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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395342 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>09/26/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hopkins Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8100 Washington Lane<br>Wyncote, PA 19095 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|---|---|
| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38947</p> <p>Based on observations, staff interviews and review of facility documentation, it was determined that the facility failed to ensure that an effective pest control program and a pest free environment.</p> <p>Findings include:</p> <p>Review of the facility's contract with a local pest control company which began May 13, 2024 indicated that the pest control company services will cover mice, ants, all species of roaches, and stinging insects up to 15 ft high. The pest control company indicated that the services in the contract do not include bed bugs, termites and wildlife.</p> <p>Continued review of the pest control contract indicated that the company will provide services to the facility twice monthly, and that the company will inspect, monitor and treat as needed for the above primary targeted pests, in addition to servicing resident rooms by request, check and date the pest log book in kitchen, and all nursing stations, in addition to other listed tasks during their visit.</p> <p>Review of the pest control logs on both 2nd and 3rd floor nursing station and the 1st floor of the facility from May 2024 -September 2024, indicated various reports of pest, rodents, flies on each floor, in addition to other areas in the facility including the kitchen. The logs required staff to input the date of the sighting of bugs, rodents, the location of the sighting, in addition to a section for staff to input comments for the pest control technician.</p> <p>Review of the pest control logs during the above referenced months revealed dates in which the staff documented the need for pest control services in the required logs, but there was no documentation that those areas of concern were addressed by the pest control company technician when he/she serviced the facility.</p> <p>Review of the pest control log indicated that on August 1, 2024, staff on the 2nd floor documented bed bugs, mice, roaches and cockroaches. Despite this report, the pest control technician only serviced room [ROOM NUMBER] when he serviced the facility.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Review of the pest control log indicated that on September 13, 2024 through September 19, 2024 staff on the 2nd floor indicated that pest control services were needed, everywhere, rooms, hallway. Gnats roaches and flies, They are everywhere all over, the whole floor needs to be sprayed. Please spray the bathroom too. They have roaches. Service for rooms 225, 228, 216, 226 and 217. Review of the pest control service report dated September 20, 20024 from the September 19, 2024 visit, there was no indication that the pest control company serviced the above requested areas (rooms) or addressed the general concerns that the entire floor had about Gnats, roaches and flies being everywhere. The pest control company documented that they serviced the kitchen, and placed pest control device to the left of the elevator, where water bug activity was reported, in addition to servicing the kitchen and employee breakroom.</p> <p>Review of the pest control log for the 2nd floor indicated that on August 30, 2024, room [ROOM NUMBER] was reported as having gnats, and a crawling bug, and that the family took a picture of this particular bug. Review of the pest service report dated September 5, 2024, did not indicate that the concerns in room [ROOM NUMBER] was addressed and/or the area serviced.</p> <p>Continued review of the pest control logs indicated that the company had been servicing the facility for since May 2024, but provided no known recommendations to the facility to aide the facility in achieving an effective control program and a pest free environment for all residents.</p> <p>During an interview with the facility's maintenance director on September 26, 2024 at 10:30 a.m., it was discussed that the facility has been utilizing the current pest control company since May 2024 and that the company services the facility once every other week. After each visit, the facility's maintenance director and Nursing Home Administrator (NHA) are provided with a written report of the work that the pest control company did during their visit. There is also a section on the above reference pest control report entitled, The following observations could have an impact on the effectiveness of your pest control program. Under the section are prelisted areas that the pest control technician would check off that the facility would need to address such as, holes in walls, excessive clutter, in addition to spills, trash, debris. There is also a see comments section for further detail regarding any of the above observations that the pest control technician made that he/she recommended that the facility address that may have an impact on the effectiveness of the facility's pest control program.</p> <p>During an interview with the Nursing Home Administrator on September 26, 2024, at 4:30 p.m. the above concerns related to the pest control company not servicing areas requested by facility staff was reviewed together discussed. It was also discussed with the NHA during this time that the pest control technician should ensure that the company provides recommendations to the facility to decrease the presence of bugs and mice, as an effort to achieve a pest free environment.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>28 Pa Code 201.18(b)(3) Management</p> |  |  |