

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395892	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OF SUPPLIER GROVE AT LATROBE, THE		STREET ADDRESS, CITY, STATE, ZIP 576 FRED ROGERS DRIVE LATROBE, PA 15650	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents and/or the resident's responsible party were notified about the need to alter treatment/new physician's orders [REDACTED]. Findings include: The facility's policy regarding notification, dated March 17, 2020, indicated that the legally responsible party or guardian was to be notified about significant changes in a resident's physical, mental or psychosocial status, and attempts/notifications were to be documented on the resident's clinical record. A significant change Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated March 6, 2020, revealed that the resident was severely cognitively impaired. A laboratory report, dated March 27, 2020, revealed that the resident was positive for COVID-19 (infectious disease caused by a coronavirus, that usually causes fever, tiredness, and a cough, and can also cause breathing problems), the physician was notified, and orders were received on April 2, 2020, for the resident to receive 400 milligrams (mg) of [MEDICATION NAME] (a medication used to treat or prevent [DIAGNOSES REDACTED] and to treat the symptoms of [MEDICAL CONDITION] arthritis) twice a day for one day and then 400 mg daily for five days. The resident's Medication Administration Record [REDACTED]. There was no documented evidence that the resident's responsible party was notified about the physician's orders [REDACTED]. A laboratory report, dated March 28, 2020, revealed that the resident was positive for COVID-19 and the physician was notified. Orders were received on April 4, 2020, for the resident to receive 400 mg of [MEDICATION NAME] twice a day for one day and then 200 mg two times a day for four days, and the resident's MAR for April 2020 revealed that he received [MEDICATION NAME] from April 4 to 7, 2020. There was no documented evidence that the resident's responsible party was notified about the physician's orders [REDACTED]. A laboratory report, dated April 3, 2020, revealed that the resident was positive for COVID-19, and physician's orders [REDACTED]. There was no documented evidence that the resident's responsible party was notified about the physician's orders [REDACTED]. A laboratory report, dated April 5, 2020, revealed that the resident was positive for COVID-19, and physician's orders [REDACTED]. There was no documented evidence that the resident's responsible party was notified about the physician's orders [REDACTED]. A laboratory report, dated April 8, 2020, revealed that the resident was positive for COVID-19, and physician's orders [REDACTED]. physician's orders [REDACTED]. The resident's MAR for April 2020 revealed that [MEDICATION NAME] was administered from April 9 to 11 and April 13 to 14, 2020. There was no documented evidence that the resident's responsible party was notified about the physician's orders [REDACTED]. 28 Pa. Code 211.12(d)(3)(5) Nursing services.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility's policies and guidance from the Centers for Disease Control and the Pennsylvania Department of Health, as well as observations and staff interviews, it was determined that the facility failed to ensure that staff used correct Personal Protective Equipment while providing care to Resident 26, who had a contagious virus, and while providing care for residents who were placed in the facility's designated yellow zone (an area where special infection control precautions were required). Findings include: Guidance from the Centers for Disease Control (CDC - a national health protection agency) regarding the use of Personal Protective Equipment (PPE - protective garments and/or equipment designed to protect the body from infection or injury) for Coronavirus Disease 2019 (COVID-19 - an infectious disease caused by [MEDICAL CONDITION], that can cause fever, cough, fatigue and/or breathing problems), dated May 22, 2020, included that when caring for a person with confirmed or suspected COVID-19, the caretaker was to use eye protection, and that the preferred PPE for eye protection was a face shield or goggles. The facility's policy regarding droplet precautions (special infection control procedures used when a person has an infection with germs that can be spread to others by speaking, sneezing or coughing), dated December 2019, included that residents suspected to be infected with a microorganism that can be spread by droplets should be put in droplet isolation. The Pennsylvania Department of Health - Health Alert Network (PAHAN) 509, updated May 29, 2020, included that residents with a negative COVID test, who remain asymptomatic but are within 14 days of possible exposure to COVID-19, were to be placed in a Yellow Zone and that full PPE was to be worn when caring for these residents. Residents with a positive COVID test and who were still within the parameters for transmission-based precautions were to be placed in the red zone and that full PPE was to be worn when caring for these residents. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 26, dated April 18, 2020, revealed that the resident had adequate short and long-term memory and required assistance with meal set up. A laboratory report, dated June 13, 2020, revealed that the resident was positive for COVID-19, and the resident's care plan, dated June 16, 2020, included that she was to be on droplet and contact isolation. Observations of the facility's designated yellow zone on June 18, 2020, at 5:15 p.m. revealed that upon entry to the area, a sign indicated that PPE was to be applied prior to entering the yellow and red zones. Observations from 5:15 p.m. to 6:25 p.m. revealed that Licensed Practical Nurse 1, Nurse Aide 2 and Nurse Aide 3 were working in the yellow zone with only regular eyeglasses on. Licensed Practical Nurse 1 was observed going into residents' rooms to provide medications, and Nurse Aides 2 and 3 were observed going into residents' rooms to deliver supper meals. These three staff did not have PPE for eye protection. Observations on June 18, 2020, at 6:15 p.m. revealed that Nurse Aide 2 entered Resident 26's room (red zone) to deliver her dinner tray. The nurse aide had only eyeglasses on and was not wearing PPE for eye protection. Interview with Nurse Aide 2 on June 18, 2020, at 6:18 p.m. revealed that she was told that if she wore eyeglasses she did not have to wear goggles. Interview with the Assistant Director of Nursing, who was responsible for infection control, on June 18, 2020, at 6:44 p.m. revealed that he felt that eyeglasses were similar to goggles and protected the eyes. Interviews with the Nursing Home Administrator and the Assistant Director of Nursing on June 18, 2020, at 8:08 a.m. indicated that there was one resident (Resident 26) in the red zone isolation area and that residents in the west wing were in the yellow zone area. They confirmed that staff were to put on full PPE before entering the yellow and red zones. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		

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.