

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395929	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Pennsylvania Avenue Shenandoah, PA 17976	

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>21738</p> <p>Based on a review of facility personnel, select facility policy, and staff interview, it was determined the facility did not have one or more individuals serving as the Infection Preventionist (IP) responsible for the facility's infection prevention plan.</p> <p>Findings included:</p> <p>According to regulatory guidance the facility must designate one or more individual(s) as the infection Preventionist(s) (IP)(s) who are responsible for the facility's IPCP (infection prevention and control program). The IP must:</p> <p>Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;</p> <p>Be qualified by education, training, experience or certification;</p> <p>Work at least part-time at the facility; and</p> <p>Have completed specialized training in infection prevention and control.</p> <p>Review of the facility Infection Control Policy last reviewed June 3 2024, failed to mention the need or role of the Infection Preventionist.</p> <p>Review of current staffing positions during the survey on September 10, 2024, at approximately 9:15 AM revealed the facility did not currently employ an Infection Preventionist.</p> <p>Interview with the director of nursing on September 10, 2024, at approximately 9:30 AM, confirmed the facility had been without an Infection Preventionist since the previous IP left on August 7, 2024.</p> <p>Interview with the nursing home administrator on September 10, 2024, at approximately 1:30 PM confirmed the facility does not currently have an infection Preventionist performing the regulatory required duties, and that current ongoing infection prevention and control program (IPCP) was not being completed as expected.</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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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	28 Pa. Code 201.18 (e)(6) Management 28 Pa. Code 211.12 (d)(4) Nursing services 28 Pa. Code 211.10(a) Resident care policies