

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395936	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/24/2025
NAME OF PROVIDER OR SUPPLIER: WAYNE WOODLANDS MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE: 37 WOODLANDS DRIVE WAYMART, PA 18472		
STATE LICENSE NUMBER: 065902				
(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 Based on a Complaint Investigation completed on January 2, 2025, at Wayne Woodlands Manor, it was determined there were no federal deficiencies, related to the Health portion of the survey process, identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care as they relate to the Health portion of the survey process; however, the facility was not in compliance with 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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.

Pennsylvania Department of Health

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P 4550		P 4550		
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P 4550	Continued from page 1 Reportable diseases. (a) When a resident develops a reportable disease, the administrator shall report the information to the appropriate health agencies and appropriate Division of Nursing Care Facilities field office. Reportable diseases, infections and conditions are listed in § 27.21a (relating to reporting of cases by health care practitioners and health care facilities). This REGULATION is not met as evidenced by:	P 4550	4550 Preparation and/or constitution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. The Administrator corrected the deficiency by reporting the influenza cases to the DOH on 12/27/24 at 0800, Event Number: 1066952. The Infection Control Nurse, Director of Nursing, Administrator, and Assistant Administrator reviewed and were educated on the PA regulations regarding ERS reporting requirements. § 27.21a. Reporting of cases by health care practitioners and health care facilities. (2) Influenza is reportable within 5 working days after being identified by symptoms,	Completion Date: 02/08/2025 Status: APPROVED Date: 02/07/2025

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P 4550	Continued from page 2	P 4550	<p>appearance, or diagnosis.</p> <p>Examination of the prior 24-hour clinical report and the daily Interdisciplinary Clinical Team Meeting will discuss any residents who exhibit signs of influenza, e.g., fever, chills, cough, sore throat, rhinorrhea, muscle/body aches, headaches, fatigue, vomiting, or diarrhea, and the need for diagnostic testing. If diagnosis is confirmed, treatment, isolation, and state reporting within 5 working days will be completed.</p> <p>Facility follows the Infection Control Guidance set for by the Centers for Disease Control and Prevention.</p> <p>The Infection Control Nurse has created a log of any reportable diseases, infections, and conditions. An additional checkbox will be added to the Infection Preventionist's Infection Control Log to indicate any reportable diseases have been or need to be submitted to the Department of Health.</p>	

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P 4550	Continued from page 3	P 4550	<p>Infection Control and Nursing Administration reviewed all cases; there were no additional reportable events required.</p> <p>The Infection Preventionist will report monthly x three months to QAPI to ensure regulatory compliance in reporting infectious diseases has been met. The Infection Preventionist's log will be reviewed by QAPI team and the Administrator to ensure reporting requirements have been met.</p>	

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P 4550	<p>Continued from page 4</p> <p>Based on the facility's infection control documents, clinical record review and staff interview, it was determined the facility failed to report to appropriate health agencies and the Division of Nursing Care Facilities field office reportable diseases for 13 of 13 residents sampled.(Residents 1,2,3,4,5,6,7,8,9,10,11,12 and 13).</p> <p>Findings include:</p> <p>A review of facility infection control documentation revealed the following residents tested positive for Influenza A on:</p> <p>December 27, 2024, Resident 1</p> <p>January 5, 2025, Resident 2 Resident 3 Resident 4 Resident 5 Resident 6</p> <p>January 6, 2025 Resident 7</p>	P 4550		

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P 4550	Continued from page 5 Resident 8 January 8, 2025 Resident 9 January 9, 2025 Resident 10 January 10, 2025 Resident 11 January 16, 2025 Resident 12 January 18, 2025 Resident 13 An interview January 24, 2025 at 12 P.M., with the facility Infection Control Practitioner and the Director of Nursing confirmed the mandated State agency's were not notified of the above positive Influenza cases in the facility.	P 4550		



Certified End Page

WAYNE WOODLANDS MANOR
STATE LICENSE NUMBER: 065902
SURVEY EXIT DATE: 01/24/2025

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