

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2024
NAME OF PROVIDER OR SUPPLIER Windber Woods Senior Living & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 277 Hoffman Avenue Windber, PA 15963	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>41233</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the physician was notified timely about a change in condition for one of five residents reviewed (Resident 1).</p> <p>The facility's policy regarding changes in condition, dated December 14, 2023, indicated that the nurse would notify the resident's physician when there was a change in the resident's condition.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated August 19, 2024, revealed that the resident was severely cognitively impaired and had diagnoses that included dementia, depression, and Alzheimer's disease.</p> <p>A health status note for Resident 1, dated September 13, 2024, at 9:30 p.m., revealed that the nurse aide updated the licensed practical nurse, who in turn updated the registered nurse supervisor, that the resident was more confused than usual and that the resident's daughter was in to visit earlier in the evening and left early due to the resident swearing and yelling at her. Staff reported similar conduct when providing evening care and stated that this was not the resident's normal behavior. The nurse also reported that the resident had dark-colored, foul-smelling urine. The resident was reported to be afebrile at this time.</p> <p>A health status note for Resident 1, dated September 14, 2024, at 5:24 p.m., revealed that the resident's daughter was visiting and stated that her mother seemed different and more confused. The daughter commented that she felt her mother may have a urinary tract infection. The physician was then notified and a urine culture was ordered.</p> <p>There was no documented evidence that the physician was notified on September 13, 2024, at 9:30 p.m. regarding the resident's change in mental status and of the dark-colored, foul-smelling urine. The physician was not notified until the next day, September 14, 2024, at 5:24 p.m., approximately twenty hours later.</p> <p>Interview with the Nursing Home Administrator on November 5, 2024, at 3:31 p.m. confirmed that the physician was not notified in a timely manner of Resident 1's change in mental and physical condition, and he should have been.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing Services.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>41233</p> <p>Based on review of Pennsylvania's Nursing Practice Act, facility policies, and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that an assessment was completed by a professional (registered) nurse after a change in condition occurred for one of five residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.11 (a)(1)(2)(4) indicated that the registered nurse was to collect complete and ongoing data to determine nursing care needs, analyze the health status of individuals and compare the data with the norm when determining nursing care needs, and carry out nursing care actions that promote, maintain, and restore the well-being of individuals.</p> <p>The facility's policy for change in condition, dated December 14, 2024, indicated that if a resident has a change in condition, it is the registered nurse's responsibility to assess, chart on, and update the physician regarding that resident's altered condition.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated August 19, 2024, revealed that the resident was severely cognitively impaired and had diagnoses that included dementia, depression, and Alzheimer's disease.</p> <p>A health status note for Resident 1, dated September 13, 2024, at 9:30 p.m., revealed that the nurse aide updated the licensed practical nurse, who in turn updated the registered nurse supervisor, that the resident was more confused than usual and that the resident's daughter was in to visit earlier in the evening and left early due to the resident swearing and yelling at her. Staff reported similar conduct when providing evening care and stated that this was not the resident's normal behavior. The nurse also reported that the resident had dark-colored, foul-smelling urine. The resident was reported to be afebrile at this time. There was no documented evidence in Resident 1's clinical record to indicate that she was assessed by a registered nurse regarding the resident's change in demeanor, mental status, and dark-colored, foul-smelling urine.</p> <p>A health status note for Resident 1, dated September 14, 2024, at 5:24 p.m., revealed that the resident's daughter was visiting and stated that her mother seemed different and more confused. The daughter commented that she felt her mother may have a urinary tract infection. The physician was notified and a urine culture was ordered.</p> <p>Interview with the Nursing Home Administrator on November 5, 2024, at 3:31 p.m. confirmed that there was no documented registered nurse assessment regarding Resident 1's change in mental and physical condition on September 13, 2024, at 9:30 p.m., and there should have been.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>		