

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395677</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SARAH A TODD MEMORIAL HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1000 WEST SOUTH STREET CARLISLE, PA 17013</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>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on staff interviews, record reviews, and review of facility documents, the facility failed to follow the Centers for Disease Control and Prevention (CDC) recommended practices regarding routine screening of all admitted residents for signs and symptoms of COVID-19 for 2 of two residents with a previously confirmed COVID infection (Residents 1 and 2). Findings include: According to CDC guidelines for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings at cdc.gov, CDC recommends using additional infection prevention and control practices during the COVID-19 pandemic, along with standard practices recommended as a part of routine healthcare delivery to all patients. These practices are intended to apply to all patients, not just those with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection. These additional practices include . Re-evaluate admitted patients for signs and symptoms of COVID-19. While screening should be performed upon entry to the facility, it should also be incorporated into daily assessments of all admitted patients. All fevers and symptoms consistent with COVID-19 among admitted patients should be properly managed and evaluated (e.g., place any patient with unexplained fever or symptoms of COVID-19 on appropriate Transmission-Based Precautions and evaluate). A review of the facility's policy titled COVID-19 Testing Strategies for Residents dated July 14, 2020, revealed implementation of the policy included Baseline screening to keep COVID-19 ([DIAGNOSES REDACTED]-CoV-2) out of the facility. Actively screen all residents in the facility for fever and COVID-19 symptoms at least twice daily. Additionally, review of facility policy revealed, Testing should not replace existing infection prevention and control interventions. Testing should be implemented in addition to existing infection prevention and control measures, including visitor restriction, cessation of communal dining and group activities, monitoring all HCP (Health Care Personnel) . and residents for signs and symptoms of COVID-19, and universal masking as source control. Record review for Resident 1 revealed COVID positive test results were received for this resident on July 20, 2020. Review of nursing progress notes dated July 28, 2020, on an alert charting form to rule out respiratory infection (tracking form used to document vitals as well as potential respiratory infection signs and symptoms) revealed, This A/C (alert charting) is DC'd (discontinued) per MD (doctor). Review of Resident 1's Medication, Treatment, and Task Administration Record Report for July 2020 revealed orders to monitor temperature, pulse ox (measures oxygen saturation levels in the blood), shortness of breath and cough every 12 hours. This order was effective June 26, 2020, and was discontinued on July 20, 2020 (date COVID positive results were received). Further review of the report revealed an order to monitor full set of vitals and cough every shift for positive COVID. This order was effective July 20, 2020, and was discontinued July 27, 2020. An additional order was present to monitor full set of vitals and cough every shift for positive COVID. This order was effective July 27, 2020, and was discontinued on July 28, 2020. Review of the report failed to reveal any orders for additional monitoring for potential COVID signs or symptoms beyond this date. Record review for Resident 2 revealed COVID positive test results were received for this resident on July 20, 2020. Review of nursing progress notes dated August 2, 2020, on an alert charting form to rule out respiratory infection revealed, Res (resident) COVID results - (negative) d/c (discontinue) A/C (alert charting). Review of Resident 2's Medication, Treatment and Task Administration Record Report for July 2020 revealed orders to monitor temperature, pulse ox, shortness of breath and cough every 12 hours. This order was effective June 26, 2020, and was discontinued on July 21, 2020. Further review of the report revealed an order to monitor full set of vitals and cough every shift for positive COVID. This order was effective July 20, 2020, and was discontinued July 27, 2020. An additional order was present to monitor full set of vitals and cough every shift for positive COVID. This order was effective July 27, 2020, and was discontinued on July 28, 2020. A third order was present to monitor full set of vitals and cough every shift for positive COVID effective July 28, 2020 and was discontinued on August 2, 2020. Review of the report failed to reveal any orders for additional monitoring for potential COVID signs or symptoms beyond this date. Email correspondence received from the Nursing Home Administrator on August 6, 2020, at 11:07 AM, in response to inquiry about ongoing monitoring for potential COVID-related signs and symptoms for residents who had previously tested positive for COVID revealed, We have not received any guidance on reinfection and have not heard of this as a possibility in any of the PA HAN (Health Alert Network) documents. We were following the guidance based on not re-testing positive residents or HCP and to test all previously negative residents. Any changes noted to the residents' physical and/or mental baseline would be reported and an assessment would be completed as we would for any other potential issue. During a phone interview with the Nursing Home Administrator (NHA) on August 6, 2020, at 3:37 PM, she revealed that since they have not seen literature that reinfection is possible, a decision was made to discontinue twice daily screening for previously COVID positive residents, but to err on the side of caution, the facility has put this back into practice as of this date. 28 PA. Code 211.10(d) Resident care policies. 28 PA. Code 211.12 (d)(1)(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.