

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395589	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/18/2025
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NAME OF PROVIDER OR SUPPLIER: MOUNT CARMEL SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE: 2616 LOCUST GAP HIGHWAY MOUNT CARMEL, PA 17851
STATE LICENSE NUMBER: 137802	

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F 0000	INITIAL COMMENT	F 0000		
F 0880 SS=D	Based on the Revisit Survey and State Monitoring Survey completed on April 18, 2025, it was determined that Mount Carmel Senior Living Community failed to correct the deficiencies identified during the survey of March 18, 2025, and continued to be out of compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0880 SS=D	Continued from page 1 483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F 0880	Unable to correct the issue identified regarding Resident 15 related to a staff member not wearing proper PPE. Unable to correct the issue identified regarding Resident 14 related to a staff member not wearing Proper PPE. Isolation bins were put in Resident 14's room at the time of survey. New isolation bins with foot pedals have been ordered. A Facility sweep will be conducted to identify residents on any type of precautions to ensure proper protocols are in place (signage, isolation bins, etc.). Staff will be educated on the PPE requirements for the different types of isolation/precautions (ex. Contact, Droplet, Enhanced Barrier Precautions). Audits will be conducted by the	Completion Date: 04/25/2025 Status: APPROVED Date: 04/30/2025

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F 0880 SS=D	Continued from page 2 (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:	F 0880	IP/Designee weekly x 4 weeks, then monthly x 2 months for compliance with the applicable isolation protocols. Results of the audits will be reviewed at the monthly QAPI meetings.	

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F 0880 SS=D	Continued from page 4 Based on observation, clinical record review, and staff interview, it was determined the facility failed to ensure an environment free from the potential spread of infection for two of five residents reviewed for infection control precautions (Residents 14 and 15). Findings include: Clinical record review for Resident 15 revealed a progress note dated April 17, 2025, at 10:52 AM indicating that therapy had reported the resident was unable to participate due to loose stools and the resident's provider was made aware. A new physician's order dated April 17, 2025, indicated Resident 15's stool was to be tested for C. diff (clostridioides difficile - a serious infection that causes diarrhea that can be life-threatening in vulnerable populations like older adults) and to initiate C. diff precautions. Resident 15 was ordered contact precautions (a type of transmission-based precaution used to prevent the spread of infections that are transmitted	F 0880		

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F 0880 SS=D	Continued from page 5 through direct or indirect contact, including touching an infected person, contaminated surfaces, or equipment in their environment) for 10 days on April 17, 2025. An observation of Resident 15's room on April 18, 2025, at 11:20 AM revealed a sign located outside the door indicating contact precautions were in place for the room. The sign indicated staff and visitors were to perform the following before care: hand hygiene, wear a gown to enter the room, wear gloves when entering the room, and change them after contact with infective materials. The sign indicated staff and visitors were to perform the following after care: discard linen in the container in the room until it can be taken to the soiled utility room, laundry, or other designated area. Discard trash in the room until it can be taken to the soiled utility room or other designation. A bin of reusable gowns and disposable gloves was observed outside Resident 15's door. A disposal receptacle was concurrently observed	F 0880		

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F 0880 SS=D	Continued from page 6 just inside Resident's 15's room door. The receptacle was made of corrugated cardboard with two sections, each section with a plastic garbage bag. A lid made of corrugated cardboard was observed cable tied to each section. One lid was labeled "trash" and the other "linen." There was no foot pedal to open the cardboard lids without touching them. The carboard receptacle was being used to collect used gowns, gloves, and trash from the room and care of the infected resident. The carboard material presented a porous surface that may harbor bacteria that cannot be wiped away or disinfected on the lids of the bin or any leakage that may occur from the bags placed in the receptacle where used linens and trash were to be disposed of. A follow up observation of Resident 15 at 12:35 PM revealed Employee 1, nurse aide, serving lunch to Resident 15, as the resident self-transferred out of bed to the chair. Employee 1 set the resident meal tray up on the tray table and repositioned the tray table to the resident for eating. Employee 1 was not wearing a gown or gloves during the	F 0880		

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F 0880 SS=D	Continued from page 7 observation. Clinical record review for Resident 14 revealed the resident had recently returned to the facility after a hospital stay for human metapneumovirus pneumonia (HMPV- a contagious respiratory virus that spreads through respiratory droplets). Resident 14 was ordered droplet precautions (a type of transmission-based precaution used to prevent the spread of respiratory illnesses through airborne droplets produced by coughing, sneezing, or talking) for seven days on April 16, 2025. Observation of Resident 14's room on April 18, 2025, at 12:19 PM revealed a sign outside Resident 14's door indicating the room was under droplet precautions. The sign indicated staff and visitors were to perform hand hygiene, wear a mask upon entry into the room, and a gown should be worn within six feet of the individual. After care, the linens and trash were to be disposed of in the room until it could be taken to the soiled utility room, laundry or other designated area.	F 0880		

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F 0880 SS=D	Continued from page 8 Employee 2, physical therapy assistant, was concurrently observed donning a gown, gloves, and mask and entering Resident 14's room. Employee 2 was observed working with Resident 14, performing a variety of exercises in which the resident was assisted from sitting to standing, placing and removing leg weights on the resident, and talking with the resident. Upon completion of the tasks Employee 2, obtained a clear plastic bag that was lying in the resident's room, and hung it over a hand sanitizer dispenser hanging on the wall. Employee 2 removed one of his gloves and proceeded to untie and remove the linen reusable gown he was wearing, and with both hands (one gloved and one ungloved) placed the gown in the plastic bag. Employee 2 proceeded to remove the additional glove and placed the other glove and his mask inside that glove. Employee 2 then grabbed the plastic bag with the gown in it, used the hand sanitizer to sanitize his hands, and picked up a plastic bin of the equipment that was being used for	F 0880		

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F 0880 SS=D	Continued from page 9 Resident 14's therapy, and the filled glove to exit the room. Employee 2 placed the filled glove under his armpit to carry it out of the room, as his hands were full carrying the plastic bin of therapy equipment and the bag the used gown was in. In a concurrent interview with Employee 2, as he exited the room, Employee 2 indicated that typically bins are located inside the room for resident on isolation precautions to dispose of used items, but there were no bins in the room, so he did the best he could to contain the used personal protective equipment he had used. Employee 2 acknowledged he was carrying the glove under his arm, and he was holding the plastic bin of equipment that had not been sanitized. There were no bins observed inside Resident 14's room for the disposal of used personal protective equipment or linens. At 12:30 PM Employee 1 was observed entering Resident 14's room to deliver a meal tray to the resident's roommate. Employee 1 was conversing with the roommate and setting the tray up for the roommate to eat. Employee 1 exited the room and	F 0880		

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F 0880 SS=D	Continued from page 10 then obtained a meal tray for Resident 14 and entered the room and set up the meal tray for Resident 14 and conversed with the resident. Employee 1 did not wear a gown, gloves, or mask, when entering Resident 14's room, which was labeled as droplet precautions, to deliver Resident 14's meal tray or the roommate's tray in the room. The above findings were reviewed with the Nursing Home Administrator on April 18, 2025, at 2:45 PM. 483.80(a)(1)(2)(4)(e)(f) Infection Prevention and Control Previously cited deficiency 8/23/24, 3/18/25 28 Pa. Code 211.12(d)(1)(5) Nursing services	F 0880		



Certified End Page

MOUNT CARMEL SENIOR LIVING COMMUNITY

STATE LICENSE NUMBER: 137802

SURVEY EXIT DATE: 04/18/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY