

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395974	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/10/2024
NAME OF PROVIDER OR SUPPLIER Monticello House		STREET ADDRESS, CITY, STATE, ZIP CODE 1048 W Baltimore Avenue Media, PA 19063	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41765</p> <p>Based on observation, clinical record review, and staff interviews, it was determined the facility failed to ensure Enhanced Barrier Precautions (EBP-infection control prevention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities) were in place for residents requiring enhanced barrier precautions for five of five reviewed (Residents 10, 21, 50, 56, and 58).</p> <p>Findings include:</p> <p>Review of Resident 10's clinical records revealed Resident 10 was admitted to the facility with a diagnosis of left sub gluteal abscess. The resident had an order for IV (Intravenous- a medication administered through a needle or tube inserted into a vein) antibiotics.</p> <p>Observation conducted on March 7, 2024, at 11:00 a.m., revealed a central line catheter to Resident 10's right upper chest.</p> <p>Observation conducted of Resident 10's room on the first three days of the survey failed to reveal evidence of EBP (Enhanced Barrier Precautions) signage or PPE (Personal Protective Equipment).</p> <p>Observation conducted on May 10, 2024, at 11:01 a.m., revealed Resident 21 had a pressure ulcer to the sacrum. Continued observation revealed resident had an indwelling foley catheter (flexible tube inserted into the bladder for removing fluid).</p> <p>An observation of Resident 21's room on the first three days of the survey failed to reveal evidence of EBP signage or PPE.</p> <p>Review of Resident 50's clinical record revealed diagnosis list includes a Gastrostomy Tube (GT- medical device used to provide nutrition to people who cannot obtain nutrition by mouth).</p> <p>Observation conducted of Resident 50's room on the first three days of the survey failed to reveal evidence of EBP signage or PPE.</p> <p>Review of Resident 56's clinical record revealed diagnosis list including but not limited to Gastrostomy Tube.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation conducted of Resident 56's room on the first three days of the survey failed to reveal evidence of EBP signage or PPE.</p> <p>Review of Resident 58's clinical records revealed the resident had an indwelling Foley catheter.</p> <p>Observation conducted of Resident 58's room on the first three days of the survey failed to reveal evidence of EBP signage or PPE information regarding the facility's EBP process/procedures.</p> <p>Interview with non-licensed Employees E3 and E4 was conducted on May 10, 2024. Both employees were unable to provide explanation of Enhanced Barrier Precautions and how it relates to residents.</p> <p>An interview with the Director of Nursing on May 10, 2024, at 12:30 p.m., was conducted. The DON reported that the facility had not implemented the Enhanced Barrier Precaution process and was still in the process of educating staff.</p> <p>The above information was presented to the Nursing Home Administrator on May 10, 2024, at 1:45 p.m.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.5(f) Clinical records</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>