

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395384	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Pocopson Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1695 Lenape Road West Chester, PA 19382	

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 - 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>35913</p> <p>Based upon review of facility policy and procedure and observation, it was determined the facility failed to ensure adequate infection control measures occurred during medication pass observation on one of two nursing units observed (1 West).</p> <p>Findings include:</p> <p>Review of facility policy and procedure titled Medication Administration, revised June 2022, revealed nurses will wash his or her hands and apply gloves previous to administering any eye medication.</p> <p>Observation of medication administration on the 1 [NAME] nursing unit on March 20, 2024, at 8:56 a.m. revealed Licensed Employee E3 removing medications from pill packs and placing the individual pills in the employee's hand before placing the medication in the medication cup. Licensed Employee E3 was not wearing gloves at that time.</p> <p>Further observation of medication administration on the 1 [NAME] nursing unit on March 20, 2024, at 8:56 a. m. revealed Licensed Employee E3 did not wear gloves when administering eye medications.</p> <p>Interview with the Director of Nursing on March 22, 2024, at 11:00 a.m. confirmed Licensed Employee E3 should have been wearing gloves while administering eye medication and should have placed the pills directly into the medication cup from the pill pack.</p> <p>28 Pa code 201.14(a) Responsible Licensee</p> <p>28 Pa Code 211.12(d)(1)(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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