

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Quarryville Presbyterian Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 625 Robert Fulton Highway Quarryville, PA 17566	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>35913</p> <p>Based on a review of clinical records and interview with staff, it was determined that the facility failed to ensure a physician's discharge summary was completed prior to or at the time of discharge for one of two closed records (Resident 83).</p> <p>Findings include:</p> <p>Review of Resident 83's clinical record revealed that the resident was discharged from the facility on July 2, 2024.</p> <p>Further review of Resident 83's clinical record failed to reveal evidence that the discharge summary was completed by the physician prior to or at the time of discharge.</p> <p>Interview with the Nursing Home Administrator on July 10, 2024 at 10:00 a.m. confirmed that the discharge summary was not completed.</p> <p>28 Pa Code 211.5(d) Clinical record</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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(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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>22502</p> <p>Based on observations, clinical record reviews, and staff interviews, it was determined the facility failed to ensure Enhanced Barrier Precautions (EBP-infection control prevention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities) were in place for residents requiring enhanced barrier precautions for one of four residents reviewed (Residents 2).</p> <p>Findings include:</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions (EBP) dated March 2024, revealed EBP will be used in the care of any residents who are at higher risk of colonization or infection with multi-drug resistant organisms (MDROs). Use of Enhanced Barrier Precautions is a strategy for improved success for infection control and to expand on standard precautions.</p> <p>Enhanced Barrier Precautions are designed to reduce the risk of transmission and/or colonization of MDROs from both recognized and unrecognized sources.</p> <p>Enhanced Barrier Precautions require gowns and gloves to be worn during any high-contact resident care based on the location of the organism (i.e., urine, nares, wounds, etc). EBP are to be used for residents who are at an increased risk of infection, including those with a known infection or colonization of a resistant organism who do not require contact precautions, and residents with chronic wounds or indwelling medical devices. It is meant to remain in place for these residents during the duration of their stay at the facility. Isolation is not required for those who have EBP in place.</p> <p>Clinical records review revealed Resident 2 had a Stage 4 Pressure Ulcer (Full-thickness skin and tissue loss) to the coccyx.</p> <p>Observation conducted of Resident 2's room failed to reveal evidence of EBP signage/communication.</p> <p>Interview with the Director of Nursing, Nursing Home Administrator, and Wound Nurse was conducted on July 10, 2024, at 2:10 p.m., where it was confirmed that the EBP process was not followed for Resident 2.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.5(f) Clinical records</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		