

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395397	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER MANORCARE HEALTH SERVICES-KINGSTON		STREET ADDRESS, CITY, STATE, ZIP 200 SECOND AVENUE KINGSTON, PA 18704	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and staff interview, it was determined that the facility failed to maintain infection control practices to prevent spread of infection COVID-19 on the MedBridge Unit. Findings include: Review of facility COVID-19 Clinical Monitoring Measures Plan effective March 13, 2020 revealed that residents positive for COVID-19 would be transferred to a dedicated location within the facility's physical plant (COVID-19 Airborne Isolation Unit (CAIU)), which allows for cohorting of patients diagnosed with [REDACTED]. A dedicated antechamber space with dedicated supplies (medication cart(s), treatment cart, housekeeping cart(s), soiled linen bins, trash cans, clean linen) and CDC (Center for Disease Control) approved universal PPE (Personal Protective Equipment) conservation practices are further interventions with implementation of the CAIU. Observations conducted during a tour of the facility on June 16, 2020, beginning at approximately 10:10 a.m. in the presence of the Director of Nursing (DON), revealed that the residents that were under investigation or quarantined for signs and symptoms of COVID-19 (Yellow Zone) and/or tested positive for COVID-19 (Red Zone) resided on the MedBridge unit. Upon entering the MedBridge Unit through the closed double doors, the Yellow Zone, revealed PPE hanging on the wall to the right; a disposable gown was rolled up and tucked into a face shield, disposable gowns and face shields hanging on the wall. There was no staff identification on the PPE. According to the DON, the PPE is intended for re-use by the staff when working on the unit and confirmed that it was contaminated PPE. Observation of the CAIU Red Zone area of the MedBridge Unit revealed a makeshift wall and doorway which separated the Red Zone from the Yellow Zone. Upon entering through the plastic doorway revealed an antechamber area, which provided a space for the staff to don (apply) and doff (remove) their PPE. A room to the left labeled PPE doffing room, please conserve PPE. A staff member was observed taking her contaminated PPE (jump suit) from the Doffing Room and walking across the antechamber to the Donning Room where she hung the contaminated PPE up on a hook for re-use. Observation of the Donning Room revealed that there were hooks placed on the wall and labeled for each shift and the ancillary department to hang their gowns and/or jump suit to be re-used. Directly next to the area labeled for the 3 p.m. to 11 p. m. shift to hang their contaminated PPE were boxes of clean gloves, face shields, gowns and optional shoe and hair covers. A review of the facility's PPE Usage Guide as part of the COVID-19 Clinical Monitoring and Measures Plan effective March 12, 2020, revealed that during period of PPE conservation, when re-using disposable gowns, jumpsuits or aprons, they are to be removed at the exit of the patient care area, turned in to itself and hung to air dry. There was no guidance related to storage and decontamination of contaminated PPE intended for re-use by staff. Interview with Nursing Home Administrator and Director of Nursing on June 16, 2020, at approximately 12:00 p.m. confirmed that the facility failed to implement appropriate infection control practices to prevent the spread of the COVID-19 infection. 28 Pa. Code 211.12 (a)(c)(d)(4)(5) Nursing Services. 28 Pa. Code 211.10(a)(d) Resident care policies</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.