

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395606	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/14/2025
NAME OF PROVIDER OR SUPPLIER: JOHN J KANE REGIONAL CENTER- ROSS TOWNSHIP		STREET ADDRESS, CITY, STATE, ZIP CODE: 110 MCINTYRE ROAD PITTSBURGH, PA 15237		
STATE LICENSE NUMBER: 365002				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0880 SS=D	Based on an abbreviated survey in response to two anonymous complaints completed on January 14, 2025, it was determined that John J Kane Regional Center-Ross was not in 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	Facility immediately had toilets in rooms 385, 293 and 284 cleaned and facility immediately removed soiled fall mats and replaced them with clean fall mats on 1/14/2025. Education provided to staff immediately on 1/14/2025 for proper doffing of face masks and respirators between resident rooms and dirty linen on the floor. Staff educator/designee will educate all staff on Infection Control Policy and Procedures. Staff educator/designee will educate all housekeeping staff on cleaning rooms/bathrooms properly and cleaning of the fall mats. Educator/Designee will provide education to nurses' aides regarding dirty linen and fall mats; aides are to stand mats up and lean them up against the wall (only when resident is out of bed) to facilitate thorough cleaning of the equipment by Housekeeping.	Completion Date: 02/10/2025 Status: APPROVED Date: 01/21/2025

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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	Baseline whole house audit will be completed for both fall mats and resident bathrooms. Ongoing audits will continue weekly x 4 weeks, bi-weekly x 2 months and monthly x3. Audits on PPE and dirty linen will occur; 10 random rooms will be checked daily for one week, then 3 times a week x 1 month, then 1 time a week x 1 month. All results will be reported to the QAPI Committee for review	

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F 0880 SS=D	Continued from page 4 Based on review of facility policy, observation, and staff interviews, it was determined that the facility failed to implement infection prevention and control monitoring policies for Respiratory Precautions for one of three residents (Resident R1), failed to prevent cross contamination by having dirty linens on the floor for one of eight residents (Resident R1), failed to maintain sanitary commodes in bathrooms for three of eight residents (Residents R2, R3, and R5), and failed to ensure floor mats were clean for four of eight residents (Residents R4, R6, R7, and R8). Findings include: Review of the CDC (Center for Disease Control) Fact Sheet "Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected Covid-19" indicated "doffing" - (taking off the gear) Remove gloves and gown. Healthcare Personnel may now exit patient room. Next, remove face shield or goggles and remove and discard respirator. Perform hand hygiene after	F 0880		

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F 0880 SS=D	Continued from page 5 removing the respirator and applying a new one. Review of the facility policy "Cleaning and Preventative Maintenance, Resident Rooms and Equipment" dated 1/2/25, indicated it is the facility's policy to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable environment. This policy is part of the facility's overall Infection Prevention and Control Program. Review of the facility provided Precaution List dated January 2025, indicated the 3East unit had three residents in "Respiratory Precautions" for either being covid positive or still symptomatic of respiratory illness. During an interview on the 3 East unit, on 1/14/25, at 9:42 a.m. the following staff were asked what PPE was required with a Respiratory Precaution resident? Staff present were Registered Nurse (RN) Employee E1, Licensed Practical Nurse (LPN) Employee E2, LPN Employee E3, and LPN	F 0880		

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F 0880 SS=D	Continued from page 6 Employee E4. The response was appropriate until the doffing (removal) of the N95 respirator. The group indicated staff should remove the N95 mask inside the Respiratory Precautions room along with the other PPE (gown, gloves, and goggles/face shield), not immediately outside the room as required, and performing hand hygiene before donning (applying) a new N95. Interview on 1/14/25, at 9:44 a.m. RN Employee E1 indicated she was unaware of this practice and inquired if it was new. Observations during a tour of the 3 East unit on 1/14/25, at 10:10 indicated the following: -Resident R1 in 386W had a Precautions sign on the door. Inside the room across from the foot of the bed was a pile of soiled linens on the floor and under the sink by the door entrance had a pile of soiled linens on the floor. -Resident R2 in 385D had dried specs of brown substance in the toilet bowl and on the outside of the commode.	F 0880		

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F 0880 SS=D	Continued from page 7 -Resident R3 in 392W had dried brown substance at the base of the commode. Interview during a tour with LPN Employee E2 confirmed the findings above for Resident R1, R2 and R3. Observations during a tour of the 2 East unit on 1/14/25, at 11:22 a.m. indicated the following: -Resident R4 in 293W had floor mats (placed on floor beside bed to prevent fall injuries) covered in debris. Interview on 1/14/25, at 11:24 a.m. Nurse Aide (NA) Employee E5 confirmed the floor mat for Resident R4 was not clean. Further observations during a tour of the 2 East unit on 1/14/25, at 11:30 a.m. indicated the following: -Resident R5 in 284W's bathroom commode had brown substance at the base and front edge of the toilet bowl. -Resident R6 in 281D floor mat along with the	F 0880		

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F 0880 SS=D	Continued from page 8 underside of the bed frame was caked with a thick layer of dried food substance. Interview during a tour with LPN Employee E6 confirmed the findings above for Resident R5 and R6. Continued observations during a tour of the 2 East unit on 1/14/25, at 11:35 a.m. indicated the following: -Resident R7 in 271W floor mat dirty with dirt and dried smudges over the surface. -Resident R8 in 270W floor mat dirty with dirt and dried smudges over the surface. Interview on 1/14/25, at 11:36 a.m. NA Employee E7 confirmed the findings above for Resident R7 and R8. Interview on 1/14/25, at 2:30 p.m. the Director of Nursing confirmed the facility failed to implement infection prevention and control monitoring policies for Respiratory Precautions for one of three	F 0880		

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F 0880 SS=D	Continued from page 9 residents (Resident R1), failed to prevent cross contamination by having dirty linens on the floor for one of eight residents (Resident R1), failed to maintain sanitary commodes in bathrooms for three of eight residents (Residents R2, R3, and R5), and failed to ensure floor mats were clean for four of eight residents (Residents R4, R6, R7, and R8). 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (b)(1) Management. 28 Pa Code: 201.20 (a)(c) Staff development. 28 Pa. Code: 211.10 (d) Resident care policies. 28 Pa. Code: 211.12 (d)(1)(2)(5) Nursing services.	F 0880		

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P 5520	<p>Nursing services.</p> <p>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>DON/ ADON/ RN Charge Nurse will be re-educated on maintaining state required staffing levels.</p> <p>Daily audits will be completed by the Director of Nursing/ ADON/ Staffing Coordinator on maintaining state mandated staffing levels and ratios for each shift.</p> <p>Audits will be completed by DON/ Designee on state mandated PPD/ratio requirements weekly x 4 weeks and monthly x3. All results will be presented to the QAPI committee will review for need of ongoing audits and evaluation to make recommendations as needed.</p>	<p>Completion Date: 02/10/2025</p> <p>Status: APPROVED</p> <p>Date: 01/21/2025</p>

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P 5520	Continued from page 1 Based on review of nursing schedules, nursing staffing documents and staff interview, it was determined that the facility failed to provide the State required minimum of one Nurse Aide (NA) per 15 residents on one of 21 midnight shifts (Time period reviewed 12/24/24 - 1/13/25). Findings include: Review of the facility's 3-week nurse staffing schedules (12/24/24 - 1/13/25) did not include the State required minimum of Nurse Aides (NA) on: -Night Shift: On 12/27/24, the census was 115. The night shift facility required 7.67 NA's and only had 6.0. Interview on 1/14/25, at 2:30 p.m. the Nursing Home Administrator confirmed the facility failed to provide the State required minimum of one Nurse Aide (NA) per 15 residents on one of 21 midnight shifts (Time period reviewed 12/24/24 - 1/13/25).	P 5520		



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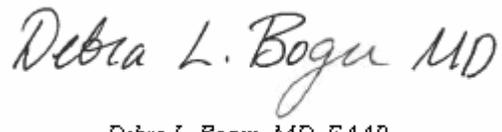
JOHN J KANE REGIONAL CENTER- ROSS TOWNSHIP

STATE LICENSE NUMBER: 365002

SURVEY EXIT DATE: 01/14/2025

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