

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OF SUPPLIER WESLEY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 209 ROBERTS ROAD PITTSBURGH, PA 15260	
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	<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 observations, review of facility policy and CDC guidance and staff interview it was determined that the facility failed to ensure the consistent implementation of infection control procedures, handling and storage of personal protective equipment, designed to prevent the spread of infection of COVID-19. Findings include: Observations during facility tour on October 14, 2020, at approximately 9:15 a.m. in the presence of Infection Preventionist revealed the following: The facility had erected a tent (to serve as an antechamber) located outside the facility's West rehabilitation unit, comprised of two separate areas, a clean area for donning (application) of personal protective equipment (PPE) and a dirty area for doffing (removal) of used PPE. Observation of the donning area reserved for staff/visitors to apply clean PPE prior to entering the resident unit, revealed a tall box opened at the top and lined with a Red Biohazard bag for soiled waste. Further observation revealed that the biohazard bag contained contaminated disposable gowns, but was located in the clean donning area. Review of facility policy entitled Infection Prevention and Control Policy and Procedure provided by the facility during the survey of October 14, 2020, revealed that prior to entering the unit, in the antechamber (tent) clean area: don scrubs, gown, gloves, eye protection (goggles or a face shield) and N95 respirators. When exiting the unit at the end of the shift, in the antechamber dirty area: clean and disinfect reusable PPE (e.g., goggles/face shields), Doff and discard disposable PPE, perform hand hygiene and don uncontaminated clothing. Interview with Infection Preventionist at the time of observation confirmed that contaminated PPE should not have been in the facility's designated donning clean area. Observation outside of resident room [ROOM NUMBER] revealed three N95 respirators. Each respirator was stored separately in clear plastic bags and tucked into the handrail outside the resident's room. According to the Centers for Disease Control Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Face piece Respirators in Healthcare Settings in order to reduce contact transmission staff should hang used respirators in a designated area or keep them in a clean, breathable container such as a paper bag between uses. Observation of the care station utilized by the nurse aide staff revealed a N95 respirator, uncovered on top of the refrigerator. Further observation revealed snacks (bananas and crackers) intended for the residents were also stored on top of the refrigerator. Interview with Infection Preventionist confirmed that the N95 respirators were to be stored in a breathable paper bag when not in use. A blue disposable isolation gown was observed tucked into the hand rail outside of the nurse's station. Interview with the Nursing Home Administrator on October 14, 2020, at approximately 2:00 p.m. confirmed that the facility failed to implement facility infection control procedures to prevent the spread of COVID-19 infection. 28 Pa Code 211.10 (a)(d) Resident Care Policies. 28 Pa Code 211.12 (a)(c)(d)(1)(2)(5) Nursing Services.</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.