

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER ORCHARDS OF SAXONBURG, LLC		STREET ADDRESS, CITY, STATE, ZIP 223 PITTSBURGH ST SAXONBURG, PA 16056	
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	<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 review of facility policies, observations and staff interviews, it was determined that the facility failed to properly screen visitors prior to facility entry, failed to make certain that hand washing areas were accessible to staff on one of two nursing units (D Hall nursing unit), failed to identify the type of isolation required for three of six Resident Rooms (Rooms 14, 30 and 45) and failed to assist residents in hand hygiene prior to dinner meal. Findings include: The facility Coronavirus Disease 2019 Visitor Screening: dated 5/26/20, indicated that all visitors are screened prior to entering the facility for fever, respiratory symptoms, or other COVID-19 symptoms (cough, shortness of breath, fever, fatigue, headache, congestion, nausea, vomiting, diarrhea, chills, muscle pain, sore throat, or new onset of loss of taste and smell) as specified by the CDC. During entrance into the facility on [DATE], at 3:50 p.m. the Nursing Home administrator walked the surveyor through the C Hall nursing unit to the nurse's station where the visitor screening process took place that included the questions related to COVID-19 symptoms and her temperature was taken. During an interview on 6/26/20, at 3:55 p.m. The Nursing Home Administrator confirmed that the facility failed to properly screen the surveyor before permitting entry into the facility. The facility Hand Hygiene/Handwashing policy dated 5/4/20, 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 6/26/20, at 4:11 p.m. of the soiled utility room on the D Hall nursing unit revealed the sink blocked by a garbage can making it inaccessible for handwashing use. During an interview on 6/26/20, at 4:11 p.m. Nurse Aide Employee E1 confirmed that the soiled utility sink in the D hall nursing unit soiled utility room was inaccessible for hand washing. The facility Isolation-Categories of Transmission-Based Precautions dated 5/4/20, indicated to use color coded signs and/or other measures to alert staff of the implementation of Transmission-Based Precautions, while respecting the privacy of the resident. Colors indicate what type of isolation is required: blue is for airborne, orange is for contact, and yellow is for droplet. The sign should also instruct visitors to report to the nurse's station before entering the room. During an observation on 6/26/20, at 4:15 p.m. of Resident room [ROOM NUMBER], it was noted that a Personal Protective Equipment (PPE) door caddy (device to hold gloves, gowns and masks) was in place. The door did not contain a sign that indicated the type of isolation required and did not include a sign for visitors to report to the nurse's station before entering the room. During an observation on 6/26/20, at 4:20 p.m. of Resident room [ROOM NUMBER], it was noted that a PPE door caddy was in place. The door did not contain a sign that indicated the type of isolation required and did not include a sign for visitors to report to the nurse's station before entering the room. During an observation on 6/26/20, at 4:25 p.m. of Resident room [ROOM NUMBER], it was noted that a PPE door caddy was in place. The door did not contain a sign that indicated the type of isolation required and did not include a sign for visitors to report to the nurse's station before entering the room. During an interview on 6/26/20, at 4:30 p.m. the Nursing Home Administrator confirmed that the facility failed to identify the type of isolation required and for visitors to report to the nurse's station prior to room entry for three resident rooms containing PPE door caddies. The facility Handwashing/Hand Hygiene policy dated 5/4/20, indicated that hand washing should occur before eating and after using a restroom. During dining observations on 6/26/20, from 4:15 through 4:40 p.m. revealed that the resident meal trays did not include a wet wipe (disposable cleansing towelette) and/or hand sanitizer for residents to clean their hands prior to eating their meal. During interviews on 6/26/20, from 4:15 through 4:40 p.m. three residents indicated that they are not provided a wet wipe or any other means to clean their hands prior to eating their meals. During an interview on 6/26/20, at 4:55 p.m. Nurse Aide Employee E1 confirmed that the facility failed to assist residents with hand hygiene prior to dinner meal. 28 Pa. Code: 201.14 (a) Responsibility of licensee. 28 Pa. Code: 201.18 (b) (10) (e) (1) Management. 28 Pa Code: 205.33 Utility room.</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.