease Control, the facility's policies, and residents' clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that staff used correct personal protective equipment while providing care to one of six residents reviewed (Resident 6) who was under isolation precautions. Findings include: Undated guidance from the Centers for Disease Control (CDC - a national health protection agency) related to hand hygiene in healthcare settings indicated that germs can live under artificial finger nails both before and after using an alcohol based hand sanitizer and hand washing, and that natural nails tips should be kept less than one-quarter inch long. The facility's undated policy regarding hand washing indicated that wearing artificial nails was strongly discouraged among staff members who provided direct resident care. The facility's guidelines regarding precautions for COVID-19 (an infectious disease caused by a coronavirus), dated June 9, 2020, indicated that all residents would be placed in isolation upon admission/readmission to the facility, until completion of facility testing and monitoring for symptoms. Admission physician's orders [REDACTED], or a face shield. Observations on June 24, 2020, at 11:35 a.m. revealed that Licensed Practical Nurse 1 entered Resident 6's room with regular eyeglasses on and without protective eye wear in use. After removing her gloves, the nurse used hand sanitizer for hand hygiene; however, she had long finger nails that were at least one inch past the tip of her fingers. Interview with Licensed Practical Nurse 1 on June 24, 2020, at 11:40 a.m. revealed that she cannot wear goggles because she cannot see out of them. Interviews with the Director of Nursing on June 24, 2020, at 3:25 p.m. and 4:15 p.m. revealed that Licensed Practical Nurse 1 should have put on goggles or a face shield for eye protection and that the facility has face shields available for staff to use. She confirmed that the nurse had artificial finger nails that were long and the nurse was instructed to cut them the other day. 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.