

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395227</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BROOKSIDE HEALTHCARE &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2630 WOODLAND ROAD ROSLYN, PA 19001</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>	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, facility documentation review, and staff interviews, it was determined the facility failed to implement infection control practices for Covid 19 for 3 of 4 hallways. The findings include: During the entrance conference on 6/18/20 at 8:20 AM, the interim Director of Nursing (DON) stated that a hallway (Hallway #1) in the Woodland unit (Rooms 101 to 112) was designated as the red and yellow zones for Covid-19. On all the other hallways, the staff were to wear eye protection, and facial mask, and gloves when entering resident's rooms. Observations of signage on the doors to the resident's rooms on the Susquehanna unit are labeled To enter room, wear eye protection, mask, and gloves. At 8:44 AM, Employee (E)1 was observed going to the medication cart, she sanitized her hands, knocked on room [ROOM NUMBER], (Hallway #2) and entered without gloves on her hands. When she exited the room, she was holding inhaler medications in her hand. When this writer asked where her gloves were, she responded, I was just picking these up, showing the medications. She was asked again about wearing gloves since all rooms signage read, to enter a room wear eye protection, mask, and gloves. She responded, Okay. At 8:55 AM, E2 was observed (in Hallway #3) exiting room [ROOM NUMBER], he removed his gloves, placed them on an over bed table located outside of room [ROOM NUMBER], without washing or sanitizing hands he placed a new pair of gloves onto his hands and proceeded to enter room [ROOM NUMBER]. He stated that he should have dispose of the gloves correctly and washed his hands. Review of the facility's undated Universal Precautions policy reads, Gloves are changed between each resident. Handwashing is indicated after contact with each resident and when gloves are removed At 10:05 AM, E3 was observed to start entering the ajar fire doors to the designated COVID area without wearing gloves or having the required N-95 mask on correctly. E3 was wearing only one of the two straps in place, which indicates there was no seal to the N-95 mask. E3 was asked if he was wearing his mask correctly, he did not respond. This observation occurred during a tour of the facility's PPE (Personal Protective Equipment) with the Administrator. She confirmed that E3 was wearing his facial mask incorrectly.		
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.