STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395690	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springfield Rehabilitation and Healthcare Center	463 West Sproul Road Springfield, PA 19064

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 39343 Based on observation, review of facility policy and procedure, and interviews with staff, it was determined that the facility failed to handle and transport linens to prevent the spread of infection on one of two nursing units. (East wing) Findings include: Observation at the East Wing of the facility, on March 201, 2024, at 10:07 a.m., revealed that a Nurse Aide, Employee E6, was transporting clean linen for the use of residents by holding the linens letting it to touch the Nurse aide's uniform. Interviewed conducted with Nurse aide, Employee E6, at the timed of the interview, it was confirmed that the linens should have been transported without letting it touch the employee's clothing to prevent contamination and to maintain infection control practices. 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa Code 211.12 (d)(1)(5) Nursing services

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