

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Eldercare Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 West Run Road Munhall, PA 15120	

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)
<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39311</p> <p>Based on Centers for Disease Control and Prevention (CDC) guidance, Pennsylvania Department of Health (PADOH) guidance, facility policy and documents, review of clinical records, and resident and staff interviews, it was determined that the facility failed to maintain an infection prevention and control program by failing to document surveillance of residents and staff with GI illness, failed to preclude ill staff from working, failed to educate staff on appropriate precautions related to GI illness, resulting in the actual harm of 26 of 43 residents contracting GI illness (Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, and R26), and the actual harm of two residents being hospitalized (Resident R14 and R25).</p> <p>Findings include:</p> <p>The CDC, Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings, dated 2/15/17, indicated that healthcare settings that experience an outbreak of gastroenteritis/norovirus should implement the following:</p> <p>Cohorting (residents with symptoms of illness are moved into the same room) and Isolation Precautions</p> <p>-Avoid exposure to vomitus or diarrhea.</p> <p>-Place patients on Contact Precautions in a single occupancy room if they have symptoms consistent with norovirus gastroenteritis. When patients with norovirus gastroenteritis cannot be accommodated in single occupancy rooms, efforts should be made to separate them from asymptomatic patients.</p> <p>-If norovirus gastroenteritis infection is suspected, adherence to personal protective equipment -PPE (gloves, gowns, masks and/or face shields worn to protect the care giver from infection) use according to Contact and Standard Precautions is recommended for individuals entering the patient care area (i.e., gowns and gloves upon entry) to reduce the likelihood of exposure to infectious vomitus or fecal material.</p> <p>-During outbreaks, place patients with norovirus gastroenteritis on Contact Precautions for a minimum of 48 hours after the resolution of symptoms to prevent further exposure of susceptible patients.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Eldercrest Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 West Run Road Munhall, PA 15120	
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)		
<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>-Consider minimizing patient movements within a ward or unit during norovirus gastroenteritis outbreaks.</p> <p>-Consider suspending group activities (e.g., dining events) for the duration of a norovirus gastroenteritis outbreak.</p> <p>-Actively promote adherence to hand hygiene among healthcare personnel, patients, and visitors in patient care areas affected by outbreaks of norovirus gastroenteritis</p> <p>-During outbreaks, use soap and water for hand hygiene after providing care or having contact with patients suspected or confirmed with norovirus gastroenteritis.</p> <p>-Consider submitting stool specimens as early as possible during a suspected norovirus gastroenteritis outbreak and ideally from individuals during the acute phase of illness (within 2-3 days of onset). It is suggested that healthcare facilities consult with state or local public health authorities regarding the types of and number of specimens to obtain for testing.</p> <p>Review of the facility PADOH Toolkit for Control of Norovirus Outbreaks in Long-Term Care Facilities dated August 2019, indicated:</p> <p>-Implement daily active surveillance for gastroenteritis among residents and staff using DOH sample line listing.</p> <p>-That for the duration of the outbreak, the facility should increase the frequency of hand hygiene audits and provide written and verbal feedback to staff.</p> <p>-During outbreaks, use soap and water for hand hygiene (do not substitute alcohol-based hand gel).</p> <p>-Exclude ill personnel from work for a minimum of 48 hours after the resolution of symptoms.</p> <p>Review of the facility policy Handwashing/Hand Hygiene dated 12/15/23, indicated for staff to wash hands with soap and water for after contact with a resident with infections diarrhea, including norovirus.</p> <p>Review of documentation submitted by the facility dated 4/16/24, indicated that residents began became ill with vomiting, diarrhea, and fever. Ten residents were listed in this report (Resident R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10). Staff is keeping everyone in their room, Staff wearing mask, hand sanitizer, visitor to wear mask, sanitizing rooms and hallways. Called Doctor got prescription for Zofran (anti-nausea medication), diet modified.</p> <p>Review of follow-up documentation submitted by the facility dated 4/16/24, indicated prescription for Zofran for patients with vomiting, diet modified to include water, Gatorade, Jell-O and apple sauce. Facility notified the Medical Director and implemented IC (infection control) procedures for GI (gastrointestinal) illness. County Health department was also notified. Food borne cause was ruled out as staff were the first people to become ill. We have 12 people affected. No testing was done at this time. Physician to be in the facility tomorrow for further assessment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Eldercrest Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 West Run Road Munhall, PA 15120	
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)		
<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of follow-up documentation submitted by the facility dated 4/22/24, indicated additional residents (Resident R11, R12, R13, and R14) became ill.</p> <p>Review of follow-up documentation submitted by the facility dated 4/25/24, indicated that Norovirus was confirmed by stool sample analyzed on 4/20/24 for Resident R9 and R15.</p> <p>Facility protocols for infection lockdown implemented after four residents began showing s/s (sign and symptoms) Staff instructed to begin wearing masks, gloves, gowns and face shields that were provided by the facility. Signs posted on all entrances alerting the community to wear a mask or refrain from visiting at this time. Infected residents were encouraged to stay in their rooms during the symptoms being identified. Facility housekeeping staff began infection control protocols with facility deep cleaning of common areas, handrails, doorknobs and all Common Touch items. Resident rooms of affected residents placed on daily wipe down for all surfaces with disinfectant. Dietary instructed to provide clear liquids, broth and popsicles to affected residents. New admissions put on hold to protect new residents from becoming infected. Total of 28 residents identified affected during the outbreak to have s/s of the infection. Total of 21 employees identified affected during the outbreak to have s/s of the infection. As of this date 4/25/24, there have been no new cases of the infection in either residents or employees in the past four days.</p> <p>On 4/30/24, at 10:15 a.m. a request was made for the line-list of residents who had contracted GI illness. The facility was unable to provide a line list. A copy of the facility report noted above was provided. It was communicated to the facility that the report stated 28 residents were reported as having contracted GI illness, but only 15 were identified in the report.</p> <p>On 4/30/24, at approximately 11:00 a.m. the facility provided additional names of residents who had contracted GI illness, totaling 26 residents (Resident R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, and R26).</p> <p>During an interview on 4/30/24, at 11:40 a.m. Employee E12 stated that she had the GI illness on 4/22/24, but had only stayed off of work for one day.</p> <p>Review of the facility provided list of staff members with GI illness and staff attendance records indicated the following:</p> <p>-Employee E1 was noted to have GI illness on 4/7/24-4/8/24. Employee E1 worked from 4/7/24, at 3:19 p.m. until 4/8/24, at 7:01 a.m. Employee E1 then returned to work on 4/9/24, at 3:07 p.m., without having completed the 48 hours of symptom resolution before returning to work. Later in the listing, Employee E1 was noted to have GI illness on 4/10/24-4/11/24. Employee E1 worked on 4/11/24.</p> <p>-Employee E2 was noted to have GI illness on 4/8/24-4/9/24. Employee E2 worked on 4/5/24, and then returned to work on 4/9/24, at 7:51 a.m., without having completed the 48 hours of symptom resolution before returning to work.</p> <p>-Employee E3 was noted to have GI illness on 4/9/24-4/10/24. Employee E3 worked both 4/9/24, and 4/10/24, during the noted illness time.</p> <p>-Employee E4 was noted to have GI illness on 4/9/24-4/10/24. Employee E4 worked both 4/9/24, and 4/10/24, during the noted illness time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Eldercrest Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 West Run Road Munhall, PA 15120	
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)		
<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>-Employee E5 was noted to have GI illness on 4/9/24-4/10/24. Employee E5 worked on 4/8/24, and then returned to work on 4/10/24, at 6:27 a.m., without having completed the 48 hours of symptom resolution before returning to work.</p> <p>-Employee E6 was noted to have GI illness on 4/9/24-4/10/24. Employee E6 worked both 4/9/24, and 4/10/24, during the noted illness time.</p> <p>-Employee E7 was noted to have GI illness on 4/10/24-4/11/24. Employee E7 worked on 4/11/24, during the noted illness time.</p> <p>-Employee E8 was noted to have GI illness on 4/17/24-4/18/24. Employee E8 to was documented to have called off sick from work on 4/17/24, and then returned to work on 4/18/24, without having completed the 48 hours of symptom resolution before returning to work. Employee E8 was documented to have called off sick again on 4/19/24.</p> <p>-Employee E9 was noted to have GI illness on 4/20/24-4/21/24. Employee E9 worked on 4/22/24, without having completed the 48 hours of symptom resolution before returning to work.</p> <p>-Employee E10 was noted to have GI illness on 4/20/24-4/21/24. Employee E10 worked both 4/20/24, and 4/21/24, during the noted illness time.</p> <p>-Employee E11 was noted to have GI illness on 4/27/24-4/28/24. Employee E11 worked on 4/26/24, and then returned to work on 4/29/24, without having completed the 48 hours of symptom resolution before returning to work.</p> <p>Review of clinical records revealed the following residents who were documented by the facility as having had symptoms of GI illness greater than one week after staff members either worked during the time of their documented illness, or returned to work without having completed the 48 hours of symptom resolution:</p> <p>Review of clinical records indicated Resident R25 began showing symptoms of GI illness on 4/14/24, with a progress note at 8:57 p.m. that stated, Resident complained of nausea and was dry heaving.</p> <p>Review of a progress note dated 4/17/24, at 5:00 p.m. stated, Resident noted to have emesis X4. No diarrhea noted. Complained of decreased appetite. Vomit is thin consistency and the color of the med pass (nutritional supplement) she was drinking. Denies abdominal pain at this time. Complained of chills. Temperature noted and will monitor.</p> <p>Review of a progress note dated 4/17/24, at 9:45 p.m. revealed Resident R25 was transferred to the hospital.</p> <p>Review of hospital documentation dated 4/18/24, at 1:29 a.m. revealed that Resident R25 was admitted to the hospital for severe dehydration, with urinary tract infection and pneumonia.</p> <p>Review of clinical records indicated Resident R5 began showing symptoms of GI illness on 4/15/24, with a progress note at 2:32 p.m. that stated, Resident not feeling well today. Complained of nausea. Did not take any medications or eat.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Eldercrest Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 West Run Road Munhall, PA 15120	
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 - Actual harm  Residents Affected - Some	<p>Review of clinical records indicated Resident R7 began showing symptoms of GI illness on 4/15/24, with a progress note at 2:35 p.m. that stated, Complained of nausea this am. States she did vomit through the night. No vomiting today. Order received for as needed Zofran which was effective. Did not eat breakfast.</p> <p>Review of clinical records indicated Resident R10 began showing symptoms of GI illness on 4/15/24, with a progress note at 2:37 p.m. that stated, Resident complained of nausea all day. Temp-97.3. Order received for as needed Zofran, which was effective. Resident did not take any medications or eat today.</p> <p>Review of clinical records indicated Resident R12 began showing symptoms of GI illness on 4/15/24, with two doses of Zofran provided that day. Review of progress notes failed to reveal any notes related to GI illness.</p> <p>Review of clinical records indicated Resident R14 began showing symptoms of GI illness on 4/15/24, with a progress note at 2:37 p.m. that stated, Resident had an episode of diarrhea.</p> <p>Review of a progress note dated 4/19/24, at 12:57 a.m. stated, Held resident's tramadol (narcotic pain medication) due to emesis x 2.</p> <p>Review of a progress note dated 4/20/24, at 12:00 a.m. stated, Resident refused tramadol as ordered because he said, I do not want to take any medications because I ' m having diarrhea.</p> <p>Review of a progress note dated 4/20/24, at 1:45 p.m. stated, Patient refused all meds today. Stated that he still feels weird after having GI upset in the form of diarrhea yesterday.</p> <p>Review of a progress note dated 4/22/24, at 1:17 p.m. stated, Resident complains of N/V/D (nausea, vomiting, diarrhea) since Thursday and being unable to eat. Requests to be sent to Hospital. 911 called.</p> <p>During an interview on 4/30/24, at 11:45 a.m. Resident R14 confirmed he had the GI illness, that stated, I probably changed myself twenty times that day. Resident R14 stated that he was hospitalized for the GI illness.</p> <p>Review of facility census information revealed Resident R14 was admitted to the hospital from 4/22/24, through 4/26/24.</p> <p>Review of hospital discharge paperwork dated 4/26/24, indicated the was treated for diarrhea and emesis, and discharged on norovirus precautions.</p> <p>Review of clinical records indicated Resident R19 began showing symptoms of GI illness on 4/15/24, with a progress note at 12:13 p.m. that stated, Resident not feeling well. Has diarrhea today.</p> <p>Review of clinical records indicated Resident R24 began showing symptoms of GI illness on 4/15/24, with Zofran provided for nausea and vomiting. Review of progress notes failed to reveal any notes related to GI illness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Eldercrest Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 West Run Road Munhall, PA 15120	
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)		
<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of clinical records indicated Resident R1 began showing symptoms of GI illness on 4/16/24, with a progress note at 12:47 p.m. that stated, Resident had multiple episodes of vomiting and diarrhea. Offering Gatorade to replace electrolytes and fluid.</p> <p>Review of a progress note dated 4/18/24, at 1:54 p.m. indicated Resident with episodes of loose BM (bowel movement) and complaining of nausea on prior shift. Per request, remained in bed this shift. Hospice aid in to provide am care. Per her report, had episode of loose bms (bowel movements).</p> <p>Review of clinical records indicated Resident R2 began showing symptoms of GI illness on 4/16/24, with a progress note at 12:45 p.m. that stated, Resident had multiple episodes of vomiting and diarrhea. Offering Gatorade to replace electrolytes and fluid.</p> <p>Review of clinical records indicated Resident R3 began showing symptoms of GI illness on 4/16/24, with a progress note at 12:56 p.m. that stated, Resident had multiple episodes of vomiting and diarrhea. Offering Gatorade to replace electrolytes and fluid.</p> <p>Review of clinical records indicated Resident R4 began showing symptoms of GI illness on 4/16/24, with a progress note at 12:46 p.m. that stated, Resident had multiple episodes of vomiting and diarrhea. Offering Gatorade to replace electrolytes and fluid.</p> <p>Review of facility reports indicated Resident R6 has having GI illness symptoms on 4/16/24. Progress notes did not reveal any information about GI illness. Review of Resident R6's bowel record revealed loose stools on 4/17/24, and 4/18/24.</p> <p>Review of clinical records indicated Resident R8 began showing symptoms of GI illness on 4/16/24, with a progress note at 2:30 p.m. that stated, Resident complained of not feeling well. Less verbal with staff. Refused breakfast. Medicated with Zofran at 8:45 am. Taking small sips of water. Prior to lunch took 4 sips of Gatorade and had an emesis of yellow bile. No further emesis. Refused lunch. Is taking small sips of water and Gatorade.</p> <p>Review of clinical records indicated Resident R17 began showing symptoms of GI illness on 4/16/24, with a progress note at 12:51 p.m. that stated, Resident had multiple episodes of vomiting and diarrhea. Offering Gatorade to replace electrolytes and fluid.</p> <p>Review of clinical records indicated Resident R18 began showing symptoms of GI illness on 4/16/24, with a progress note at 12:51 p.m. that stated, Resident had multiple episodes of vomiting and diarrhea. Offering Gatorade to replace electrolytes and fluid.</p> <p>Review of clinical records indicated Resident R21 began showing symptoms of GI illness on 4/16/24, with a progress note at 12:51 p.m. that stated, Resident had multiple episodes of vomiting and diarrhea. Offering Gatorade to replace electrolytes and fluid. Review of a progress note dated 4/18/24, stated, Diarrhea this am.</p> <p>Review of clinical records indicated Resident R22 began showing symptoms of GI illness on 4/16/24, with a progress note at 12:56 p.m. that stated, Resident had multiple episodes of vomiting and diarrhea. Offering Gatorade to replace electrolytes and fluid.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Eldercrest Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 West Run Road Munhall, PA 15120	
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)		
<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of clinical records indicated Resident R9 began showing symptoms of GI illness on 4/17/24, with a progress note at 2:59 p.m. that stated, Nurse aides reported that resident had large bm and emesis at 2:45 pm. Zofran and ginger ale given.</p> <p>Review of clinical records indicated Resident R11 began showing symptoms of GI illness on 4/17/24, with a progress note at 10:30 p.m. that stated, Resident started to vomit earlier this shift, after dinner.</p> <p>Review of clinical records indicated Resident R13 began showing symptoms of GI illness on 4/17/24, with a progress note at 10:48 p.m. that stated, Resident began to vomit after dinner.</p> <p>Review of clinical records indicated Resident R15 began showing symptoms of GI illness on 4/17/24, with a progress note at 2:29 p.m. that stated, Resident refused PO (oral) meds due to nausea and vomiting.</p> <p>Review of clinical records indicated Resident R12 began showing symptoms of GI illness on 4/18/24, with a progress note at 2:29 p.m. that stated, No emesis this shift. Appetite fair. Fluids and Gatorade offered frequently.</p> <p>Review of facility reports indicated Resident R23 was having GI illness symptoms on 4/18/24. Progress notes did not reveal any information about GI illness. Review of Resident R6's bowel record revealed loose stools on 4/18/24.</p> <p>Review of facility reports indicated Resident R26 was having GI illness symptoms, date unknown. Review of a progress note dated 4/16/24, at 2:38 p.m. indicated Resident R26 had loose stools, which is her baseline. Additional progress notes on 4/22/24, 4/23/24, 4/25/24, and 4/27/24, indicated loose stools.</p> <p>On 4/30/24, at 10:15 a.m. a request was made for education provided to the facility staff on GI virus precautions and hand hygiene audits. The facility was unable to provide any documentation of education or hand hygiene audits.</p> <p>During an interview on 4/30/24, at 11:07 a.m. Employee E4 confirmed that additional formal education was not provided by the facility related to GI illness, but she had known to use gloves and wash her hands with soap and water.</p> <p>During an interview on 4/30/24, at 11:10 a.m. Employee E13 confirmed that additional formal education was not provided by the facility related to GI illness, but she had been told to keep residents in their rooms, wear gloves, and wash her hands rather than use hand sanitizer.</p> <p>During an interview on 4/30/24, at 11:40 a.m. Employee E12 confirmed that she was not provided any additional education related to GI illness by the facility.</p> <p>During an interview on 4/30/24, at 11:45 a.m. Resident R14 stated he did not remember staff wearing gowns when caring for him while he had GI illness.</p> <p>During an interview on 4/30/24, at 11:50 a.m. Resident R1 stated that staff did not wear gowns when caring for him while he had GI illness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Eldercrest Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 West Run Road Munhall, PA 15120	
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)		
<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/30/24, at 12:15 p.m. Employees E14 and E15 confirmed they were not provided any additional education related to GI illness by the facility.</p> <p>During an interview on 4/30/24, at 12:25 p.m. Employees E16 and E17 confirmed they were not provided any additional education related to GI illness by the facility. Both employees confirmed that they wore gloves and washed their hands with soap and water. Employee E16 stated she also wore a gown. Employee E17, when asked if she wore a gown, declined to answer the question.</p> <p>During an interview on 5/2/24, at 2:40 p.m. the Nursing Home Administrator confirmed the facility failed to maintain an infection prevention and control program by failing to document surveillance of residents and staff with GI illness, failed to preclude ill staff from working, failed to educate staff on appropriate precautions related to GI illness, resulting in the actual harm of 26 of 43 residents contracting GI illness and the actual harm of two residents being hospitalized .</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(e)(6) Management.</p> <p>28 Pa. Code: 211.12(a)(c)(d)(1)(2)(3)(4)(5) Nursing services.</p> <p>28 Pa. Code: 201.20(a) Staff development.</p>		