

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER RIVERVIEW MANOR HEALTHCARE, LLC		STREET ADDRESS, CITY, STATE, ZIP 17990 SPENCER ROAD PO BOX 503 PLEASANT VALLEY, PA 15267	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to follow the recommendations from the Centers for Disease Control and Prevention (CDC) Preparing for [MEDICAL CONDITION] Disease 2019 (COVID-19) in Nursing Homes dated June 25, 2020. Staff failed to don (wear) the appropriate personal protective equipment (PPE) when entering the rooms for 2 out of 2 residents (Resident #4 and #10) in quarantine for unknown COVID-19 status to prevent the potential spread of COVID-19. The facility reported a census of 37 residents. Findings included: 1. The Face Sheet for Resident # 4 dated 8/27/20, listed [DIAGNOSES REDACTED]. The MDS Tracking/Discharge view listed the Resident #4 admission to the facility on [DATE]. The Care Plan dated 8/17/20, identified the need for droplet precaution related to the potential exposure to COVID-19 while in the hospital. Directing have PPE available to staff and visitors if needed. Use the principles of infection control and universal/standard precaution when taking care of resident. During an observation on 8/24/20 at 11:35 a.m., the sign on the room door for Resident # 4 identified Droplet Precautions. Directing Must wear before entering: face mask, goggles, gown, and gloves. An observation on 8/27/20 at 07:50 a.m., the Assistant Director of Nursing (ADON), Infection Prevention and Control Coordinator entered the room of Resident # 4 and failed to put a gown on before entering the room. During an observation on 8/27/20 at 7:57 a.m., the Director of Nursing (DON) entered Resident #4's room to answer the call light. The DON leaned over Resident # 4 asking her if she could see the clock. The DON failed to put a gown on before entering the room. 2. The Minimum Data Set (MDS) assessment for Resident # 10 dated 8/11/20, listed [DIAGNOSES REDACTED]. The MDS listed the resident with a Brief Interview of Mental Status (BIMS) score of 12 indicating mild cognitive impairments. The MDS further listed the resident needing extensive assist of 2 staff for personal hygiene, dressing and bed mobility. The MDS Tracking/Discharge view listed Resident #10 discharging on 8/17/20, and re-entering the facility on 8/24/20. The Care Plan for Resident # 10 dated 5/5/20, identified an increased risk of potential infection related to the outbreak of COVID-19. During an observation on 8/24/20 at 11:15 a.m., the sign on the room door for Resident # 10 identified Droplet Precautions. Directing Must wear before entering: face mask, goggles, gown, and gloves. An observation on 8/25/20 at 12:05 p.m., the Administrator entered Resident #10's room to answer the call light and failed to put a gown or eye protection in place. An observation on 8/26/20 at 8:04 a.m., Staff A, Certified Medication Aid (CMA) entered Resident #10's room with a glass of water and a cup of medication. Staff A handed the medication cup and the glass of water to the Resident. Staff A failed to put on a gown before entering the resident's room. During an observation on 8/26/20 at 12:44 p.m., the Dietary Manager took a lunch tray into Resident # 10's room and failed to put a gown on before entering the room. During an interview on 8/20/20 at 12:08 p.m., Staff C, Physical Therapy Staff reported receiving direction from the Administrator that staff did not need a gown in a quarantine isolation room if staff are in the room for less than 15 minutes. Staff C continued to state an example would be delivering meal trays and laundry. During an interview on 8/20/20 at 3:00 p.m., the Director of Nursing (DON) reported expecting staff to put on the PPE needed to care for residents. The DON stated if staff just in to talk with the resident all the PPE is not needed, but always have a face mask and eye protection. During an interview on 8/25/20 at 12:10 p.m., the Administrator reported it's acceptable for staff to go into rooms of residents in quarantine (due to unknown COVID-19 status) with a face mask only and answer the call light. During an interview on 8/26/20 at 9:13 a.m., the ADON, Infection Prevention and Control Coordinator reported a conflict with staff going into rooms of residents in quarantine (due to unknown COVID-19 status) with a face mask only answer a call light and what the droplet precaution directs. During an interview on 8/27/20 at 8:23 a.m., the ADON, Infection Prevention and Control Coordinator reported all new admissions and readmission are treated as if they have positive COVID-19 and placed in isolation quarantine for 14 days. Review of the undated signs posted on the room doors for Resident # 4 and Resident # 10, read: Droplet Precautions, Must wear before entering: face mask, goggles, gown, and gloves. Review of the facility policy titled Droplet Isolation Protocol dated 5/1/2020, directed: Residents identified as needing droplet isolation protocols shall be required to utilize the CDC recommended PPE. 1. Face Mask. 2. Face shield or eye protection that covers both front and sides of eye. 3. Isolation gown. 4. Gloves. The COVID-19 Protocol dated 4/1/2020, directed on page 3 point V. Cohorting- Cohort infected residents using droplet precaution. Point VI PPE: Put on a clean isolation gown upon entry into a patient room or area. Review of the New Admission/Readmission or suspected COVID Exposure New Admission or Readmitted d 8/4/20, directed that each resident that is admitted to the facility shall be placed into an individual room and into isolation precaution per the CMS/CDC criteria related to COVID-19 symptoms/exposure and expected exposure are initiated upon admission/readmission to the facility.</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.