

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Athens Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 South Main St Athens, PA 18810	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20725</p> <p>Based on closed clinical record review and staff interview it was determined that the facility failed to provide a discharge summary with the necessary components for two of two closed records reviewed (Residents CR1 and CR2).</p> <p>Findings include:</p> <p>Closed clinical record review for Resident CR1 revealed nursing documentation dated July 10, 2024, at 5:33 PM that Resident CR1 was discharged to home with home health services.</p> <p>An electronic discharge summary dated July 10, 2024, revealed no evidence that Resident CR1 or her responsible party received the document. The document did not include a reconciliation of all medications with Resident CR1.</p> <p>Closed clinical record review for Resident CR2 revealed nursing documentation dated July 26, 2024, at 3:14 PM that arrangements were made for home health and infusion (intravenous medication) therapy to assist with wound treatment and continuous antibiotic infusion in her home. Resident CR2's son assisted Resident CR2 from the facility via the family car. The documentation indicated that a discharge summary was reviewed with Resident CR2 that included future appointments. The documentation indicated that Resident CR2 received wound dressing supplies and her belongings; however, the documentation did not include the disposition or reconciliation of Resident CR2's medications.</p> <p>An electronic discharge summary for a discharge date of [DATE], revealed no evidence that Resident CR2 or her responsible party received the document. The document did not include a reconciliation of all medications with Resident CR2.</p> <p>The surveyor reviewed the above concerns regarding the discharge instructions provided to Residents CR1 and CR2 during an interview with the Nursing Home Administrator and Employee 1 (clinical consultant) on August 1, 2024, at 3:05 PM. The interview confirmed that the facility had no evidence the resident or responsible party received discharge instructions that included medication reconciliation, prescriptions needed, or prescriptions/medications provided. There was no indication that medications were sent with the residents when they were discharged from the facility.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</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>Provide and implement an infection prevention and control program.</p> <p>20725</p> <p>Based on review of select facility policies and procedures, observation, clinical record review, and staff interview, it was determined that the facility failed to ensure an environment free from the potential spread of infection for two of two residents reviewed for COVID-19 transmission based precaution concerns (Residents 1 and 3).</p> <p>Findings include:</p> <p>The facility policy entitled, Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures, last reviewed without changes on August 1, 2023, revealed that the facility follows infection prevention and control (IPC) practices recommended by the Centers for Disease Control (CDC) and Prevention to prevent the transmission of COVID-19 within the facility. The infection prevention and control measures that are implemented to address the SARS-CoV-2 are incorporated into the facility infection prevention and control plan. These measures include:</p> <p>Ensuring everyone is aware of recommended IPC practices in the facility, including the use of visual alerts with dates to reflect that recommendations are current and implementing source control measures. The policy references referred to the Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.</p> <p>The Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic, https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html, notes that the facility should ensure everyone is aware of recommended IPC practices in the facility. Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias). These alerts should include instructions about current IPC recommendations (e.g., when to use source control and perform hand hygiene). Source control options for HCP include a NIOSH (National Institute for Occupational Safety and Health, federal agency that conducts research, training, and surveillance to prevent work-related illnesses and injuries) approved particulate respirator with N95 filters or higher; a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated); a barrier face covering that meets ASTM F3502-21 (voluntary standard for mask manufacturers) requirements including Workplace Performance and Workplace Performance Plus masks; or a well-fitting facemask. If they are used during the care of patient for which a NIOSH-approved respirator or facemask is indicated for personal protective equipment (PPE) (e.g., NIOSH-approved particulate respirators with N95 filters or higher during the care of a patient with SARS-CoV-2 (COVID-19) infection, or during care of a patient on droplet precautions), they should be removed and discarded after the patient care encounter and a new one should be donned. Source control is recommended for individuals in healthcare settings who have suspected or confirmed SARS-CoV-2 infection.</p> <p>CDC Transmission-Based Precautions, https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html, note that the recommendation is to use droplet precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. The CDC sign for droplet precautions indicates that everyone must make sure their eyes, nose, and mouth are fully covered before room entry.</p> <p><i>(continued on next page)</i></p>		

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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 of Resident 1's room doorway on August 1, 2024, at 12:15 PM revealed a sign for contact precautions (use of a gown and gloves for all interactions that involve contact with the resident or resident's environment). The sign included handwritten, Droplet, in black marker over the word, Contact. The sign for contact precautions did not include reference to eye protection. The door included a yellow PPE organizer that included gowns, gloves, surgical masks, and N95 masks.</p> <p>Clinical record review for Resident 1 revealed nursing documentation dated July 31, 2024, at 2:01 PM that Resident 1's nephew was updated on his positive COVID status.</p> <p>Observation of Resident 3's room doorway on August 1, 2024, at 12:23 PM revealed a sign for contact precautions. The sign included handwritten, Droplet, in black marker over the word, Contact. The sign for contact precautions did not include reference to eye protection. The door included a yellow PPE organizer that included gowns, gloves, surgical masks, and N95 masks.</p> <p>Clinical record review for Resident 3 revealed nursing documentation dated July 29, 2024, at 2:16 PM that Resident 3 tested positive for COVID during routine testing.</p> <p>Interview with Employee 3 (registered nurse) on August 1, 2024, at 12:49 PM confirmed that Residents 1 and 3 were the only residents in the facility currently isolated for COVID-19 infection. Employee 3 confirmed that the signage on the doorways for Residents 1 and 3 did not include measures necessary for droplet precautions (eye protection); and that the facility used the sign intended for contact precautions and just overwrote the word, Contact, with, Droplet.</p> <p>Observation of Resident 1's room on August 1, 2024, at 1:04 PM revealed Employee 2 (nurse aide) inside the doorway removing personal protective equipment. Employee 2 removed a blue surgical (not N95) mask. Interview with Employee 2 on August 1, 2024, at 1:05 PM indicated that she just finished emptying the urine storage bag for Resident 1's indwelling urinary catheter (catheter inserted through the penis and into the bladder to drain urine). Employee 2 confirmed that she needed to be within a few feet of Resident 1 to access his urine collection bag. Employee 2 stated that she, just grabbed the one on top (surgical mask versus N95 mask), and that the sign, doesn't say, which mask is required. Employee 2 verified N95 masks were available in the PPE organizer. Employee 2 questioned, Well, why do they have them (blue surgical masks) there?</p> <p>The surveyor reviewed the above concerns regarding COVID isolation precautions during an interview with the Nursing Home Administrator and Employee 1 (clinical consultant) on August 1, 2024, at 1:14 PM.</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Control</p> <p>Previously cited deficiency 6/14/24</p> <p>28 Pa. Code 201.18(b)(3)(d)(e)(1) Management</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		