

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/14/2024
NAME OF PROVIDER OR SUPPLIER  Quality Life Services - New Castle		STREET ADDRESS, CITY, STATE, ZIP CODE  520 Friendship Street New Castle, PA 16101	

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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>41309</p> <p>Based on review of facility policy and manufacturer's instructions, observations and staff interview, it was determined that the facility failed to label one multi-dose vial of Aplisol-tuberculin purified protein derivative (PPD-testing solution for tuberculosis) injection with the date it was opened in one of three medication storage rooms observed (Two East Hall).</p> <p>Findings include:</p> <p>Review of manufacturer's instructions for Aplisol- tuberculin PPD Vials revealed Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency.</p> <p>Review of facility policy entitled Storage of Medications, last reviewed 6/27/23, revealed that Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier.</p> <p>Observations of the Two East Hall medication room on 6/14/24, at approximately 10:30 a.m. revealed that one multi-dose vial of Aplisol-Tuberculin PPD was opened and was currently in use, but not labeled with the opened date.</p> <p>At the time of the observation, the Director of Nursing confirmed that the one undated multi-dose vial of Aplisol was opened, in use daily, and should have been labeled with the date opened.</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3) Nursing services</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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