

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395556</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SHENANDOAH MANOR NURSING CENTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>101 E. WASHINGTON ST SHENANDOAH, PA 17976</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, review of staff education and staff interviews it was determined that the facility failed to implement infection control screening measures by failing to fully screen visitors for signs and symptoms of illness to contain COVID-19. Findings include: The Pennsylvania Department of Health 2020 PAHAN-497-4-16-UPD guidance to health care providers dated March 24, 2020, indicated that the facility will actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility. A review of facility staff education revealed that the facility educated their staff on the screening procedure directive on April 16, 2020, and April 17, 2020. Observations conducted on June 16, 2020, at approximately 9:30 a.m. revealed that upon entrance to the facility through the main lobby, each person's temperature was taken using a non-contact infrared thermometer (a thermometer which is held 3 cm to 15 cm away from the patient and typically measures temperature on the forehead or temple). Visitors were then asked to sign the visitor log and place the temperature reading that was provided by the Registered Nursing in the designated column. Review of the visitor log reviewed three (3) columns to be completed by the visitor: date, name and temperature. There was no evidence that the facility was screening visitors entering the facility for other signs and symptoms of illness as part of the facility's COVID-19 symptom screening and monitoring procedures. Interview with the Director or Nursing and Nursing home administration on June 16, 2020, at 11:45 a.m. confirmed that only temperatures were being obtained of visitors upon entering the facility and no other screening measures for signs and symptoms of COVID-19 illness were being conducted. 28 Pa. Code 211.10(a)(d) Resident Care Policies		
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.