

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395844</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>03/04/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>ELIZABETHTOWN NURSING AND REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>141 HEISEY AVENUE ELIZABETHTOWN, PA 17022</b>
STATE LICENSE NUMBER: <b>123202</b>	

(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 completed on March 4, 2025, it was determined that Elizabethtown Nursing and Rehabilitation 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 related to the health portion of the survey process.	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	Ftag 880:  1-Residents 1 and 2 no longer on droplet precautions for Covid 19. Physical Therapist (employee 4) was educated after being identified as not donning proper PPE to enter resident 1 and 2's room and providing therapy services and expressed understanding of why it was important to follow isolation precautions including use of proper PPE when providing treatment for any residents on isolation. Employee 4 donned proper PPE for the remainder of their shift when entering any rooms designated as isolation rooms and providing therapy services.  2-Director of Nursing/designee will conduct a facility wide audit of current residents on isolation precautions to ensure staff are following infection control guidelines including proper donning of PPE prior to entering these identified rooms and for the care of residents on isolation.	Completion Date: <b>03/19/2025</b> Status: <b>APPROVED</b> Date: <b>03/19/2025</b>

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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	3-Director of Nursing/designee will educate facility staff including therapy service staff on Ftag 880 and the importance of following infection control guidelines including donning PPE prior to entering isolation rooms and for care of residents on isolation precautions.  4-Director of Nursing/designee will conduct a random sample audit of 5 residents on isolation precautions to ensure staff are following infection control guidelines including donning appropriate PPE prior to entering isolation rooms and for the care of residents on isolation precautions. These audits will be conducted weekly for 4 weeks and monthly for two months. Results of these audits will be reviewed by the Quality Assurance Performance Improvement Committee for recommendations.	

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F 0880  SS=D	Continued from page 4  Based on observation, policy review, and staff interviews, it was determined that the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment and to help prevent the transmission of diseases and infections for two of two resident rooms observed (Residents 1 and 2).  Findings Include:  An entrance interview with the Director of Nursing (DON) and Nursing Home Administrator (NHA) on March 4, 2025, at approximately 8:50 AM, revealed the facility has several residents who tested positive for COVID-19, and the facility is following its COVID-19 infection policy and procedures. Visitors are encouraged to wear surgical masks and screen for signs and symptoms of infection while in the building, and staff providing direct care to those infected residents to wear the required personal protective equipment (PPE).  A review of the facility's policy, titled "Covid-19	F 0880		

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F 0880  SS=D	<p>Continued from page 5</p> <p>Infection Control Protocols to Minimize Expose," updated February 2024, revealed residents/resident rooms with Covid-19 exposure and positive tests will require staff to don the following PPE: "N95 or equivalent respirator, Face shield or goggles, gloves, and gown."</p> <p>An observation of Resident 1's room on March 4, 2025, at approximately 9:00 AM, revealed signage at the door that alerted staff and visitors of droplet precautions (Droplet precautions are used when a patient has an infection that can spread through the air when they cough, sneeze, or talk) and directed anyone entering the room to don the required PPE.</p> <p>The observation revealed the Physical Therapist (Employee 4) providing direct care services to Resident 1 without wearing any of the required PPE.</p> <p>An interview with the Registered Nurse/Infection Preventionist on March 4, 2025, at 9:25 AM, revealed Employee 4 should not be in Resident 1's room without the required PPE.</p>	F 0880		

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F 0880  SS=D	Continued from page 6  An observation of Resident 2's room on March 4, 2025, at 9:44 AM, revealed signage at the door that alerted staff and visitors of droplet precautions and directed anyone entering the room to don the required PPE.  The observation revealed Employee 4 providing direct care services to Resident 2 without wearing any of the required PPE.  Interviews with the DON and NHA on March 4, 2025, at 10:02 AM, confirmed Employee 4 had been educated and neglected to follow the facility's COVID-19 policy and procedures. The interview also revealed Employee 4 should have been wearing a gown, gloves, an N95 mask, and a visor or goggles while providing therapy services in the rooms of Residents 1 and 2.  28 Pa. Code 211.10 (d) Resident care policies 28 Pa. Code 211.12 (d) (5) Nursing services	F 0880		



# Certified End Page

**ELIZABETHTOWN NURSING AND REHABILITATION**

**STATE LICENSE NUMBER: 123202**

**SURVEY EXIT DATE: 03/04/2025**

**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