

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER ST JOHN SPECIALTY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP P O BOX 928 500 WITTENBERG WAY MARS, PA 16046	
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	Provide and implement an infection prevention and control program. Based on facility policy review, observations and staff interviews, it was determined that the facility failed to make certain handwashing and disposal areas were accessible for staff use in four of six soiled utility rooms (Wellstep, Creekside, Dogwood and Brookfield nursing units). Findings include: The facility Hand Hygiene/Handwashing policy dated 9/19, indicated that appropriate times to wash your hands include after handling contaminated items (dressings, soiled or contaminated linens, soiled depends, bed pans, catheters, urinals, and trash) and after handling soiled equipment or utensils. During an observation on 6/25/20, at 3:35 p.m. of the soiled utility room on the Wellstep nursing unit revealed the sink blocked by three PPE (personal protective equipment) cabinets and there were several surgical face masks and face shields in the sink making it inaccessible for handwashing use. During an interview on 6/25/20, at 3:35 p.m. Registered Nurse Employee E1 confirmed that the soiled utility sink in the Wellstep nursing unit soiled utility room was inaccessible for hand washing. During an observation on 6/25/20, at 3:55 p.m. of the soiled utility room on the Creekside nursing unit revealed the sink and hopper (specialized sink for disposal of clinical waste) blocked by two linen bins making it inaccessible for handwashing use. During an interview on 6/25/20, at 3:55 p.m. Nurse Aide Employee E2 confirmed that the soiled utility sink in the Creekside nursing unit soiled utility room was inaccessible for handwashing and disposal area inaccessible for use. During an observation on 6/25/20, at 4:11 p.m. of the soiled utility room on the Dogwood nursing unit revealed the hopper blocked by linen bins making it inaccessible for use. During an interview on 6/25/20, at 4:11 p.m. Licensed Practical Nurse Employee E3 confirmed that the hopper in the Dogwood nursing unit soiled utility room was inaccessible for use. During an observation on 6/25/20, at 4:29 p.m. of the soiled utility room on the Brookfield nursing unit revealed the hopper was blocked by garbage and linen carts making it inaccessible for use. During an interview on 6/25/20, at 4:29 p.m. Registered Nurse Employee E4 confirmed that the hopper in the Brookfield nursing unit soiled utility room was inaccessible for use. 28 Pa. Code 201.18(b)(1): Management. 28 Pa. Code 201.20(c): Staff development. 28 Pa. Code 211.10(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.