

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395742	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER SOUTHWESTERN NURSING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 500 LEWIS RUN ROAD PITTSBURGH, PA 15122	
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>Based on observations and review of facility policies it was determined that the facility failed to follow acceptable infection control practices related to maintaining separate donning and doffing areas for PPE in two of four nursing units, failed to make certain handwashing and disposal areas were accessible for staff use in one of two soiled utility rooms, and failed to maintain a clean and sanitary environment in the central baths which created the potential for the cross-contamination and the spread of diseases and infections for two of two shared bathing rooms. Findings include: Review of the CDC guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated 7/15/20, indicated that disposable PPE should be removed and discarded before leaving the patient room or care area. Review of the facility policy Personal Protective Equipment dated 4/27/20, indicated that a supply of PPE will be maintained at each nursing station. Review of the facility policy Cleaning and Disinfection of Environmental Surfaces dated 4/27/20, indicated that environmental surfaces will be cleaned and disinfected. During an observation on 8/6/20, at 12:00 p.m. a table was placed at the beginning of the First Floor Long Hall, with boxes of gloves, disinfectant wipes, face masks, and disposable gowns on it. Taped to the front of the table was a clear garbage bag with used PPE discarded in it. Directly next to the table was a garbage can with dirty gowns extending from under the lid and hanging down the outside of the garbage can. During an observation on 8/6/20, at 12:05 p.m. a table was placed at the beginning of the First Floor Short Hall, with boxes of gloves, face masks, and disposable gowns on it. Taped to the front of the table was a clear garbage bag with used PPE discarded in it. During an observation 8/29/20, at 12:33 p.m. of the First-Floor soiled utility room, the sink was blocked by six portable linen carts, and an open package of unused resident briefs were placed on the sink. During an observation 8/29/20, at 12:52 p.m. of the First-Floor central bath, the following was observed: - 2 bottles of personal body wash, open and not labeled with resident names - 1 bottle of shampoo, open and not labeled with a resident name - 1 tube of skin protectant ointment, open and not labeled with a resident name - 1 safety shaver, with hair visible in the razor head - 2 black plastic combs on the sink, with hair visible in the combs During an observation 8/29/20, at 1:01 p.m. of the Second-Floor central bath, the following was observed: - 1 tube of petroleum jelly, open - 1 disposable glove - 1-gallon jug of shampoo, with the pump mechanism from the gallon jug removed and laying in the tub bottom - wrappers from disposable incontinence pads - visibly used towels on a bath chair. During an interview on 8/29/20, at 1:50 p.m., the Director of Nursing confirmed that the facility failed to maintain a separate donning and doffing area for PPE, failed to make certain handwashing and disposal areas were accessible for staff use in one soiled utility rooms, and failed to maintain a clean and sanitary environment in the central baths which created the potential for the cross-contamination and the spread of diseases and infections two of two nursing units.</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.