

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395403	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2020
NAME OF PROVIDER OF SUPPLIER NEWPORT MEADOWS HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 41 NEWPORT AVENUE CHRISTIANA, PA 17509	
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 clinical record review and staff interview it was determined the facility failed to practice proper infection control practices for a resident on droplet precautions due to COVID-19 for one of three residents reviewed. (Resident R1) Findings Include: Review of facility policy and procedure titled Isolation - Categories of Transmission-Based Precautions, last revised January 2012 revealed to implement droplet precautions for an individual documented or suspected to be infected with microorganisms transmitted by droplets. When possible, dedicate the use of non-critical resident-care equipment items such as bedside commode to a single resident. Review of Resident R1's Quarterly Minimum Data Set (periodic assessment of resident care needs), dated April 29, 2020 revealed the resident was mildly cognitively impaired and was able to toilet themselves. Review of resident R1's Care Plan revealed the resident was able to transfer to and from the toilet and clean them self without assistance from staff. Review of resident R1's physician orders [REDACTED]. Observation of Resident R1 with Licensed Nursing Employee E3 on June 3, 2020 at approximately 9:45 a.m. revealed Resident R1 was sitting in their private room wearing a mask. There was a bathroom for this room that was shared with the adjoining room. Observation of this adjoining room revealed there was one resident in a semiprivate room. Further observation of Resident R1's room revealed there was no bedside commode in the room. Interview with Licensed Nursing Employee E3 at the time of the observation confirmed that both Resident R1 and the resident in the adjoining room (Resident R2) use the same bathroom and resident R2 is not on droplet precautions. Further interview with Licensed Nursing Employee E3 confirmed that Resident R1 and R2 should not be using the same bathroom if one is on droplet precautions and the other is not and proceeded to ask an employee sitting at the nurse's station to get a bedside commode for Resident R1. Review of Resident R2's clinical record confirmed that this resident was not ordered droplet precautions and has never been diagnosed with [REDACTED]. 28 Pa. Code 211.10(c)(d) Resident care policies 28 Pa. Code 211.12(c)(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.