

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Maybrook Hills Rehabilitation and Healthcare Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Valley View Boulevard Altoona, PA 16602	

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>43856</p> <p>Based on review of facility policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to use proper infection control practices for handling linen while providing care for two of 11 residents reviewed (Residents 10, 11).</p> <p>Findings include:</p> <p>The facility's infection control policy concerning handling of linen, dated May 8, 2024, revealed that staff is to handle soiled linen using standard precautions, such as wearing gloves.</p> <p>Observations on November 18, 2024, at 10:17 a.m. revealed that Nurse Aide 1 exited the room of Resident 11 carrying soiled laundry with her bare hands and placed them in the dirty linen bin in the hallway. Interview with Nurse Aide 1 on November 18, 2024, at 10:18 a.m. confirmed that she should wear gloves while handling soiled laundry.</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 10, dated November 2, 2024, revealed that the resident was cognitively intact and required assistance from staff for daily care needs.</p> <p>Observations on November 18, 2024, at 10:43 a.m. revealed that Nurse Aide 2 and Nurse Aide 3 were providing a bed bath to Resident 10 and threw a soiled gown, a soiled brief, and soiled bed linen on the floor while providing the care. Interview with Nurse Aide 2 and Nurse Aide 3 on November 8, 2023, at 10:44 a.m. confirmed that they should not throw soiled gowns, briefs and bed linens on the floor while providing care and that the soiled items should be placed in bags and taken to the dirty linen bins.</p> <p>Interview with the Nursing Home Administrator on November 18, 2024, at 1:05 p.m. confirmed that gloves should be worn when carrying soiled laundry out of resident rooms; soiled gowns, briefs and bed linens should not be thrown on the floor; and staff should place all laundry in bags and it should be taken to the dirty utility room.</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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