

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395199	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/26/2024
NAME OF PROVIDER OR SUPPLIER  Abbeyville Skilled Nursing and Rehabilitation Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Abbeyville Road Lancaster, PA 17603	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41765</b></p> <p>Based on review of clinical records, pharmacy delivery report, and staff interview, it was determined the facility failed to ensure the physician's medication order was followed for one of the three residents reviewed (Resident CL1).</p> <p>Findings include:</p> <p>Review of Resident CL1's physician order dated November 23, 2024, revealed an order for Rytary Oral Capsule Extended Release 23.75-95 MG (Carbidopa-Levodopa) Give 3 capsules by mouth three times a day for Parkinson's (A disorder of the central nervous system that affects movement, often include tremors).</p> <p>Review of the November 2024 Medication Administration Record (MAR) revealed that from November 24, 2024, until November 30, 2024, Resident CL1 was not administered with medication Rytary nine times.</p> <p>Nursing progress notes review dated November 24, 2024, at 9:23 a.m., 11:56 a.m., and 7:00 p.m., November 28, 2024, at 9:17 p.m., November 29, 2024, at 10:22 p.m., November 30, 2024, at 1:12 p.m., all indicated that medication was not administered pending/awaiting delivery from the pharmacy.</p> <p>Review of the pharmacy medication delivery report revealed that medication Rytary (27 capsules) was delivered to the facility on [DATE], and was received by a licensed nurse.</p> <p>Review of Resident CL1's clinical records failed to reveal the physician was notified of the missed medication for Resident CL1's Parkinsons.</p> <p>Interview with the Director of Nursing was conducted on December 26, 2024, at 3:00 p.m. The DON was unable to provide an answer as to why Rytary medication was not administered. The DON confirmed that the physician was not notified of the missed medication.</p> <p>The facility failed to ensure that CL1's medication order for Parkinson's was followed.</p> <p>28 Pa. Code 211.12(a)(c)(d)(1)(3)(5) Nursing services</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41765</b></p> <p>Based on review of the facility's policy, Pennsylvania Department of Health (DOH) 2023-PAHAN-694 review, clinical records review, observations, and staff interviews, it was determined the facility failed to ensure that infection control prevention and management were implemented on two of four units observed ([NAME] and [NAME]) as well as within reception and Rehab department.</p> <p>Findings include:</p> <p>Review of the Pennsylvania Department of Health 2023-PA HAN-694-5-11- UPD (updated) titled Interim Infection Prevention and Control Recommendation for COVID-19 in Healthcare Settings, updated on May 11, 2023, revealed Department of Health (DOH) recommends using the following additional infection control prevention and control practices related to COVID-19 (An infectious respiratory illness caused by the SARS-CoV-2 virus), along with standard practice recommended as a part of routine healthcare delivery to patients. The same PA HAN revealed source control options for HCP (healthcare personnel): A NIOSH-approved particulate respirator with an N-95 filter or higher; A barrier face covering that meets ASTM requirements; or a well-fitting facemask. Source control is recommended in healthcare settings for individuals who have suspected or confirmed SARS-CoV-2 infection or other respiratory infection and who had close contact with someone with SARS-CoV-2 infection, for 10 days after their exposure. HCPs who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use of NIOSH (National Institute for Occupational Safety and Health)-approved N95 respirator, gown, gloves, and eye protector.</p> <p>Review of the facility's policy titled COVID-19, with a review date of July 1, 2024, revealed that in addition to standard precautions, special contact and droplet precautions will be implemented for patients/residents suspected or confirmed to have COVID-19. Special Contact and Droplet Precautions require wearing a N95 respirator upon entry into that patient's room. In addition to the recommended personal protective equipment (PPE), keep the door to the patient's room closed, when safe to do so. The same policy also revealed that any HCP who reports symptoms that meet the criteria will be tested before entry. For transmission-based precautions, the facility will perform contact tracing for both suspected and confirmed cases and document it on the Contact Tracing Log. An outbreak investigation will be organized by the Infection Preventionist or designee when a disease outbreak is suspected.</p> <p>Interview was conducted upon entrance with the Director of Nursing (DON) on December 26, 2024. The DON reported that there were currently two COVID-19-positive residents in the facility, one in the [NAME] Unit (Resident 1) and the other one in the [NAME] Unit (Resident 2). The DON reported that all staff and visitors must wear a surgical mask while in the building. The DON reported that an N95, a gown, and an eye protector should be worn when entering a room with a COVID-positive resident.</p> <p>Upon entering the facility at 9:15 a.m., Employee E3 was observed sitting in the reception area with no facemask on. Employee E1 grabbed a yellow surgical mask and put it on after the surveyor introduced herself. At 9:27 a.m., Employee E3 was observed at the front desk singing with a face mask on the chin.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on the [NAME] Unit conducted on December 26, 2024, revealed the following: at 9:29 a.m., licensed nurse Employee E4 was observed in the hallway giving medications with a surgical facemask on the chin; At 9:29 a.m., licensed employee E5 was observed on Resident 3's room providing treatment wearing a surgical facemask placed on her/his chin, Employee E5 immediately pulled up her/his mask after surveyor introduce self; At 9:35 a.m., licensed nurse Employee E6 was observed on the hallway doing rounds wearing a surgical facemask covering only the mouth at 9:41 a.m.</p> <p>Observation on the Rehab Unit on December 26, 2024, at 9:46 a.m., revealed that licensed Employee E7 was observed wearing a surgical facemask placed on his/her chin while providing treatment to three residents.</p> <p>Observation on the [NAME] Unit conducted on December 26, 2024, revealed the following: At 9:49 a.m., licensed nurse Employee E8 was observed giving medications in the hallway wearing a surgical mask covering only her/his mouth; At 9:51 a.m., licensed nurse Employee E9 was observed providing care to Resident 4 wearing a surgical facemask. Resident 4's room had signage indicating that Resident was on contact and droplet precaution requiring staff to wear an N95 mask, a gown, and an eye shield when entering the room. Employee E9 reported that the precautions were put in place because Resident 4 goes to Dialysis -Hemodialysis (process of purifying the blood of a person whose kidneys are not working normally).</p> <p>Observation conducted on the [NAME] Unit on December 26, 2024, at 1:30 p.m., revealed Employee E6 providing an aerosol treatment to a positive COVID-19 (Resident 1) wearing a surgical facemask. Resident 1's room had signage indicating that the resident was on a contact and droplet precaution, requiring anyone who enters the room to wear an N95 mask, a gown, and an eye protector. Employee E6 reported that she/he initially had all the appropriate PPE worn but had to come back to re-check the resident. Employee E6 confirmed that appropriate PPE should be worn when entering a positive COVID resident.</p> <p>Review of Resident 5 and Resident 6's clinical records revealed Resident 5 and Resident 6, both reside on the Arcadia Unit (secured dementia unit) were sent to the hospital on November 17, 2024, for change in mental condition and respiratory symptoms, both tested positive for COVID in the hospital. All residents and staff that worked in the unit were tested for COVID-19 with 17 resident and six staff (nursing and activities) initially with positive results. The entire unit was placed on droplet and contact precautions with residents placed on isolation.</p> <p>Review of the facility's documentation revealed non licensed staff Employee E10 had a positive COVID test on November 15, 2024.</p> <p>Interview conducted with Employee E10's on December 26, 2024, at 10:00 a.m., revealed, Employee E10 did a self-COVID test after work on November 15, 2024 due to a headache and knee pain, Employee E10 reported that the symptom occurred after work and the test result was positive but did not inform anyone in the facility. Employee E10 reported that she/he did another self-Covid test on November 17, 2024, with a negative result. Employee E10 further reported that she/he came to work on November 18, 2024, served breakfast to the residents on the Arcadia unit, and informed the unit manager of her/his positive/negative test over the weekend. The employee was immediately tested resulted in a positive for COVID reading and was sent home.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with the Infection Preventionist, Employee E11, conducted on December 26, 2024, at 10:30 a.m., revealed that after being notified of two positive residents from the hospital, all residents in the unit (Arcadia-Dementia Unit) and staff that worked in the unit were all tested . Positive residents were placed on precautions and isolations and positive staff were sent home and returned following CDC guidelines. However, Employee E11 reported that the facility did not conduct contact tracing to determine possible contact of staff that tested positive as some of the staff members were float nursing staff and activities staff who also traveled to other nursing units. The Infection Preventionist was unable to provide an answer as to why contact tracing was not conducted.</p> <p>The above informatoin was conveyed to the Director of Nursing on December 26, 2024, at 4:00 p.m.</p> <p>The facility failed to ensure infection control and prevention were implemented in the facility.</p> <p>28 Pa. Code 201.18(a)(b)(1)(2)(3) Management</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee</p> <p>28 Pa. Code 211.12(a)(c)(d)(1)(3)(5) Nursing services</p> <p>28 Pa. Code 211.10(c) Resident care policies</p>		