

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/14/2025
NAME OF PROVIDER OR SUPPLIER  Squirrel Hill Wellness and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 Wightman Street Pittsburgh, PA 15217	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26071</p> <p>Based on observations, review of facility policies and documentation, clinical record review and interviews with residents and staff, it was determined that the facility failed to honor a resident's right to smoke, for 4 of 10 residents reviewed (Residents R11, R19, R28, and R53).</p> <p>Findings include:</p> <p>A review of the facility Smoking Policy dated 10/20/24, indicated the facility follows a supervised smoking policy and smoking is permitted in designated areas.</p> <p>A review of the facility policy Smoke Free Facility dated 2/5/25, indicated that smoking is prohibited in all areas of the facility and facility grounds.</p> <p>A review of Resident R11's clinical record indicated the resident was admitted to the facility on [DATE] with diagnoses that included anxiety, depression, and hypertension (high blood pressure). The resident is alert and able to make needs known.</p> <p>A review of Resident R11's care plan dated 1/15/25, indicated the resident has history of smoking in the community and wishes to continue smoking.</p> <p>A review of a social service progress note dated 2/4/25, indicated Resident R11 was informed that smoking is no longer permitted on the premises. The resident declined to have a smoking patch and wants to transfer to a smoking facility.</p> <p>During an interview on 2/12/25, at 10:30 a.m. Resident R11 stated I want to smoke, and I don't want the patch, if I can't smoke here, I want transferred to a place I can smoke. I am an addict who quit drugs, I shouldn't have to give up my cigarettes.</p> <p>A review of Resident R19's clinical record indicated the resident was admitted to the facility on [DATE] with diagnoses that included paranoid schizophrenia (a type of psychosis where the mind does not agree with reality), diabetes, and tobacco use. The resident is alert and able to make needs known.</p> <p>A review of Resident R19's care plan dated 6/24/24, indicated the resident has history of smoking in the community and wishes to continue smoking.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a social service progress note dated 2/3/25, indicated Resident R19 was informed that smoking is no longer permitted on the premises. The resident declined to have a smoking patch or be referred to another smoking facility.</p> <p>During an interview on 2/14/25, at 9:35 a.m. Resident R19 stated I want to smoke, and I don't want the patch or to go anywhere else.</p> <p>A review of Resident R28's clinical record indicated the resident was admitted to the facility on [DATE] with diagnoses that included heart failure, and nicotine dependence. The resident is alert and able to make needs known.</p> <p>A review of Resident R28's care plan dated 11/1/24, indicated the resident has history of smoking in the community and wishes to continue smoking.</p> <p>A review of a social service progress note dated 2/4/25, indicated Resident R28 was informed that smoking is no longer permitted on the premises. The resident declined to have a smoking patch and wanted referred to another smoking facility.</p> <p>During an interview on 2/11/24, at 10:30 a.m. (resident still not transferred to another smoking facility) Resident R28 stated I don't want the patch, I told them if I can't smoke here, I want transferred to a place I can smoke. They said someone would come in and get me moved, no one has come in. Resident 28 repeatedly stated she does not want the patch and wants to go anywhere she can smoke right now.</p> <p>A review of Resident R53's clinical record indicated the resident was admitted to the facility on [DATE] with diagnoses that included heart failure, diabetes, and high blood pressure. The resident is alert and able to make needs known.</p> <p>A review of Resident R53's Admission Agreement signed 6/12/23, indicated the facility is a smoking facility.</p> <p>A review of Resident R53's care plan dated 12/8/24, indicated the resident has history of smoking in the community and wishes to continue smoking.</p> <p>A review of a social service progress note dated 2/3/25, indicated Resident R53 was informed that smoking is no longer permitted on the premises. The resident declined to have a smoking patch and wanted referred to another smoking facility.</p> <p>During an interview on 2/14/25, at 9:45 a.m. Resident R53 stated I want to smoke, and I don't want the patch, and I really do not want to go anywhere else.</p> <p>During an interview on 2/14/25 at 1:00 p.m. the Director of Nursing confirmed the above findings and that the facility changed their smoking policy on 2/5/25, and Resident's R11, R19, R28, and R53's right to smoke was no longer honored at the facility.</p> <p>28 Pa. Code 201.29(a)(j) Resident rights.</p> <p>28 Pa. Code 209.3(a) Smoking.</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>51307</p> <p>Based on review of facility policy, facility documentation, resident group and staff interviews, it was determined the facility failed to provide Resident Council the opportunity for meetings for three of twelve months (September 2024, October 2024, and November 2024).</p> <p>Findings include:</p> <p>Review of the facility policy titled, Resident Council Meetings reviewed 10/20/24, states the council meets at least quarterly but no less than as determined by the group. The Activity Director/designee shall be designated to serve as the group liaison. The designated liaison shall be responsible for providing assistance with facilitating successful group meetings and responding to written requests from the group meetings.</p> <p>During Resident Group, with four alert and oriented residents and the Ombudsman on 2/11/25, at 10:30 a.m. , Residents R5, R26 R28 and R52 indicated some months no meetings were arranged. The attendees reported that the activities department had organized the meetings until the activity director and one other activity staff member resigned. Council members reported, now there is only one part time activity aide in the facility.</p> <p>During an interview on 2/12/25, at 12:00 p.m. the Nursing Home Administrator (NHA) confirmed the facility failed to provide Resident Group the opportunity for meetings for three of twelve months (September 2024, October 2024, and November 2024).</p> <p>28 Pa. Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18 (e)(1)(4) Management.</p>

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<p>F 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>51307</p> <p>Based on observation and staff interview, it was determined the facility failed to ensure the Department of Health most recent survey results were readily accessible to residents and visitors, for three of three locations (first floor lobby, nursing units fourth, and six floors).</p> <p>Findings Include:</p> <p>During an interview on 2/11/25, at 10:30 a.m., the Resident Group, four of four residents agreed that they were unaware of the location of the Department of Health survey results (Residents R5, R26 R28 and R52).</p> <p>During an observation on 2/12/25, at 9:20 a.m., signage in the lobby, fourth floor and sixth floor read survey results can be found on the 1st, 4th, and 6th floors (the public entry and resident care areas).</p> <p>During an observation on 2/12/25, at 9:20 a.m. in the lobby, no survey result book could be located.</p> <p>During an observation on 2/12/25, at 9:22 a.m. on the fourth floor, the survey result book was located behind empty folders and contained survey results from 2023. The prior survey date for this facility was on 2/12/24.</p> <p>During an observation on 2/12/25, at 9:24 a.m. on the sixth floor, no survey result book could be located.</p> <p>During an interview on 2/12/25, at 9:25 a.m. the Director of Nursing (DON) confirmed the facility failed to ensure the Department of Health most recent survey results were readily accessible to residents and visitors for three of three locations, (first floor lobby, nursing units fourth, and six floors).</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p>

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51307</p> <p>Based on review of the facility policy and clinical records and staff interview, it was determined that the facility failed to provide the opportunity to formulate an advance directive (written instructions for when the individual is incapacitated) or conduct periodic review of instructions, for seven of the twenty-two residents reviewed (Resident R5, R11, R35, R41 R45, R52, and R55).</p> <p>Findings Include:</p> <p>A review of the facility policy Resident Rights Regarding Treatment and Advanced Directives last reviewed 10/20/24, indicated it's the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate and advance directive. Decisions regarding advanced directives and treatment will be periodically reviewed as part of the comprehensive care planning process, the existing care instructions and whether the resident wishes to change or continue these instructions.</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual, effective October 2023, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:</p> <p>13-15: cognitively intact</p> <p>8-12: moderately impaired</p> <p>0-7: severe impairment</p> <p>Review of the clinical record indicated Resident R5 was originally admitted to the facility on [DATE].</p> <p>Review of Resident R5's Minimum Data Set (MDS - a periodic assessment of care needs) dated 7/17/24, indicated diagnoses of Anxiety, depression, and dementia, a BIMS of 15.</p> <p>A review of the clinical record failed to reveal an advance directive, evidence that a periodic advanced directive review occurred or documentation that Resident R5 was given the opportunity to formulate an Advanced Directive.</p> <p>Review of the clinical record indicated Resident R11 was admitted to the facility on [DATE].</p> <p>Review of Resident R11's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/16/24, indicated diagnoses of Anxiety, depression, and hypertension (high blood pressure), a BIMS of 15.</p> <p>A review of the clinical record failed to reveal an advance directive, evidence that a periodic advanced directive review occurred or documentation that Resident R11 was given the opportunity to formulate an Advanced Directive.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the clinical record indicated Resident R35 was admitted to the facility on [DATE].</p> <p>Review of Resident R35's MDS dated [DATE], indicated diagnoses of Anxiety, depression, and coronary artery disease (heart disease), a BIMS of 15.</p> <p>A review of the clinical record failed to reveal an advance directive, evidence that a periodic advanced directive review occurred or documentation that Resident R35 was given the opportunity to formulate an Advanced Directive.</p> <p>Review of the clinical record indicated Resident R41 was admitted to the facility on [DATE].</p> <p>Review of Resident R41's MDS dated [DATE], indicated diagnoses of stroke, depression, and dementia, a BIMS of 7.</p> <p>A review of the clinical record failed to reveal an advance directive, evidence that a periodic advanced directive review occurred or documentation that Resident R41 was given the opportunity to formulate an Advanced Directive.</p> <p>Review of the clinical record indicated Resident R45 was admitted to the facility on [DATE].</p> <p>Review of Resident R45's MDS dated [DATE], indicated diagnoses of left shoulder fracture, depression, and dementia, a BIMS of 8.</p> <p>A review of the clinical record failed to reveal an advance directive, evidence that a periodic advanced directive review occurred or documentation that Resident R45 was given the opportunity to formulate an Advanced Directive.</p> <p>Review of the clinical record indicated Resident R52 was originally admitted to the facility on [DATE].</p> <p>Review of Resident R52's MDS dated [DATE], indicated diagnoses of coronary artery disease (heart disease), dementia, depression, a BIMS of 15.</p> <p>A review of the clinical record failed to reveal an advance directive, evidence that a periodic advanced directive review occurred or documentation that Resident R52 was given the opportunity to formulate an Advanced Directive.</p> <p>Review of the clinical record indicated Resident R55 was admitted to the facility on [DATE].</p> <p>Review of Resident R55's MDS dated [DATE], indicated diagnoses of schizoaffective disorder (mental illness affects thoughts, mood and behavior), diverticulitis of large intestine with perforation and abscess (inflammation of the colon), and hypertension (high blood pressure), a BIMS of 15.</p> <p>A review of the clinical record failed to reveal an advance directive, evidence that a periodic advanced directive review occurred or documentation that Resident R55 was given the opportunity to formulate an Advanced Directive.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/11/25 at 8:00 a.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to provide the opportunity to formulate an advance directive or conduct periodic review of instructions, for seven of the twenty-two residents reviewed (Resident R5, R11, R35, R41 R45, R52, and R55).</p> <p>28 Pa. Code: 201.29(b)(d)(j) Resident rights.</p>

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>51307</p> <p>Based on review of facility policy, facility documents, and staff interviews, it was determined that the facility failed to provide in a timely manner, notice of Medicare non coverage (payment) for two of two residents (Resident R217 and R218).</p> <p>Findings include:</p> <p>Review of CMS guidelines, Medicare provider or health plan must deliver a completed copy of the Notice of Medicare Non-Coverage (NOMNC) to beneficiaries/enrollees receiving covered skilled nursing, home health (including psychiatric home health), comprehensive outpatient rehabilitation facility, and hospice services. The NOMNC must be delivered at least two calendar days before Medicare covered services end or the second to last day of service if care is not being provided daily. The Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage, (SNF ABN) must be issued to Medicare Fee -for-Service (original Medicare) beneficiaries who are receiving care in a Skilled Nursing Facility (SNF) when: Medicare is expected to deny coverage and when the SNF wants to charge the beneficiary for the non-covered services.</p> <p>A review of the facility policy Advance Beneficiary Notices, last reviewed 10/20/24, indicated the facility assures appropriate Advance Beneficiary Notices are issued in accordance with CMS guidelines.</p> <p>A review of the list of Medicare residents who were discharged from a Medicare Part A stay with benefit days remaining, provided by the facility on 2/11/25, included Residents R217 and R218.</p> <p>A review of the SNF ABN form for Residents R218 indicated payment for skilled nursing services would end on 8/2/24. The facility failed to provide the document for Resident R218 and failed to provide the resident time to appeal.</p> <p>A review of the SNF ABN form for Residents R217 indicated payment for skilled nursing services would end on 10/21/24. The facility failed to provide the document for Resident R 217 and failed to provide the resident time to appeal.</p> <p>A review of the facility NOMNC form indicated that the resident has a right to appeal non-payment of services, your request must be made no later than noon of the day before the effective date of non-coverage.</p> <p>A review of the NOMNC form for Resident R217 indicated payment for skilled nursing services will end 10/21/24. The facility failed to provide the document for Resident R 217 and failed to provide the resident time to appeal.</p> <p>During an interview on 2/11/25, at 10:20 a.m. the NHA confirmed that the facility was unable to provide the NOMNC form for Resident R217 and the SNF ABN for Residents R217 and R218.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>28 Pa. Code 201.18(b)(2) Management.</p> <p>28 Pa. Code 201.29(a): Resident rights.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26071</b></p> <p>Based on policy review and observations and staff interviews it was determined that the facility failed to maintain a homelike environment throughout the facility (resident rooms, dining rooms and hallways) for three of three nursing units. (4th, 5th, and 6th floor nursing units)</p> <p>Findings include:</p> <p>A review of the facility policy Safe and Homelike Environment dated 10/20/24, indicated the facility will provide a safe, clean, comfortable, and homelike environment.</p> <p>During an observation of the facility on 2/14/25, at 9:30 a.m., the following was revealed:</p> <ul style="list-style-type: none"> <li>* Resident room [ROOM NUMBER] W (window) air condition/heating unit had broken vents and dusty debris and trash particles inside the unit. The wall next to the bathroom entrance had missing molding and holes around the night light.</li> <li>* Resident room [ROOM NUMBER] W air condition/heating unit had broken vents and dusty debris and trash particles inside the unit.</li> <li>* Resident room [ROOM NUMBER] W air condition/heating unit had broken vents and dusty debris and trash particles inside the unit.</li> <li>* Resident room [ROOM NUMBER] W air condition/heating unit had broken vents and dusty debris and trash particles inside the unit.</li> <li>* Resident rooms [ROOM NUMBERS] had molding around the perimeter of the rooms with exposed tubing and black cables that lead into the bathroom sink drainage connection and not in use.</li> <li>* Dining rooms on the 4th, 5th, and 6th floors had brown vinyl flooring that was lifting up and had worn black holes throughout.</li> <li>* Fifth Floor nursing units rooms 511, 512, and multiple rooms with no room numbers had walls with holes and scratches behind the beds.</li> <li>*Sixth Floor nursing unit room [ROOM NUMBER] had holes in the wall and scratches behind the bed.</li> </ul> <p>During an interview on 2/14/25, at 10:30 a.m., the Director of Nursing confirmed that the facility failed to maintain the facility in a homelike environment.</p> <p>Pa Code: 207.2 (a) Administrator's responsibility</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>51307</p> <p>Based on review of facility policy, observations, and resident and staff interviews, it was determined that the facility failed to provide and make accessible grievance forms to residents and visitors on one of two nursing units (fourth floor) and failed to make the grievance box accessible on one of two nursing units (fourth floor).</p> <p>Findings include:</p> <p>A review of the facility policy Resident and Family Grievance reviewed 10/20/24, indicated the facility utilizes a grievance form to identify concerns and for tracking.</p> <p>During an observation on 2/12/25, at 9:25 a.m. revealed the grievance box and forms were not accessible due to a trash bin placed in front of the grievance box on the fourth-floor nursing unit.</p> <p>During an observation on 2/12/25, at 9:25 a.m. revealed the grievance forms were not present on the fourth-floor nursing unit.</p> <p>During an interview on 2/12/25, at 9:25 a.m. The Director of Nursing confirmed the facility failed to provide and make accessible grievance forms to residents and visitors on one of two nursing units (fourth floor) and failed to make the grievance box accessible on one of two nursing units (fourth floor).</p> <p>28 PA Code: 201.18(e)(4) Management.</p> <p>28 PA Code: 201.29(a)(b)(c) Resident rights.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51307</b></p> <p>Based on review of facility policy, clinical records and staff interviews, it was determined that the facility failed to make certain allegations of abuse, neglect, exploitation, or mistreatment are thoroughly investigated for one of two residents reviewed. (Resident R46).</p> <p>Findings include:</p> <p>A review of the facility Abuse, Neglect, and Exploitation policy dated 10/20/24, indicated that the facility will provide complete and thorough documentation of the investigation. Identify and interviewing all involved persons, including the alleged victim, alleged perpetrator, witness and others who might have knowledge of the allegations.</p> <p>A review of Resident R46's admission record indicated the resident was admitted on [DATE]. Resident R46 was transferred to the hospital 2/3/25 for evaluation of a Deep Vein Thrombosis (blood clot).</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019 indicated that a Brief Interview for Mental Status (BIMS), is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:</p> <p>13-15: cognitively intact</p> <p>8-12: moderately impaired</p> <p>0-7: severe impairment</p> <p>A review of Resident R46 Minimum Data Set assessment (MDS-a periodic assessment of resident care needs) dated 1/23/25, included diagnoses of Cerebrovascular Accident (stroke), anxiety disorder, depression, and chronic osteomyelitis of the left ankle and foot (bone infection). Review of Section C: Cognitive Patterns, Questions C0500 BIMS Summary Score revealed Resident R46's score to be 14, intact cognition.</p> <p>A review of facility submitted documents, indicated Resident R46 and nursing staff, RN Employee E14 and LPN Employee R15 were giving Resident R46 a hard time when the resident asked why his pain medication was late, an escalation between resident and staff occurred. Reportedly LPN Employee E15 stated in fact now I am going to make sure you're the last one who gets medication and Employee E14 was heard saying let him shit and piss on himself and sit in it. The investigation report indicates the resident (victim) was interviewed, (no resident interview was attached) and the report indicates Resident R46 is not a credible source, referencing residence past behaviors and medical history.</p> <p>A review of the personnel files indicates that both RN Employee E14 and LPN Employee E15 were terminated from the facility after this event.</p> <p>There was no documented evidence the facility interviewed Resident R46 for the alleged incident of abuse.</p> <p>(continued on next page)</p>		

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F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During an interview on 2/12/25, at 11:15 a.m. the Nursing Home Administrator (NHA) and Director of Nursing (DON) confirmed that the facility failed to thoroughly investigate an alleged incident of neglect for one of two residents (Resident R46).</p> <p>28 Pa Code: 201.14(a)(c)(e) Responsibility of licensee</p> <p>28 Pa Code: 201.18 (b)(1)(e)(1) Management</p> <p>28 Pa. Code: 201.20 (b) Staff development.</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39311</p> <p>Based on review of the Resident Assessment Instrument User's Manual, clinical records, and staff interview, it was determined that the facility failed to make certain that comprehensive Minimum Data Set (MDS-periodic assessment of resident care needs) assessments were completed in the required time frame for seven of 25 residents (Resident R1, R23, R45, R49, R52, R57, and R58).</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required MDS assessments, dated October 2024, indicated that an admission MDS assessment was to be completed no later than 14 days following admission (admitted plus 13 calendar days), and annual MDS assessment was to be completed no later than Assessment Reference Date (ARD).</p> <p>Resident R1 had an ARD of 11/13/24, with an MDS completion date of 11/28/24.</p> <p>Resident R23 had an ARD of 1/16/25, with an MDS completion due date of 1/31/25.</p> <p>Resident R45 had an admitted [DATE], with an MDS completion due date of 1/27/25.</p> <p>Resident R49 had an ARD of 12/15/24, with an MDS completion date of 1/3/25.</p> <p>Resident R52 had an ARD of 11/13/24, with an MDS completion date of 11/29/24.</p> <p>Resident R57 had an admitted [DATE], with an MDS completion due date of 1/30/25.</p> <p>Resident R58 had an admitted [DATE], with an MDS completion due date of 1/30/25.</p> <p>During an interview on 2/14/25, at approximately 2:00 p.m. the Nursing Home Administrator and the Director of Nursing were made aware that the facility failed to make certain that MDS assessments were completed in the required time frame for seven of 25 residents.</p> <p>28 Pa. Code: 211.5(f) Clinical records.</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>39311</p> <p>Based on review of the Resident Assessment Instrument User's Manual, clinical records, and staff interview, it was determined that the facility failed to make certain that quarterly Minimum Data Set assessments were completed within the required time frame for ten of 51 residents (Resident R12, R14, R20, R30, R34, R35, R41, R43, R44, and R55).</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that quarterly MDS assessments were to be completed no later than 14 days after the Assessment Reference Date (ARD).</p> <p>Resident R12 had an ARD of 12/12/24, with an MDS completion date of 1/3/25.</p> <p>Resident R14 had an ARD of 12/20/24, with an MDS completion date of 1/7/25.</p> <p>Resident R20 had an ARD of 11/14/24, with an MDS completion date of 11/30/24.</p> <p>Resident R30 had an ARD of 12/4/24, with an MDS completion date of 1/3/25.</p> <p>Resident R34 had an ARD of 11/28/24, with an MDS completion date of 1/3/25.</p> <p>Resident R35 had an ARD of 12/5/24, with an MDS completion date of 1/3/25.</p> <p>Resident R41 had an ARD of 12/19/24, with an MDS completion date of 1/3/25.</p> <p>Resident R43 had an ARD of 1/15/25, with an MDS completion date of 1/31/25.</p> <p>Resident R44 had an ARD of 11/14/24, with an MDS completion date of 11/28/24.</p> <p>Resident R55 had an ARD of 12/4/24, with an MDS completion date of 1/3/25.</p> <p>During an interview on 2/14/25, at approximately 2:00 p.m. the Nursing Home Administrator and the Director of Nursing were made aware that the facility failed to make certain that quarterly MDS assessments were completed in the required time frame for six of 25 residents.</p> <p>28 Pa. Code: 211.5(f) Clinical records.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>39311</p> <p>Based on review of the Resident Assessment Instrument User's Manual and clinical records, and staff interview, it was determined that the facility failed to make certain that comprehensive Minimum Data Set assessments were accurate and fully completed for seven of ten residents (Resident R8, R10, R13, R29, R36, R40, and R54).</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set Assessments (MDS - periodic assessment of care needs) dated October 2024, indicated that Section C: Cognitive Patterns, Question C0100 Should Brief Interview for Mental Status Be Conducted? (BIMS) should be coded as 0 if the resident is rarely/never understood, or it should be coded 1, and the BIMS assessment should be completed if the resident is at least sometimes understood. Section D: Mood, Question D0100 Should Resident Mood Interview Be Conducted? should be coded as 0 if the resident is rarely/never understood, and or it should be coded 1, and the assessment should be completed if the resident is at least sometimes understood.</p> <p>-Resident R8 had an MDS completed on 1/9/25. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R8 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R8 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question C0100 indicated that Resident R8 is rarely understood, and the Resident Mood Interview assessment was not completed.</p> <p>-Resident R10 had an MDS completed on 11/13/24. Review of Section B: Hearing, Speech, and Vision indicated Resident R10 was not in a persistent vegetative state/no discernible consciousness. The remainder of the questions in this section were documented as Not Assessed. Review of Sections C: Cognitive Patterns and Section D: Mood, BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed.</p> <p>-Resident R13 had an MDS completed on 11/19/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R13 is understood. Review of Sections C: Cognitive Patterns, Question C0100 indicated the BIMS assessment should be completed. All further questions were documented as Not Assessed.</p> <p>-Resident R29 had an MDS completed on 2/4/25. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R29 is sometimes understood. Review of Sections C: Cognitive Patterns and Section D: Mood, BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed.</p> <p>-Resident R36 had an MDS completed on 11/16/24. Review of Section B: Hearing, Speech, and Vision indicated Resident R10 was not in a persistent vegetative state/no discernible consciousness. Question B0700: Makes Self Understood was documented as Not Assessed. Review of Sections C: Cognitive Patterns and Section D: Mood, BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident R40 had an MDS completed on 1/9/25. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R40 is understood. Review of Sections C: Cognitive Patterns and Section D: Mood, BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed.</p> <p>-Resident R54 had an MDS completed on 2/4/25. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R54 is understood. Review of Sections C: Cognitive Patterns, Question C0100 indicated the BIMS assessment should be completed. All further questions were documented as Not Assessed.</p> <p>During an interview on 2/14/25, at approximately 12:00 p.m. the Resident Nurse Assessment Coordinator confirmed that the facility failed to make certain that comprehensive Minimum Data Set assessments were accurate and fully completed for seven of ten residents.</p> <p>28 Pa. Code: 211.5(f) Clinical records.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51307</p> <p>Based on a review of the facility policy, clinical record and staff interviews, it was determined that the facility failed to provide an ongoing program of activities to meet the interests of and support the physical, mental, and psychosocial well-being of each resident for eight of ten residents (Residents R5, R11, R26, R35, R41, R45, R52, and R55).</p> <p>Findings included:</p> <p>Review of the facility policy Resident Rights reviewed 10/20/24, indicated the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. Self-Determination - The resident has the right to, and the facility must promote and facilitate self-determination through support of resident choice, including but not limited to: The resident has a right to choose activities, schedules, health care and providers of health care services consistent with his or her interests, assessments and plan of care and other applicable provisions of this part.</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual, effective October 2023, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:</p> <p>13-15: cognitively intact</p> <p>8-12: moderately impaired</p> <p>0-7: severe impairment</p> <p>During Resident Group on 2/12/25, at 10:30 a.m. the attendees Resident R5, R26, and R52 reported there are fewer activities since activity director and one other activity staff member resigned. Resident Group members reported, now there is only one part time activity aide in the facility, and she is doing the best she can.</p> <p>Review of the clinical record indicated Resident R5 was originally admitted to the facility on [DATE].</p> <p>Review of Resident R5's Minimum Data Set (MDS - a periodic assessment of care needs) dated 7/17/24, indicated diagnoses of anxiety, depression, and dementia, a BIMS of 15. Activity preferences are reading, music, animals, news, group activities, going outside, and participation in religious services.</p> <p>Review of Resident R5's plan of care for leisure lifestyle choices and group activities initiated 11/28/17, and most recently revised 5/18/21, indicated the resident can make leisure lifestyle choices and attends daily group activities as an active participant daily. Resident does enjoy coloring, socializing, bingo, Resident Council President, arts/crafts, joking with staff and other residents she to receive a monthly activities calendar.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R5's clinical record for 1/25, revealed the facility failed to provide an ongoing program of activities to meet the resident's interests. Review of Resident R5's Documentation Survey Report indicated Resident R5 participated in group programs on four of thirty-one days, three on the evening shift (3 p.m. to 11 p.m.) and one on the night shift (11 p.m. 7 a.m.).</p> <p>During resident group interview on 2/11/25, at 10:30 a.m. Resident R5 stated, the facility had a lot of group activities, not as many over the past months, we don't get the activities calendars anymore.</p> <p>Review of the clinical record indicated Resident R26 was originally admitted to the facility on [DATE].</p> <p>Review of Resident R26's MDS dated [DATE], indicated diagnoses of End Stage Renal Disease (kidney failure), COPD (lung disease), systemic lupus erythematosus (body's immune system attacks its own tissues), a BIMS of 15. Activity preferences are reading, music, animals, news, group activities, going outside, and participation in religious services.</p> <p>Review of Resident R26's plan of care for activities intervention for acknowledge and strive to maintain positive compliance with treatment and care initiated 6/28/23.</p> <p>Review of Resident R26's clinical record for 1/25, revealed the facility failed to provide an ongoing program of activities to meet the resident's interests. Review of Resident R26's Documentation Survey Report indicated Resident R26 had not participated in any group activity.</p> <p>During resident group interview on 2/11/25, at 10:30 a.m. Resident R26 stated, I agree with the group comments of there being few activities now.</p> <p>Review of the clinical record indicated Resident R52 was originally admitted to the facility on [DATE].</p> <p>Review of Resident R52's MDS dated [DATE], indicated diagnoses of coronary artery disease (heart disease), dementia, depression, a BIMS of 15. Activity preferences are reading, music, news, going outside, and participation in religious services.</p> <p>Review of Resident R52's plan of care for leisure lifestyle choices and group activities initiated 11/25/24, indicated the resident engages in daily activities of choice including reading his bible and sightseeing on the administrative floor with supervision/assistance.</p> <p>Review of Resident R52's clinical record for 1/25, revealed the facility failed to provide an ongoing program of activities to meet the resident's interests. Review of Resident R52's Documentation Survey Report indicated Resident R52 had not participated in any group activity.</p> <p>During resident council group interview on 2/11/25, at 10:30 a.m. Resident R52 stated, since two of the three activity staff left, the one girl does the best she can when she is here.</p> <p>Review of the clinical record indicated Resident R11 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R11's MDS dated [DATE], indicated diagnoses of Anxiety, depression, and hypertension (high blood pressure), a BIMS of 15. Activity preferences are reading, music, animals, news, group activities, and going outside.</p> <p>Review of Resident R11's plan of care for activities intervention for encourage participation in enjoyable activities initiated 5/24/24.</p> <p>Review of Resident R11's clinical record for 1/25, revealed the facility failed to provide an ongoing program of activities to meet the resident's interests. Review of Resident R11's Documentation Survey Report indicated Resident R11 participated in group programs on three of thirty-one days, on the evening shift (3 p.m. to 11 p.m.).</p> <p>During an interview on 2/12/25, at 10:30 a.m. Resident R11 stated, I like group activities and the games like cornhole they played here and crafts, they don't do many activities, crafts, or games now.</p> <p>Review of the clinical record indicated Resident R35 was admitted to the facility on [DATE].</p> <p>Review of Resident R35's MDS dated [DATE], indicated diagnoses of Anxiety, depression, and coronary artery disease (heart disease), a BIMS of 15. Activity preferences are reading, music, animals, news, and going outside.</p> <p>Review of Resident R35's plan of care for activities intervention do not leave unattended while smoking initiated 12/19/23.</p> <p>Review of Resident R35's clinical record for 1/25, revealed the facility failed to provide an ongoing program of activities to meet the resident's interests. Review of Resident R35's Documentation Survey Report indicated Resident R35 participated in group programs on three of thirty-one days, three on the evening shift (3 p.m. to 11 p.m.).</p> <p>During an interview on 2/12/25, at 10:45 a.m. Resident R35 stated, I like going on the outings, they don't do that anymore, there's not much to do now.</p> <p>Review of the clinical record indicated Resident R41 was admitted to the facility on [DATE].</p> <p>Review of Resident R41's MDS dated [DATE], indicated diagnoses of stroke, depression, and dementia, a BIMS of 7. Activity preferences had not been prioritized.</p> <p>Review of Resident R41's plan of care for leisure lifestyle choices and group activities initiated 4/21/21, and most recently revised 5/18/21, indicated the resident engages in daily independent activities of choice watching television, rosary, socializing with staff, wanting to sit outside when the weather is good and to receive a monthly activities calendar.</p> <p>Review of Resident R41's clinical record for 1/25, revealed the facility failed to provide an ongoing program of activities to meet the resident's interests. Review of Resident R41's Documentation Survey Report indicated Resident R41 had not participated in any group activity.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/12/25, at 10:55 a.m. Resident R41 stated, I don't get to do much with activities.</p> <p>Review of the clinical record indicated Resident R45 was admitted to the facility on [DATE].</p> <p>Review of Resident R45's MDS dated [DATE], indicated diagnoses of left shoulder fracture, depression, and dementia, a BIMS of 8. Activity preferences are reading, music, news, and going outside.</p> <p>Review of Resident R45's plan of care does not address recreational activities.</p> <p>Review of Resident R45's clinical record for 1/25, revealed the facility failed to provide an ongoing program of activities to meet the resident's interests. Review of Resident R41's Documentation Survey Report indicated Resident R45 had not participated in any group activity.</p> <p>During an interview on 2/12/25, at 11:05 a.m. Resident R45 stated, I haven't been here long and don't know many people.</p> <p>Review of the clinical record indicated Resident R55 was admitted to the facility on [DATE].</p> <p>Review of Resident R55's MDS dated [DATE], indicated diagnoses of schizoaffective disorder (mental illness affects thoughts, mood and behavior), diverticulitis of large intestine with perforation and abscess (inflammation of the colon), and hypertension (high blood pressure), a BIMS of 15. Activity preferences are reading, music, news, going outside, and participation in religious services.</p> <p>Review of Resident R55's plan of care intervention for activities, offer activities for resident such as listening to music, watching sports etc . initiated 7/26/24.</p> <p>Review of Resident R55's clinical record for 1/25, revealed the facility failed to provide an ongoing program of activities to meet the resident's interests. Review of Resident R55's Documentation Survey Report indicated Resident R55 had not participated in any group activity.</p> <p>During an interview on 2/12/25, at 11:15 a.m. Resident R55 stated, I want to be able to go somewhere outside, you can't go anywhere or do anything outside of here.</p> <p>During observation on the sixth floor on 2/12/25, at 5:00 p.m. it was observed fifteen of twenty resident rooms had activity calendars posted the heading is January 2025 this was confirmed with the Director of Nursing (DON) on 2/12/25 at 5:00 p.m.</p> <p>During an interview on 2/12/25, at 5:00 p.m. with the Nursing Home Administrator (NHA) and DON a request for the activity staff persons schedule, personnel file, interview and the activity calendar for the months of 10/24, 11/24,12/24 and 2/25 was made.</p> <p>During an interview on 2/13/25 at 1:30 p.m. the NHA confirmed the facility could not locate the personnel file of the employee, the requested activities calendars for 10/24, 11/24 and 12/24, or the activity employee schedule.</p> <p>During an interview on 2/14/25 at 10:30 a.m. the DON confirmed the facility was unable schedule the activity employee interview.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/13/25, at 12:00 p.m. the Nursing Home Administrator (NHA) confirmed the facility failed to provide an ongoing program of activities to meet the interests of and support the physical, mental, and psychosocial well-being of each resident for eight of ten residents (Residents R5, R11, R26, R35, R41, R45, R52, and R55).</p> <p>28 Pa. Code: 201. 18(b)(3) Management.</p> <p>28 Pa. Code: 207.2(a) Administrators responsibility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/14/2025
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<p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>51307</p> <p>Based on staff interviews and review of facility provided documentation, it was determined the facility failed to provide a qualified professional to direct the activities program as required for two of 12 months (12/6/24 through 2/14/25).</p> <p>Findings include:</p> <p>Review of the Activities Director job description required Qualifications The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional.</p> <p>During an interview on 2/13/25, at 1:30 p.m. the Nursing Home Administrator (NHA) and Director of Nursing (DON) confirmed the facility failed to provide a qualified professional to direct the activities program for two of 12 months (12/6/24 through 2/14/25).</p> <p>28 Pa Code 201.18(b)(3) Management.</p> <p>28 Pa Code 201.18(e)(6) Management</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39311</p> <p>Based on review of facility policy, manufacturer's information, clinical record review, observations, and staff interview, it was determined the facility failed to provide to provide appropriate care and services to residents receiving tube feedings for one of two residents reviewed (Residents R20).</p> <p>Findings include:</p> <p>The facility policy entitled Care and Treatment of Feeding Tubes (delivery of food or medication via tube surgically inserted into stomach) dated 10/20/24, indicated the facility must utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible.</p> <p>Review of the manufacturer's information, Glucerna 1.5 Cal dated 9/7/24, indicated, All medical foods, regardless of type of administration system, require careful handling because they can support microbial growth.</p> <p>NOTE: Failure to follow the increases the potential for microbial contamination and may reduce</p> <p>Hang product for up to 48 hours after initial connection when clean technique and only one new set are used. Otherwise hang for no more than 24 hours</p> <p>Review of the clinical record revealed that Resident R20 was originally admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 2/2/25, included diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), dysphagia (difficulty swallowing), and hemiplegia (paralysis on one side of the body) following a stroke. Section K- Swallowing/Nutritional Status indicated the resident had a feeding tube while a resident.</p> <p>Review of Resident R20's plan of care developed initiated 7/7/22, and updated 11/1/24, indicated Resident R20 required tube feedings related to dysphagia.</p> <p>Review of a physician order dated 2/7/25, indicated that Resident R20 was to receive Glucerna 1.5 via peg-tube (a tube inserted through the abdominal wall that brings nutrition directly to the stomach) at a rate of 80 ml (milliliters) per hour, from 8:00 p.m. to 8:00 a.m.</p> <p>During an observation on 2/13/25, at 11:38 a.m. Resident R20 was observed with his tube feeding attached. Observation of the tube feeding formula container did not show that it was dated when opened.</p> <p>During an observation on 2/14/25, at 11:00 a.m. Resident R20's tube feeding formula container did not show that it was dated when opened.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/14/25, at 11:02 a.m. Registered Nurse Employee E10 confirmed that the tube feeding container was still hanging, and that it was not possible to know what date it was opened.</p> <p>During an interview on 2/14/25, at 11:09 a.m. the Director of Nursing (DON) confirmed that when the tube feeding is stopped at 8:00 a.m. in the morning, the container should be removed as the formula should not be used after opened for 24 hours. The DON further confirmed that leaving the tube feeding container hanging after the stop time, without a date and time, provided the potential for the use of the tube feeding formula beyond the 24 hour limitation.</p> <p>During an interview on 2/14/25, at approximately 2:00 p.m. the Nursing Home Administrator and the the Director of Nursing confirmed the facility failed to provide to provide appropriate care and services to residents receiving tube feedings for one of two residents reviewed.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>28 Pa. Code: 211.12(d)(1) Nursing services.</p> <p>28 Pa. Code: 211.10(c) Resident care policies.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26071</p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that facility staff failed to maintain ongoing communication with the hemodialysis (a machine filters wastes, salts and fluid from your blood when your kidneys are no longer healthy enough to do this work adequately) center for one of two residents reviewed (Resident R18).</p> <p>Findings include:</p> <p>A review of the facility policy Hemodialysis reviewed 10/20/24, indicated residents ordered dialysis will have ongoing communication and collaboration with the dialysis facility regarding dialysis care and services. The licensed nurse will communicate via written format with a dialysis communication form.</p> <p>A review of the clinical record indicated Resident R18 was readmitted to the facility on [DATE], with diagnoses that included end-stage renal disease (ESRD - the kidneys permanently fail to work) and low blood pressure.</p> <p>A review of the Minimum Data Set (MDS - periodic assessment of care needs) dated 2/2/25, indicated the diagnoses remain current.</p> <p>A review of a physician's order summary dated 1/1/25 through 2/28/25, indicated Resident R18 was to receive dialysis three days a week on Tuesday, Thursday, and Saturday. A review of the nurse progress notes indicated Resident R18 receives dialysis three times a week.</p> <p>A review of Resident R18's Dialysis Hand Off Communication Report forms from 1/14/25 through 2/13/25, revealed 9 communication forms out of 9 scheduled treatments were observed. The section to be completed by dialysis and returned with the resident were left blank on 1/14, 1/16, 1/21, 1/25, 1/28, 1/30, 2/6, 2/8, and 2/13/25.</p> <p>During an interview on 2/14/25, at 1:00 p.m. the Director of Nursing confirmed the above findings and the facility failed to ensure the dialysis communication form was completed between the facility and dialysis center for Resident R18.</p> <p>28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39311</p> <p>Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to provide culturally competent, trauma care in accordance with professional standards of practice, accounting for the resident's past experiences and preferences in order to eliminate and/or mitigate triggers that may cause re-traumatization of the resident for three of eight residents (Resident R58, R20, and R30).</p> <p>Findings include:</p> <p>Review of the facility policy, Trauma Informed Care dated 10/20/24, indicated the facility will provide care and services which are delivered using approaches which are culturally-competent, account for experienced and preferences, and address the needs of trauma survivors by minimizing triggers and/or retraumatization. The policy indicated trauma results from an event, series of events, or set of circumstances that is experienced by an individual 's physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual. Included in the list of common sources was violent crime.</p> <p>Review of the clinical record revealed that Resident R58 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS, periodic assessment of resident care needs) dated 1/23/25, included diagnoses of unspecified multiple injuries, fractures of both femurs (upper leg bones), insomnia, and depression.</p> <p>Review of a progress note dated 1/14/25, indicated Resident R58 has a history of GSW (gunshot wound) to legs and left hand and was admitted to [hospital] as level 1 trauma and had emergency surgery for BL (bilateral, both sides of the body) femur fractures and had IM nail (a metal rod forced into the cavity of a bone). Has significant pain legs and difficulty ambulating.</p> <p>Review of Resident R58's evaluations failed to reveal an assessment for trauma-informed care or possible post-traumatic stress disorder. (PTSD, mental health condition triggered by experiencing or witnessing a terrifying event).</p> <p>Review of a progress note dated 1/16/25, indicated Resident R58 has moderate depression.</p> <p>Review of Resident R58's Social History Assessment completed on 1/16/25, at 1:28 p.m. indicated Resident R58 experienced anxiety, agitation, and depression.</p> <p>Review of a progress note dated 2/12/25, at 10:53 a.m. Resident R58 reported increased anxiety.</p> <p>Review of Resident R58's plan of care developed 1/14/25, failed to include goals and interventions related to trauma-informed care.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/12/25, at 1:25 p.m. Resident R58 stated she had five gunshot wounds, and the perpetrator has not been apprehended. Resident R58 stated she had set up a code word on admission, but she is worried that the facility does not stop visitors when they enter the building before being allowed on the elevator. Additionally, Resident R58 requested that her name not be placed outside of her door, identifying her room. Observation at this time revealed Resident R58's name placed outside of her door.</p> <p>Review of the clinical record revealed that Resident R20 was originally admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of the MDS dated [DATE], included diagnoses of anxiety, depression, and PTSD.</p> <p>Review of Resident R20's plan of care developed initiated 7/7/22, and updated 11/1/24, failed to include goals and interventions related to PTSD.</p> <p>Review of Resident R20's evaluations failed to reveal an assessment for trauma-informed care or PTSD.</p> <p>Review of the clinical record revealed that Resident R30 was admitted to the facility on [DATE].</p> <p>Review of the MDS dated [DATE], included diagnoses of anxiety, depression, and PTSD.</p> <p>Review of Resident R30's plan of care developed initiated 12/3/23, and updated 8/26/24, failed to include goals and interventions related to PTSD.</p> <p>Review of Resident R30's evaluations failed to reveal an assessment for trauma-informed care or PTSD.</p> <p>During an interview on 2/14/25, at approximately 11:00 a.m. the Director of Nursing that the facility failed to provide culturally competent, trauma care in accordance with professional standards of practice, accounting for the resident's past experiences and preferences in order to eliminate and/or mitigate triggers that may cause re-traumatization of the resident for three of eight residents.</p> <p>28 Pa. Code 211.10 (a) Resident care policies.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing services.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>39311</p> <p>Based on review of facility policy, personnel records, and staff interview it was determined that the facility failed to complete annual performance evaluations for one out of four nurse aides (NA Employee E3).</p> <p>Findings include:</p> <p>Review of nurse aide performance evaluations completed by the facility failed to include a performance evaluation for Nurse Aide Employee E3, with a hire date of 10/11/04.</p> <p>During an interview on 2/14/25, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to complete annual performance evaluations for one of four nurse aides as required.</p> <p>28 Pa Code: 201.20 (a)(b)(c)(d) Staff development.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43725</p> <p>Based on facility policy, clinical record review and staff interview, it was determined that the facility failed to ensure the pharmacy completed a Medication Regimen Review (MRR) at least monthly for two of five residents (Resident R5 and R56).</p> <p>Findings:</p> <p>Review of facility policy Medication Regimen Review reviewed 10/20/24, indicated the drug regimen of each resident is reviewed at least once a month by a licensed pharmacist. The Medication Regimen Review (MRR) is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medications.</p> <p>Review of the clinical record revealed Resident R5 was admitted to the facility on [DATE], with diagnoses that included dementia (group of symptoms affecting memory, thinking and social abilities), depression, and diabetes.</p> <p>Review of Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 11/6/24, indicated the diagnoses remain current.</p> <p>Review of the care plan dated 2/9/20, indicated to consult with pharmacy, and MD to gradually reduce dosages if clinically appropriate to do so.</p> <p>Review of Resident R5 clinical record failed to indicate a MRR was completed for February 2024, April 2024, May 2024, June 2024, July 2024, September 2024, October 2024, and November 2024.</p> <p>Review of the clinical record indicated Resident R56 was admitted to the facility on [DATE], with diagnoses that included high blood pressure, diabetes, and dementia.</p> <p>Review of MDS dated [DATE], indicated the diagnoses remain current.</p> <p>Review of the care plan dated 5/31/24, indicated to consult with pharmacy, and MD to gradually reduce dosages if clinically appropriate to do so.</p> <p>Review of Resident R56 clinical record failed to indicate a MRR was completed for September 2024, October 2024, November 2024, and December 2024.</p> <p>During an interview on 2/14/25, at 2:00 p.m. the Director of Nursing confirmed the facility failed to complete monthly pharmacy MRR's.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26071</p> <p>Based on review of facility policies and clinical records and staff interview, it was determined that the facility failed to make certain that medical records on each resident are complete and accurately documented for two of four residents (Residents R59 and R61)</p> <p>A review of the facility policy Documentation in the Clinical Record dated 10/20/24, indicated the resident's medical record shall be complete, accurate, and timely.</p> <p>During an interview on 2/13/25, at 1:00 p.m. the Director of Nursing revealed that clinical records shall be completed within 30 days of a resident discharge from the facility.</p> <p>A review of the clinical record on 2/13/25, indicated that Resident R59 was admitted to the facility on [DATE] and ceased to breathe on 12/2/24.</p> <p>A review of the Interdisciplinary Discharge Summary and Disposition of Medications forms dated 12/2/24, were not completed.</p> <p>A review of the clinical record on 2/13/25, indicated that Resident R61 was admitted to the facility 10/14/24, and discharged on [DATE].</p> <p>A review of the Interdisciplinary Discharge Summary and Disposition of Medications forms dated 11/19/24, were not completed.</p> <p>During an interview on 2/13/25 at 1:00 p.m., The Director of Nursing (DON) confirmed the above findings, and the facility failed to make certain that medical records on each resident are complete and accurately documented for Residents R59 and R61.</p> <p>28 Pa. Code: 211.5(f)(g)(h) Clinical records.</p>

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>26071</p> <p>Based on facility policy review, review of Quality Assurance attendance records, and staff interview, it was determined that the facility failed to conduct Quality Assessment and Assurance (QAA) meetings at least quarterly with all the required committee members for three of four quarterly meetings (January 2024 through December 2024).</p> <p>Findings Include:</p> <p>The facility Quality Assurance and Performance Improvement (QAPI) Program policy dated 10/20/24, indicated that the facility shall develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life and addresses all the care and unique services the facility provides. The QAA committee shall meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program.</p> <p>A review of the Quality assurance and performance improvement sign in sheets and attendance records indicated the facility had a first quarter meeting on 2/22/24. The facility failed to provide evidence that the facility conducted a second third and fourth quarter meeting for 2024.</p> <p>During an interview on 2/14/25, at 10:20 a.m. the Director of Nursing (DON) confirmed that the facility failed to conduct QAA meetings at least quarterly with all the required committee members for three of four quarterly meetings (January 2024 through December 2024), as required.</p> <p>28 Pa Code: 201.18(e)(1)(2)(3)(4) Management.</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>39311</p> <p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to implement and maintain an effective training program for four of four nurse aides (Employee E1, E3, E4, and E5).</p> <p>Findings include:</p> <p>Review of the facility policy, Training Requirements most recently reviewed 10/20/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff.</p> <p>Review of facility provided documents and training records revealed the following:</p> <p>Nurse Aide (NA) Employee E1 had a hire date of 10/9/22. The facility provided education filed failed to have any dates or times provided on any documents within the file.</p> <p>NA Employee E3 had a hire date of 10/11/04. The facility was unable to provide an education file or any other documentation that NA Employee E3 had completed any education from 10/11/23, through 10/11/24.</p> <p>NA Employee E4 had a hire date of 10/11/05. The facility provided education filed revealed a 12-hour in-service packet, but no dates were present confirmed that the education occurred between 10/11/23, through 10/11/24.</p> <p>NA Employee E5 had a hire date of 11/12/13. The facility provided education filed revealed a 12-hour in-service packet, but no dates were present confirmed that the education occurred between 11/12/23, through 11/12/24.</p> <p>During an interview on 2/14/25, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on infection prevention and control program for six of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p>		

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<p>F 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>39311</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on Effective Communication for five of nine staff members (Employee E1, E3, E4, E7, and E8).</p> <p>Findings include:</p> <p>Review of the facility policy, Training Requirements most recently reviewed 10/20/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff. Training content includes, at a minimum:</p> <ul style="list-style-type: none"> <li>a. Effective communication for direct care staff.</li> <li>b. Resident rights and facility responsibility for caring of residents.</li> <li>c. Elements and goals of the facility's Quality Assurance and Performance Improvement program.</li> <li>d. Written standards, policies, and procedures for the facility's infection prevention and control program.</li> <li>e. Written standards, policies, and procedures for the facility's compliance and ethics program.</li> <li>f. Behavioral health.</li> <li>g. Dementia management and care of the cognitively impaired.</li> <li>h. Abuse, neglect, and exploitation prevention.</li> <li>i. Safety and emergency procedures.</li> </ul> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on the effective communication.</p> <p>Nurse Aide (NA) Employee E1 had a hire date of 10/9/22, failed to have effective communication in-service education between 10/9/23, and 10/9/24.</p> <p>NA Employee E3 had a hire date of 10/11/04, failed to have effective communication in-service education between 10/11/23, and 10/11/24.</p> <p>NA Employee E4 had a hire date of 10/11/05, failed to have effective communication in-service education between 10/11/23, and 10/11/24.</p> <p>Dietary Employee E7 had a hire date of 12/27/15, failed to have effective communication in-service education between 12/27/23, and 12/27/24.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Squirrel Hill Wellness and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 Wightman Street Pittsburgh, PA 15217	
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 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Licensed Practical Nurse Employee E8 had a hire date of 12/27/15, failed to have effective communication in-service education between 12/27/23, and 12/27/24.</p> <p>During an interview on 2/14/25, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on effective communication for five of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p>		

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<p>F 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>39311</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on Resident Rights for six of nine staff members (Employee E1, E3, E4, E7, E8, and E9).</p> <p>Findings include:</p> <p>Review of the facility policy, Training Requirements most recently reviewed 10/20/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff. Training content includes, at a minimum:</p> <ul style="list-style-type: none"> <li>a. Effective communication for direct care staff.</li> <li>b. Resident rights and facility responsibility for caring of residents.</li> <li>c. Elements and goals of the facility's Quality Assurance and Performance Improvement program.</li> <li>d. Written standards, policies, and procedures for the facility's infection prevention and control program.</li> <li>e. Written standards, policies, and procedures for the facility's compliance and ethics program.</li> <li>f. Behavioral health.</li> <li>g. Dementia management and care of the cognitively impaired.</li> <li>h. Abuse, neglect, and exploitation prevention.</li> <li>i. Safety and emergency procedures.</li> </ul> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on the resident rights.</p> <p>Nurse Aide (NA) Employee E1 had a hire date of 10/9/22, failed to have resident rights in-service education between 10/9/23, and 10/9/24.</p> <p>NA Employee E3 had a hire date of 10/11/04, failed to have resident rights in-service education between 10/11/23, and 10/11/24.</p> <p>NA Employee E4 had a hire date of 10/11/05, failed to have resident rights in-service education between 10/11/23, and 10/11/24.</p> <p>Dietary Employee E7 had a hire date of 12/27/15, failed to have resident rights in-service education between 12/27/23, and 12/27/24.</p> <p>(continued on next page)</p>

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<p>F 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Licensed Practical Nurse Employee E8 had a hire date of 12/27/15, failed to have resident rights in-service education between 12/27/23, and 12/27/24.</p> <p>Maintenance Director Employee E9 had a hire date of 8/21/18, failed to have resident rights in-service education between 8/21/23, and 8/21/24.</p> <p>During an interview on 2/14/25, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on resident rights for six of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p>		

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>39311</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on Abuse and Neglect Prevention for six of nine staff members (Employee E1, E3, E4, E7, E8, and E9).</p> <p>Findings include:</p> <p>Review of the facility policy, Training Requirements most recently reviewed 10/20/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff. Training content includes, at a minimum:</p> <ul style="list-style-type: none"> <li>a. Effective communication for direct care staff.</li> <li>b. Resident rights and facility responsibility for caring of residents.</li> <li>c. Elements and goals of the facility's Quality Assurance and Performance Improvement program.</li> <li>d. Written standards, policies, and procedures for the facility's infection prevention and control program.</li> <li>e. Written standards, policies, and procedures for the facility's compliance and ethics program.</li> <li>f. Behavioral health.</li> <li>g. Dementia management and care of the cognitively impaired.</li> <li>h. Abuse, neglect, and exploitation prevention.</li> <li>i. Safety and emergency procedures.</li> </ul> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on the abuse and neglect prevention.</p> <p>Nurse Aide (NA) Employee E1 had a hire date of 10/9/22, failed to have abuse and neglect prevention in-service education between 10/9/23, and 10/9/24.</p> <p>NA Employee E3 had a hire date of 10/11/04, failed to have abuse and neglect prevention in-service education between 10/11/23, and 10/11/24.</p> <p>NA Employee E4 had a hire date of 10/11/05, failed to have abuse and neglect prevention in-service education between 10/11/23, and 10/11/24.</p> <p>Dietary Employee E7 had a hire date of 12/27/15, failed to have abuse and neglect prevention in-service education between 12/27/23, and 12/27/24.</p> <p>(continued on next page)</p>		

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Licensed Practical Nurse Employee E8 had a hire date of 12/27/15, failed to have abuse and neglect prevention in-service education between 12/27/23, and 12/27/24.</p> <p>Maintenance Director Employee E9 had a hire date of 8/21/18, failed to have abuse and neglect prevention in-service education between 8/21/23, and 8/21/24.</p> <p>During an interview on 2/14/25, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on abuse and neglect prevention for six of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p>		

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<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>39311</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on the Quality Assurance and Performance Improvement (QAPI) program for six of nine staff members (Employee E1, E3, E4, E7, E8, and E9).</p> <p>Findings include:</p> <p>Review of the facility policy, Training Requirements most recently reviewed 10/20/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff. Training content includes, at a minimum:</p> <ul style="list-style-type: none"> <li>a. Effective communication for direct care staff.</li> <li>b. Resident rights and facility responsibility for caring of residents.</li> <li>c. Elements and goals of the facility's Quality Assurance and Performance Improvement program.</li> <li>d. Written standards, policies, and procedures for the facility's infection prevention and control program.</li> <li>e. Written standards, policies, and procedures for the facility's compliance and ethics program.</li> <li>f. Behavioral health.</li> <li>g. Dementia management and care of the cognitively impaired.</li> <li>h. Abuse, neglect, and exploitation prevention.</li> <li>i. Safety and emergency procedures.</li> </ul> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on the QAPI program.</p> <p>Nurse Aide (NA) Employee E1 had a hire date of 10/9/22, failed to have the QAPI program in-service education between 10/9/23, and 10/9/24.</p> <p>NA Employee E3 had a hire date of 10/11/04, failed to have the QAPI program in-service education between 10/11/23, and 10/11/24.</p> <p>NA Employee E4 had a hire date of 10/11/05, failed to have the QAPI program in-service education between 10/11/23, and 10/11/24.</p> <p>Dietary Employee E7 had a hire date of 12/27/15, failed to have the QAPI program in-service education between 12/27/23, and 12/27/24.</p> <p>(continued on next page)</p>		

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<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Licensed Practical Nurse Employee E8 had a hire date of 12/27/15, failed to have the QAPI program in-service education between 12/27/23, and 12/27/24.</p> <p>Maintenance Director Employee E9 had a hire date of 8/21/18, failed to have the QAPI program in-service education between 8/21/23, and 8/21/24.</p> <p>During an interview on 2/14/25, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on the QAPI program for six of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>39311</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on the Infection Prevention and Control program for six of nine staff members (Employee E1, E3, E4, E7, E8, and E9).</p> <p>Findings include:</p> <p>Review of the facility policy, Training Requirements most recently reviewed 10/20/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff. Training content includes, at a minimum:</p> <ul style="list-style-type: none"> <li>a. Effective communication for direct care staff.</li> <li>b. Resident rights and facility responsibility for caring of residents.</li> <li>c. Elements and goals of the facility's Quality Assurance and Performance Improvement program.</li> <li>d. Written standards, policies, and procedures for the facility's infection prevention and control program.</li> <li>e. Written standards, policies, and procedures for the facility's compliance and ethics program.</li> <li>f. Behavioral health.</li> <li>g. Dementia management and care of the cognitively impaired.</li> <li>h. Abuse, neglect, and exploitation prevention.</li> <li>i. Safety and emergency procedures.</li> </ul> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on the infection prevention and control program.</p> <p>Nurse Aide (NA) Employee E1 had a hire date of 10/9/22, failed to have infection prevention and control program in-service education between 10/9/23, and 10/9/24.</p> <p>NA Employee E3 had a hire date of 10/11/04, failed to have infection prevention and control program in-service education between 10/11/23, and 10/11/24.</p> <p>NA Employee E4 had a hire date of 10/11/05, failed to have infection prevention and control program in-service education between 10/11/23, and 10/11/24.</p> <p>Dietary Employee E7 had a hire date of 12/27/15, failed to have infection prevention and control program in-service education between 12/27/23, and 12/27/24.</p> <p>(continued on next page)</p>		

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Licensed Practical Nurse Employee E8 had a hire date of 12/27/15, failed to have infection prevention and control program in-service education between 12/27/23, and 12/27/24.</p> <p>Maintenance Director Employee E9 had a hire date of 8/21/18, failed to have infection prevention and control program in-service education between 8/21/23, and 8/21/24.</p> <p>During an interview on 2/14/25, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on infection prevention and control program for six of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>39311</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to conduct at least 12 hours of in-service education, within 12 months of their hire date anniversary, for nurse aides as required for four of four nurse aides (Employee E1, E3, E4, and E5).</p> <p>Findings include:</p> <p>Review of the facility policy, Training Requirements most recently reviewed 10/20/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff.</p> <p>Review of facility provided documents and training records revealed the following:</p> <p>Nurse Aide (NA) Employee E1 had a hire date of 10/9/22. The facility provided education filed failed to have any dates or times provided on any documents within the file to confirm education occurred between 10/9/23, through 10/9/24.</p> <p>NA Employee E3 had a hire date of 10/11/04. The facility was unable to provide an education file or any other documentation that NA Employee E3 had completed any education from 10/11/23, through 10/11/24.</p> <p>NA Employee E4 had a hire date of 10/11/05. The facility provided education filed revealed a 12-hour in-service packet, but no dates were present confirmed that the education occurred between 10/11/23, through 10/11/24.</p> <p>NA Employee E5 had a hire date of 11/12/13. The facility provided education filed revealed a 12-hour in-service packet, but no dates were present confirmed that the education occurred between 11/12/23, through 11/12/24.</p> <p>During an interview on 2/14/25, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to conduct at least 12 hours of in-service education, within 12 months of their hire date anniversary, for nurse aides as required for four of four nurse aides.</p>		

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>39311</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on behavioral health for seven of nine staff members (Employee E1, E3, E4, E6, E7, E8, and E9).</p> <p>Findings include:</p> <p>Review of the facility policy, Training Requirements most recently reviewed 10/20/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff. Training content includes, at a minimum:</p> <ul style="list-style-type: none"> <li>a. Effective communication for direct care staff.</li> <li>b. Resident rights and facility responsibility for caring of residents.</li> <li>c. Elements and goals of the facility's Quality Assurance and Performance Improvement program.</li> <li>d. Written standards, policies, and procedures for the facility's infection prevention and control program.</li> <li>e. Written standards, policies, and procedures for the facility's compliance and ethics program.</li> <li>f. Behavioral health.</li> <li>g. Dementia management and care of the cognitively impaired.</li> <li>h. Abuse, neglect, and exploitation prevention.</li> <li>i. Safety and emergency procedures.</li> </ul> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on behavioral health.</p> <p>Nurse Aide (NA) Employee E1 had a hire date of 10/9/22, failed to have behavioral health in-service education between 10/9/23, and 10/9/24.</p> <p>NA Employee E3 had a hire date of 10/11/04, failed to have behavioral health in-service education between 10/11/23, and 10/11/24.</p> <p>NA Employee E4 had a hire date of 10/11/05, failed to have behavioral health in-service education between 10/11/23, and 10/11/24.</p> <p>Environmental Services Employee E6 had a hire date of 9/18/20, failed to have behavioral health in-service education between 9/18/23, and 9/18/24.</p> <p>(continued on next page)</p>		

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dietary Employee E7 had a hire date of 12/27/15, failed to have behavioral health in-service education between 12/27/23, and 12/27/24.</p> <p>Licensed Practical Nurse Employee E8 had a hire date of 12/27/15, failed to have behavioral health in-service education between 12/27/23, and 12/27/24.</p> <p>Maintenance Director Employee E9 had a hire date of 8/21/18, failed to have behavioral health in-service education between 8/21/23, and 8/21/24.</p> <p>During an interview on 2/14/25, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on infection prevention and control program for six of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p>		