

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Crawford Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 20881 State Highway 198 Saegertown, PA 16433	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40832</p> <p>Based on review of clinical records and facility policy, and resident and staff interviews, it was determined that the facility failed to allow residents the right to make choices about aspects of his or her life in the facility that are significant to the resident for one of 22 residents reviewed (Resident R22).</p> <p>Findings include:</p> <p>A facility policy entitled, Discharge Summary and Plan, revised 10/2022, indicated when a resident's discharge is anticipated, a post-discharge plan is developed to assist the resident with discharge, every resident is evaluated for his/her discharge needs and has an individualized post-discharge plan, and includes: where the resident plans to reside; arrangements that have been made for follow-up care and services; description of the resident's stated discharge goals; degree of caregiver/support person availability, capacity and capability to perform required care; how the interdisciplinary team will support the resident in the transition to post-discharge care; what factors may make the resident vulnerable to preventable readmission; and how those factors will be addressed. If it is determined that returning to the community is not feasible, it will be documented why this is the case and who made the determination.</p> <p>Resident R22's clinical record revealed an admitted [DATE], with diagnoses including respiratory failure, Type 2 Diabetes (condition that affects how the body uses glucose [sugar] for energy), adjustment disorder, high blood pressure, and chronic obstructive pulmonary disease (COPD- a condition caused by damage to the airways or other parts of the lung that blocks airflow and makes it hard to breathe). The clinical record also revealed a physician's order dated 5/30/24, that indicated Resident R22 had a discharge plan with home health.</p> <p>Resident R22's most recent Quarterly Minimum Data Set (MDS-a standardized assessment tool that measures health status in nursing home residents), with a reference date of 6/07/24, Section C0500 (Cognitive Status) revealed that Resident R22's Brief Interview for Mental Status (BIMS-15-point cognitive screening measure that evaluates memory and orientation and includes free and cued recall items) was a 15 (cognitively intact, able to make daily decisions).</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident R22's clinical record revealed: a Social Service Admission Assessment that indicated Resident R22 expected to be discharged to the community and wanted to talk to someone about the possibility of leaving the facility; a Discharge Plan that indicated Resident R22 wanted to return home after treatment; a Care Conference Record dated 6/13/24, revealed Resident R22 wanted to return to his/her home, and that he/she is refusing to work with therapy.</p> <p>Review of facility documents provided on 7/31/24, regarding Social Services notes revealed: 6/04/24, care plan meeting- Life in PGH [Pittsburgh], return home-set up d/c meeting; 6/13/24, care plan meeting 1:00 p.m. ; 6/14/24, seen again, d/c therapy, refusing therapy.</p> <p>Resident R22's clinical record lacked evidence of an active discharge care plan, referrals and/or post-discharge arrangements for follow-up care were made by the facility to assist Resident R22 in returning home.</p> <p>During an interview on 7/31/24, at 10:55 a.m. the Director of Nursing and the Care Consultant confirmed there was no evidence of an active discharge plan and additionally verified there was no evidence of a Power of Attorney (POA), in Resident R22's clinical record, and that a POA would only take affect when Resident R22 cannot make day-to-day decisions.</p> <p>28 Pa. Code 201.29 (a) Resident rights</p> <p>28 Pa. Code 201.18 (b)(1)(3) Management</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>40832</p> <p>Based on observations, review of facility records, and staff interviews, it was determined that the Nursing Home Administrator (NHA) and the Director of Nursing (DON) did not effectively manage the facility to make certain that proper infection control procedures were followed to protect residents from cross-contamination, infections, viruses and disease in the facility.</p> <p>Findings include:</p> <p>The job description for the NHA revealed that the purpose of this position is to establish and maintain systems that are effective and efficient to operate the facility in a manner to safety meet resident needs in compliance with federal, state, and local requirements.</p> <p>The job description for the DON revealed that the purpose of this position is to provide nursing management, set resident care standards for all direct care providers and provide complete supervision and management for the nursing department.</p> <p>Based on the findings in this report that identified that the facility failed to consistently maintain an infection prevention and control program to mitigate or potentially control the spread of the coronavirus, failed to educate staff, and failed to follow CDC guidelines. The NHA and the DON failed to fulfill their essential job duties to ensure that the Federal and State guidelines and Regulations were followed.</p> <p>Refer to F880.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee</p> <p>28 Pa. Code 201.18(a) Management</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 211.12(c) Nursing Services</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40832</p> <p>Based on observations, review of facility policies and documentation, and staff interviews, it was determined that the facility failed to maintain an infection prevention and control program by failing to follow infection control guidelines from the Pennsylvania Department of Health (PA DOH) to reduce the spread of infections and prevent cross-contamination during the COVID-19 pandemic. This failure placed the facility in an Immediate Jeopardy situation for 20 of 20 residents reviewed (Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, and R20).</p> <p>Findings include:</p> <p>Review of the Pennsylvania Department of Health COVID-19 Infection Control and Outbreak Response Toolkit for Long-Term Care Version 1.1 dated February 2024, and expanded from infection prevention and control guidance from the Centers for Disease Control and Prevention (CDC) for nursing homes and Long-Term Care Facilities revealed the following:</p> <p>During the Outbreak: COVID-19 Outbreak Management and Control Measures included:</p> <p>1. Identify and Isolate First Case.</p> <p>a. Isolate with transmission-based precautions (TBP) on COVID-19 Care Unit in accordance with most up-to-date isolation guidance or provide source control to positive resident and isolate in room (ideally residents should be placed in a single-person room).</p> <p>b. Place TBP signs on the door to indicate to those entering the COVID-19 Care Unit/room of the personal protective equipment (PPE) requirements when providing care to residents with COVID-19.</p> <p>c. Ensure all required PPE is available including N95 or higher-level respirator, gowns, gloves, and eye protection and is worn.</p> <p>d. Reinforce core infection prevention practices among residents, visitors, and healthcare personnel (HCP) including hand hygiene, appropriate use of PPE, environmental cleaning, and disinfection.</p> <p>2. Identify Additional Cases and Exposures.</p> <p>a. Exposed asymptomatic residents and HCP should be tested with a series of up to three viral tests.</p> <p>b. Determine approach (contact-tracing, unit-based, facility-based).</p> <p>c. Identify exposures because of close contact.</p> <p>d. Test exposures immediately (but not within 24 hours of exposure) and if negative, another test at 48 hours, and if negative another test 48 hours later.</p> <p>Evaluation and Monitoring of Residents included:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms, and it is important to assess for other symptoms such as:</p> <ol style="list-style-type: none"> 1. Fever or chills 2. Cough 3. Shortness of breath 4. Fatigue 5. Muscle or body aches 6. Headache 7. New loss of taste or smell 8. Sore throat 9. Congestion or runny nose 10. Nausea or vomiting 11. Diarrhea <p>With identification of any COVID-19 symptoms, implement prompt isolation and further evaluation for COVID-19 infection.</p> <p>During an interview on 7/31/24, at 11:50 a.m. the Infection Preventionist (IP) confirmed that the facility does not COVID-19 test residents unless they present with a fever, and that the facility follows, PAHAN 741, New Respiratory Virus Guidance (General Guidance for Community Settings) dated 3/15/24, which indicated to refer to CDC guidance and that fever is listed at the top of the symptom list, and that residents must have a fever before any other symptoms are considered to testing.</p> <p>During an interview on 8/01/24, at 1:37 p.m. the Director of Nursing (DON) and Assistant Director of Nursing (ADON), confirmed the facility only tests for COVID when the resident presents a fever, and that residents are isolated and watched, and that the facility follows CDC guidance by testing for COVID-19 when a resident presents with a fever.</p> <p>Review of facility policy provided to the surveyor on 8/01/24, entitled, [NAME] Care Center COVID-19 (revised 11/01/23), included:</p> <ol style="list-style-type: none"> 1. Residents with suspected COVID-19: <ol style="list-style-type: none"> a. Place the resident in a single-person room, or cohort with other simultaneously identified known COVID-19, exposures or symptoms and remain in their current location pending test results. b. Initiate TBP per CDC. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Resident R15 experienced lethargy, disorientation, confusion, on 7/19/24, and on 7/26/24, and was sent to the hospital and diagnosed with COVID-19, his/her roommate (Resident R16) tested positive on 7/28/24, and experienced a fever, cough, lethargy, and nausea.</p> <p>Further review of clinical records revealed:</p> <p>On 7/27/24, Resident R17 experienced lethargy, cough, cyanosis (bluish color), wheezing, and fever and was not tested for COVID-19.</p> <p>On 7/25/24, Resident R18 experienced abnormal lung sounds and cough, and continued to exhibit respiratory symptoms and lethargy and was not tested for COVID-19.</p> <p>On 7/16/24, Resident R19 experienced lethargy, headache, nasal congestion, sore throat, harsh cough, and continued through 7/23/24, and was not tested for COVID-19.</p> <p>On 7/17/24, Resident R20 experienced headache, sore throat, cough, and continued through 7/23/24, and was not tested for COVID-19.</p> <p>Observations on 8/01/24, between 12:10 p.m. and 12:25 p.m. revealed COVID positive resident Rooms 201, 202, 203, 104, 110, 108, 109, and 107 lacked signage indicating the presence of a respiratory infection and the necessary precautions and lacked provision of appropriate PPE upon entry into COVID positive resident rooms.</p> <p>During an interview on 8/01/24, at approximately 12:30 p.m. Registered Nurse Employee E1 confirmed the lack of signage and provision of PPE at COVID positive resident rooms, and that not all staff wear N95's when entering COVID positive resident rooms.</p> <p>During an interview on 8/01/24, at 2:45 p.m. the ADON confirmed that COVID positive resident rooms lacked signage, and the provision of PPE.</p> <p>The DON and ADON were made aware that an Immediate Jeopardy (IJ) existed for 12 of 12 residents in the facility on 8/01/24, at 4:32 p.m. and a corrective action plan was requested and the IJ Template was provided.</p> <p>On 8/01/24, at 6:43 p.m. an acceptable corrective action plan was approved which included the following interventions:</p> <ol style="list-style-type: none"> 1. Appropriate signage and PPE were immediately placed by the entry of the COVID-19 positive rooms. 2. Roommates of all residents that tested positive for COVID-19 will be immediately tested if they have not yet been tested . 3. Residents will be moved to the appropriate rooms with COVID-19 positive residents separate from residents that are not COVID-19 positive. 4. The facility will then test all residents for COVID-19 to ensure we are cohorting the residents as appropriate. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>5. Upon plan approval all staff will be educated on proper PPE and signage for rooms that have COVID-19 residents. The nursing staff will be educated on the infection control policy.</p> <p>6. Upon plan approval the staff that are currently in the facility will immediately be educated on these policies. Any employees not currently in the facility will be educated prior to the start of their next scheduled shift.</p> <p>7. Monitoring will continue for all residents with signs and symptoms of COVID-19. Testing will be performed immediately when signs and symptoms are identified. Roommates will be tested as well. Appropriate signage and PPE will be placed immediately.</p> <p>8. The DON or designee to audit</p> <p>a. all residents who are symptomatic each day during morning clinical meeting.</p> <p>b. all newly diagnosed residents for proper signage and PPE upon diagnosis.</p> <p>c. facility staff compliance with isolation and PPE directives three times a week on random shifts during the outbreak.</p> <p>9. the facility will hold ad hoc QAPI to address COVID-19 outbreak in facility to ensure proper adherence to state guidelines and directives.</p> <p>10. The facility will provide education to all management staff including the facility infection preventionist regarding proper signage, PPE, and measures to be implemented during COVID-19 outbreak in the facility.</p> <p>The corrective action plan was verified as implemented and the Immediate Jeopardy was removed on 8/02/24, at 2:16 p.m.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>40832</p> <p>Based on observations, review of clinical records and facility documents, and staff interviews, it was determined that the facility failed to ensure the Infection Preventionist (IP) performed the duties of the position to adequately implement an infection control program to detect and prevent the spread of COVID-19.</p> <p>Findings include:</p> <p>The job description for the IP revealed that the purpose of this position is to implement, coordinate, and ensure that the facility's infection prevention and control program is effective and in compliance with all state and federal regulations.</p> <p>Pennsylvania Department of Health COVID-19 Infection Control and Outbreak Response Toolkit for Long-Term Care Version 1.1 dated February 2024, and expanded from infection prevention and control guidance from the Centers for Disease Control and Prevention (CDC) for nursing homes and Long-Term Care Facilities.</p> <p>During the Outbreak: COVID-19 Outbreak Management and Control Measures included:</p> <p>1. Identify and Isolate First Case.</p> <p>a. Isolate with transmission-based precautions (TBP) on COVID-19 Care Unit in accordance with most up-to-date isolation guidance or provide source control to positive resident and isolate in room (ideally residents should be placed in a single-person room).</p> <p>b. Place TBP signs on the door to indicate to those entering the COVID-19 Care Unit/room of the personal protective equipment (PPE) requirements when providing care to residents with COVID-19.</p> <p>c. Ensure all required PPE is available including N95 or higher-level respirator, gowns, gloves, and eye protection and is worn.</p> <p>d. Reinforce core infection prevention practices among residents, visitors, and healthcare personnel (HCP) including hand hygiene, appropriate use of PPE, environmental cleaning, and disinfection.</p> <p>2. Identify Additional Cases and Exposures.</p> <p>a. Exposed asymptomatic residents and HCP should be tested with a series of up to three viral tests.</p> <p>b. Determine approach (contact-tracing, unit-based, facility-based).</p> <p>c. Identify exposures because of close contact.</p> <p>(continued on next page)</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 8/01/24, between 12:10 p.m. and 12:25 p.m. revealed COVID positive resident rooms 201, 202, 203, 104, 110, 108, 109, and 107 lacked signage indicating the presence of a respiratory infection and the necessary precautions and lacked provision of appropriate PPE upon entry into COVID positive resident rooms.</p> <p>During an interview on 8/01/24, at approximately 12:30 p.m. Registered Nurse Employee E1 confirmed the lack of signage and provision of PPE at COVID positive resident rooms, and that not all staff wear N95's when entering COVID positive resident rooms.</p> <p>During an interview on 8/01/24, at 2:45 p.m. the Assistant Director of Nursing confirmed that COVID positive resident rooms lacked signage and the provision of PPE.</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>