

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395265	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Pavilion at St Luke Village, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Stacie Drive Hazleton, PA 18201	
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26142</p> <p>Based on observations, review of the facility's infection control tracking logs and infection control and prevention policy and staff interviews it was determined the facility failed to develop and implement a comprehensive infection control program to prevent the spread of infectious diseases including scabies for two of 21 residents reviewed (Resident 7 and Resident 54) and failed to maintain an environment conducive to infection prevention.</p> <p>Findings include:</p> <p>A review of the current facility policy for Infection prevention and control, last June 6, 2024, revealed, the infection prevention and control program is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>1. The infection prevention and control program is developed to address the facility-specific infection control needs and requirements identified in the facility assessment and the infection control risk assessment. The program is reviewed annually and updated as necessary.</p> <p>2. The program is based on accepted national infection prevention and control standards.</p> <p>3. The infection prevention and control program is a facility wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program.</p> <p>4. The elements of the infection prevention and control program consist of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection and employee health and safety.</p> <p>Outbreak management to include the following:</p> <p>a. Outbreak management is a process that consists of:</p> <p>1. determining the presence of an outbreak</p> <p>2. managing the affected residents</p> <p>(continued on next page)</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 - Many</p>	<p>3. preventing the spread to other residents</p> <p>4. documenting information about the outbreak</p> <p>5. reporting the information about the outbreak</p> <p>6. educating the staff and public</p> <p>7. monitoring for recurrences</p> <p>8. reviewing the care after the outbreak has subsided</p> <p>9. recommending new or revised policies to handle similar events in the future.</p> <p>b. Specific criteria will be used to help differentiate sporadic cases from true outbreaks or epidemics.</p> <p>c. The medical staff will help the facility comply with pertinent state and local regulations concerning the reporting and management of those with reportable communicable diseases.</p> <p>A review of the facility's infection control data conducted during the survey ending November 21, 2024, revealed the facility's infection control tracking did not reflect evidence of a functional tracking system to monitor and investigate causes of infection and manner of spread. There was no documented evidence of a system which enabled the facility to analyze clusters, changes in prevalent organisms, or increases in the rate of infection in a timely manner.</p> <p>A review of infection control data revealed the following infections were tracked as noted:</p> <p>August 2024: 5 urinary tract infections (UTI), 2 eye infections, 1 ear infection, 2 skin infections and 5 upper respiratory infections (URI).</p> <p>September 2024: 3 UTI, 1 ear infection, 8 upper respiratory infection and 1 skin infection. A separate tracking log for September 2024 revealed 16 residents tested positive for COVID-19. There was no tracking or trending for the noted COVID-19 positive residents.</p> <p>October 2024: 3 UTI, 3 upper respiratory infections, 8 skin infections and 1 unidentified infection.</p> <p>November 2024: 4 UTI, 2 upper respiratory infection, 3 skin infection and 2 GI (gastro-intestinal infection) and 1 unidentified infection and 2 residents notes as rash/scabies and 8 additional with rash.</p> <p>A review of November 2024 tracking and trending documentation did not include any further information or documentation of any treatments.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>The facility's infection control log revealed no documented evidence of detailed data collection that could be used by the facility to track these infections and to identify any potential trends contained in the tracking data. The data did not include resident room location, the infectious organism or treatment. There was no documented evidence at the time of the survey that based on the available tracking data the facility had identified any possible trends to implement specific interventions to prevent the spread of any of the infections.</p> <p>There was no documentation by the facility of the any of the infection start dates, resolution date, symptoms, complete culture information for any of the infections noted in the facility's monthly infection control tracking logs and the treatments required, if any. It could not be determined if any of the noted infections required isolation protocols to be implemented.</p> <p>There was no indication the limited data that was compiled was then evaluated to determine what could be done to prevent the spread or recurrence of the infections.</p> <p>During an interview conducted on November 20, 2024, at approximately 1:00 PM the Director of Nursing confirmed the infection control tracking was incomplete and failed to include the necessary details to conduct routine, ongoing, and systematic collection, analysis, interpretation, and dissemination of surveillance data to identify infections (i.e., HAI healthcare associated infections and community-acquired), infection risks, communicable disease outbreaks, and to maintain or improve resident health status and to track staff for adherence to infection control policies and procedures and the potential need to for corrective action.</p> <p>A review of a facility policy entitled Scabies Identification, Treatment and Environmental Cleaning reviewed June 6, 2024, revealed, the purpose of the policy and procedure is to treat residents infected with scabies and to prevent the spread of scabies to other residents and staff. Scabies is an itchy skin rash caused by a tiny burrowing mite called <i>Sarcoptes scabiei</i>. Intense itching occurs in the area where the mite burrows. The need to scratch may be stronger at night. Scabies is contagious and can spread quickly through close person-to-person contact.</p> <p>The policy indicated Scabies is spread by skin to skin contact with the infected area through contact with bedding, clothing, privacy curtains and some furniture.</p> <p>Diagnosis may be established by recovering the mite from its burrow (under the skin) and identifying it microscopically. Failure to identify scrapings as positive does not necessarily exclude the diagnosis. It is difficult to obtain a positive scraping because on one or two mites may cause multiple lesions. Often diagnosis is made from signs and symptoms and treatment followed without scrapings, although scrapings are preferred.</p> <p>Affected residents should remain on Contact precautions (used in addition to routine infection control practice for residents known or suspected to be infected with microorganisms that can be transferred by direct or indirect contact to include, wearing gown, gloves, and a mask during care) until 24 hours after treatment.</p> <p>Family and friends of residents who have had close contact should be notified and given instructions regarding self-examination and treatment.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Staff members who may have been exposed should report any rashes developing on their bodies to the Infection Preventionist or Director of Nursing Services.</p> <p>A resident sharing a room with someone infected with scabies should be examined carefully for scabies. If signs and symptoms are present, the resident should be treated in accordance with these procedures. If symptoms are not present, daily assessments should be made until the case has resolved.</p> <p>During a scabies outbreak among residents and/or personnel, the infection Preventionist or Committee will coordinate interdepartmental planning to facilitate a rapid and effective treatment program.</p> <p>Control of an epidemic depends on treating all residents at risk. Specific drug selection for each resident will depend on that individual's risk factors, possible medication interactions etc.</p> <p>Treatment with Permethrin (Scabicide):</p> <p>Bathe the resident.</p> <p>Allow the body to cool.</p> <p>Apply Permethrin cream into the skin from the chin to the soles of the feet.</p> <p>Dress the resident in clean clothing. Use freshly laundered bed linens and towels.</p> <p>Leave the cream on for at least 8 hours but no more than 12 hours, and then shower or bathe the resident in warm water.</p> <p>Put on clean clothing. Re-launder towels and bed linens used during treatment.</p> <p>Environmental Control: Typical Scabies</p> <p>Place residents with typical scabies on contact precautions during the treatment period.</p> <p>Place bed linens, towels and clothing used by an affected person during the 4 days prior to initiation of treatment in plastic bags inside the resident's room, handled by gloved and gowned staff without sorting, and washed in hot water for at least 10-20 minutes.</p> <p>Use the hot cycle of the dryer for at least 10-20 minutes.</p> <p>Place non-washable blankets and articles in a plastic bag for at least 72 hours.</p> <p>Vacuum mattresses, upholstered furniture, and carpeting.</p> <p>Documentation:</p> <p>The date and time the care was provided.</p> <p>The name and title of the individual who assisted with the care.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>If the resident refused the treatment, the reasons why and the interventions taken.</p> <p>The signature and title of the person recording the data.</p> <p>Infection control documentation revealed that on October 29, 2024, 13 residents and 3 nursing staff members presented with itchy rashes.</p> <p>A review of infection control documentation dated October 28, 2024 indicated Resident 54 was noted with a rash on his trunk. There was no further description of the area. The Physician was called and ordered Triamcinolone cream, a glucocorticoid, steroid used to treat certain skin diseases, allergies, and rheumatic disorders.</p> <p>Clinical record review revealed that Resident 7 was admitted to the facility on [DATE], with diagnosis to include heart disease and chronic kidney disease.</p> <p>A review of an annual (Minimum Data Set - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated October 8, 2024, revealed, the resident to be cognitively intact with a BIMS score of 15 (Brief Interview for Mental Status a mandatory tool used to screen and identify the cognitive condition of residents upon admission into a long-term care facility. A score of 13-15 indicates intact cognition) and required staff assistance for activities of daily living.</p> <p>A review of a care plan dated October 29, 2024, revealed, the resident had a rash on body. Interventions to include, avoid scratching and keep hands and body parts from excessive moisture., give anti-pruritic medication as ordered by the Physician, monitor skin rashes for increased spread or signs of infection, seek medical attention if skin becomes bloody or infected.</p> <p>Nursing documentation dated October 25, 2024, at 12:05 P.M., revealed, Resident 7 made nursing aware of itch to her upper back, lower abdomen, bilateral upper legs, and all over her abdomen. The rash was described as red raised areas.</p> <p>Nursing documentation dated Friday October 25, 2024, at 1:29 P.M. revealed, the Physician was notified of a rash on Resident 7 and indicated nursing to continue to monitor the resident until seen again on October 28, 2024.</p> <p>Nursing documentation dated October 28, 2024, at 12:28 P.M., revealed, the Physician was in to see the resident and ordered triamcinolone Acetonide External cream (Triamcinolone is a glucocorticoid used to treat certain skin diseases, allergies, and rheumatic disorders among others) 0.1%, apply to itchy body rash, topically every 12 hours, as needed for body rash for 2 weeks. The resident was placed on contact precautions and isolation precautions related to the rash.</p> <p>Nursing documentation dated October 29, 2024, November 2, 2024, November 3, 2024, revealed the itchy rash continued all over Resident 7's body.</p> <p>A physician's order dated November 4, 2024, at 10:40 A.M. revealed a new order for, Cetirizine (an antihistamine medication, used to treat allergies and allergic reactions) HCL oral tablet, 10 mg, 1 tablet by mouth one time a day for pruritus (itching) for 2 weeks.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Nursing documentation dated November 4, 2024, at 1:07 P.M., indicated that contact precautions were discontinued by the infection control Preventionist. Further documentation at 6:46 P.M. that day indicated that Resident 7 complained of itchy skin.</p> <p>Nursing documentation dated November 7, 2024, at 1:49 P.M., revealed that Resident 7 still complained of itch despite treatment and new order for Cetirizine.</p> <p>Nursing documentation dated November 8, 2024, revealed, Resident 7 continues to complain of itchy rash. The resident placed back on contact precautions and a dermatology consult appointment was ordered.</p> <p>A review of a dermatology consult dated November 14, 2024 (no time indicated) revealed, the resident was seen for complaint of rash, located on the arms and trunk. The rash is itchy and mild in severity. The rash has been present for one month.</p> <p>The resident reports no household contacts (people in close contact with the resident) with similar rash, no new medications, no new personal care products, and no recent infections. She is not currently on any treatment. Patient was treated for scabies at the facility 2 weeks ago with Permethrin treatment.</p> <p>The diagnosis included, Scabietic nodules (lumps that appear after scabies treatment, may be secondary to persistent infection). Recommended treatment to include, Permethrin cream applied neck down to feet, leave on for 8 hours, shower off and repeat in one week. Facility expectations to include, household contacts should be treated. Contaminated clothing should be isolated for 72 hours and wash and dried on high heat. Contact the dermatology office if scabies fails to resolve after several weeks of treatment.</p> <p>Nursing documentation dated November 14, 2024, at 9:05 P.M. revealed, Resident 7 had Permethrin cream applied. There was no documentation of the removal (bathing or shower) 8 hours after the application of the Permethrin cream application. There was also no documentation of environmental interventions, linen change, washing clothing etc.</p> <p>Nursing documentation dated November 16, 2024, at 4:06 A.M., revealed Resident 7's rash remains unchanged.</p> <p>An interview with Resident 7 on November 21, 2024, at approximately 12 P.M., revealed she still had a rash on her abdomen, back and arms and complained of an itch. An observation of the resident's skin at the time of the observation revealed a red rash on her abdomen, back and bilateral arms. The areas on her back were noted to have crusted with fresh scabbed areas. The resident stated that her skin is very itchy, and she scratches sometimes until the areas bleed. She stated the itching is very distressing to her.</p> <p>A review of a medication administration record for October 2024 and November 2024 revealed that Resident 7 received the steroid cream (Triamcinolone) twice daily as ordered.</p> <p>A review of weekly skin integrity forms (completed by nursing staff on resident shower days) dated October 28, 2024, October 31, 2024, November 4, 2024, November 18, 2024, indicated that Resident 7's skin was intact with a rash.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of Infection control documentation, (a line listing of residents with body rashes) dated October 29, 2024, revealed 12 additional residents were noted with itchy body rashes.</p> <p>Nursing documentation dated October 29, 2024, at 2:53 P.M. revealed, the Medical Director was contacted and deemed it necessary to treat all the residents who were symptomatic and preventative treatment to all the residents in the facility due to the current rash outbreak.</p> <p>The facility census on October 29, 2024, was 104.</p> <p>Infection control documentation indicated,</p> <ul style="list-style-type: none"> -October 29, 2024, 17 residents were treated with Permethrin cream -October 30, 2024, 31 residents were treated with Permethrin cream -October 31, 2024, 40 residents were treated with Permethrin cream -November 1, 2024, 11 residents were treated with Permethrin cream <p>The infection control documentation indicated that 5 residents were newly admitted to the facility or hospitalized at that time.</p> <p>Infection control documentation indicated that on October 29, 2024, after the initial 12 residents presented with the itchy rash, the Infection Preventionist informed the facility nursing staff of the resident rashes and offered staff Permethrin cream treatment. At that time, three nursing staff stated to the Infection Preventionist that they had itchy rashes and these staff along with an additional 5 nursing staff accepted the Permethrin cream treatment.</p> <p>There was no evidence at the time that any staff were examined by a physician during or after treatment for scabies.</p> <p>Nursing documentation for all the above treated residents indicated the residents and or responsible party were notified of the rash outbreak in the facility, however there was no evidence that possible side effects and or a consent for treatment was obtained.</p> <p>An interview with the DON (director of nursing) on November 21, 2024, at 1:00 PM, confirmed the unresolved rashes have been discussed with the Medical Director and the decision was made to treat all residents at the facility. She stated that staff did not come forward with rashes until after residents had been treated. She could not confirm that residents or responsible party's or staff were presented with possible side effects or the opportunity to consent to treatment. She further confirmed there were no consistent nursing assessments regarding resident rashes as well as no documentation regarding staff rashes and treatments.</p> <p>An interview with the DON on November 21, 2024, at approximately 1:00 PM also verified the facility failed to implement proper infection control practices, including the facility's established policy and procedures, to prevent and mitigate further spread of scabies after Resident 7 began treatment for scabies and the other residents' rashes continued.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>An environmental tour of the facility central supply room (a storage area for resident care supplies, over the counter medication storage as well as clean resident care equipment) on November 20, 2024, at approximately 12 P.M., in the presence of the central supply clerk, revealed the floor to be dirty with visible dirt and paper and plastic debris. There were leaves on the floor near the exit door. There were cardboard boxes directly on the floor. There were 4 unbagged oxygen concentrators, 5 tube feeding poles with dried liquid on the bottom.</p> <p>There were 9 unbagged mattresses piled up in the middle of the floor. Holiday decorations in a box as well as on a metal shelving. There was a shopping cart with 2 cardboard boxes containing unbagged plastic suction canisters and an opened bag of resident briefs. There were multiple commode chairs as well as additional unclean tube feeding poles in this area. There were 3 unbagged suction machines on a shelving unit. There was an open cardboard box which contained multiple pieces of Styrofoam directly on the floor.</p> <p>An interview with the DON on November 21, 2024, at approximately 1:00 PM confirmed that infection control practices were not maintained in the facility central supply area.</p> <p>28 Pa Code 211.10 (c)(d) Resident Care Policies.</p> <p>28 Pa Code 211.12 (d)(1)(2)(3)(5) Nursing Services.</p> <p>28 Pa. Code 201.18 (b)(1)(e)(1) Management</p>		