

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Eldercrest Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 West Run Road Munhall, PA 15120	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49469</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to notify the physician of changes in a resident's blood glucose (BG) levels for one of two Residents (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy Insulin Administration last reviewed 12/15/23, indicated to provide guidelines for the safe administration of insulin to residents with diabetes. Notify the physician if the resident has signs and symptoms of hypoglycemia (low blood sugar) that are not resolved by following the facility protocol for hypoglycemia management.</p> <p>Review of facility policy Management of Hypoglycemia last reviewed 12/15/23, indicated for level one BG less than 70 mg/dL. to notify the provider immediately.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE], with the diagnoses that included diabetes(level one - high sugar in the blood), hypertension (high blood pressure), atrial fibrillation (irregular heartbeat).</p> <p>Review of a nurse progress noted dated 3/29/24, indicated the following:</p> <p>At 12:30 a.m., BG was 52.</p> <p>At 1:30 a.m., BG was 59.</p> <p>At 2:30 a.m. BG was 60.</p> <p>At 5:00 a.m. BG was checked two times for a reading of 56 and 61.</p> <p>A review of the clinical record did not include documentation that the physician was notified.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/4/24, at 1:58 p.m., the Director of Nursing (DON) confirmed the above findings that the facility failed to notify the physician of changes in a resident's blood glucose levels for Resident R1.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.14(c)(e) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1)(e)(1) Management.</p>		