

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Preston Residence		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Sycamore Drive West Grove, PA 19390	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37789</p> <p>Based on observations and resident and staff interview, it was determined the facility failed to ensure Enhanced Barrier Precautions (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 two of 19 residents (Residents 69 and 120).</p> <p>Findings include:</p> <p>Interview with Resident 69 on July 9, 2024, at 11:10 a.m. revealed the resident had a suprapubic catheter (tube that drains urine through the bladder via an incision in the abdomen).</p> <p>Observation of Resident 120 on July 9, 2024, at 10:50 a.m. revealed the resident had a central line (catheter that goes into a vein that leads to the heart) and a left knee surgical wound.</p> <p>Observations of Resident 69 and 120's rooms on all four days of the survey failed to reveal personal protective equipment located outside the rooms or signage indicating that the residents were on Enhanced Barrier Precautions.</p> <p>Interview with the Director of Nursing on July 11, 2024, at 10:50 a.m. confirmed that Residents 69 and 120 were not on Enhanced Barrier Precautions.</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 service</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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