

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395879	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Quality Life Services - Mercer		STREET ADDRESS, CITY, STATE, ZIP CODE 8221 Lamor Road Mercer, PA 16137	

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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>Based on review of facility infection control program and staff interview, it was determined that the facility failed to ensure the designated Infection Preventionist (IP) was qualified with specialized training in infection prevention and control.</p> <p>Findings include:</p> <p>Review of the facility infection control program revealed there was no evidence of staff with specialized training to function as the IP and fulfill the responsibility for the Infection Prevention and Control Program.</p> <p>During an interview on 6/18/25, at approximately 10:00 a.m the Director of Nursing (DON) disclosed that as of 6/02/25, the IP no longer worked at the facility and that the DON had been covering the position since the IP left and as of 6/18/25, had not successfully completed the required specialized IP training.</p> <p>During an interview on 6/18/25, at approximately 11:25 a.m. the DON confirmed that there were no staff overseeing the infection control program who worked at least part time at the facility.</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</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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