

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER GARDENS AT BLUE RIDGE, THE		STREET ADDRESS, CITY, STATE, ZIP 3625 NORTH PROGRESS AVE HARRISBURG, PA 17110	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, record review and staff interview, it was determined that the facility failed to provide a clean, comfortable, homelike interior in one of 2 dining areas (Main Dining Room), and on one of 3 nursing units (200 unit). Findings include: Observation in the Main Dining Room on September 9, 2020, at approximately 8:30 AM revealed a significant accumulation of cob webs in the corners of the windows near the peak of the ceiling. Additionally, observation revealed an accumulation of dead insects on the window sill and sash of each window lining the far wall of the dining area. During an interview with HS 1 (Housekeeping Supervisor) on September 9, 2020, at approximately 9:00 AM, after being shown the cleanliness concerns, HS 1 confirmed that the Main Dining Room is on the schedule to be cleaned on a routine basis but that the cleanliness was not up to par. HS 1 then removed the cobwebs and dead insects. Observation of the bed controller and recliner chair in Resident 1's room (located on the 200 unit) on September 9, 2020, at approximately 10:07 AM, revealed that several areas of dried substances were present on both. During an immediate interview with the Director of Nursing (DON), who was present at the time of the observation, DON revealed the resident feeds himself and had just finished breakfast. The DON then requested from nearby nursing staff that the bed controller and chair be cleaned. Review of Resident 1's current plan of care revealed a focus area for ADL (Activities of Daily Living) deficit related to self care impairment, mobility impairment, visual impairment, and hearing impairment. The care plan notes an intervention to assist with eating prn (as needed), set up tray and orient to placement of items. Ensure chair and surroundings are clean daily. This intervention was last revised on February 15, 2017. During an interview with the Nursing Home Administrator on September 9, 2020, at 12:50 PM, he revealed that Resident 1 gets food on his hands and touches things in his room, and that the facility should be more aware of that. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3) Management.</p>		
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>Based on observation, policy review and staff interview, it was determined that the facility failed to ensure that all visitors were screened for potential signs and symptoms of COVID-19 prior to proceeding beyond the main entrance area, and that appropriate personal protective equipment (PPE) was worn by staff on one of one units (200 hall yellow zone) housing residents potentially exposed to COVID-19. Findings include: According to CDC guidance on Preparing for COVID-19 in Nursing Homes, found at cdc.gov, Have a plan for visitor restrictions. Post signs at the entrances to the facility advising visitors to check-in with the front desk to be assessed for symptoms prior to entry. Screen visitors for fever (T=100.0 F), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. Review of facility policy, Coronavirus (COVID-19) Policy, last revised April 21, 2020, Visitors (for those permitted entry) will be subject to all applicable screening, guidance, and restriction criteria. On September 9, 2020, at approximately 8:10 AM surveyor requested entrance to the building. RN 1 opened the door to allow surveyor to enter. RN 1 then phoned the Director of Nursing (DON) from the receptionist phone (receptionist was not present at the time) to notify him of surveyor's presence. DON arrived at the main entrance area and escorted surveyor into the facility. Surveyor was not screened for potential signs or symptoms of COVID-19 prior to proceeding beyond the main entrance area. During an interview with the Nursing Home Administrator on September 9, 2020, at approximately 11:20 AM he revealed that all visitors should be screened upon entering and exiting the building, and that if the receptionist was not present to conduct the screening, the visitor should have been directed to the 300 hall nursing station (a nearby nursing station) to be screened. Review of Pennsylvania Health Alert Network (PAHAN) guidance Testing Guidance for COVID- 19 in Long-term Care Facilities Residents and Healthcare Personnel, dated June 1, 2020, Full PPE must be used to care for residents in COVID+ (Red) and COVID- potentially exposed (Yellow) zones. This PAHAN guidance was presented by the Director of Nursing via email on September 10, 2020, at 4:08 PM as the policy the facility has currently adopted and is using. Observation on September 9, 2020, at approximately 12:05 PM revealed E1 (Employee 1) entering the facility's designated yellow zone and returning Resident 4 (in his wheelchair) back to his room. E1 then proceeded through the length of the yellow zone, leaving the yellow zone on the opposite end from where he entered, returning to the yellow zone, walking the length of the zone and exiting where he originally entered. E1 was wearing a surgical mask, but did not don a gown, N 95 respirator or eye protection as required in a yellow zone. During an immediate interview with E1, he revealed that he primarily works out of another facility, and that he was not aware that he had to wear full PPE. He did reveal, however, that he was aware of where the yellow zone was at his main worksite and the required PPE in that area. During an interview with the Nursing Home Administrator on September 9, 2020, at approximately 12:50 PM, he revealed the expectation that E1 should have been wearing a gown, face shield and N95 mask while in the yellow zone. He also confirmed that he would ensure E1 was re-educated on this. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(e)(1) Management.</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.