

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/24/2024
NAME OF PROVIDER OR SUPPLIER  Lutheran Home at Tipton, The		STREET ADDRESS, CITY, STATE, ZIP CODE  One South Home Avenue Tipton, PA 19562	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>45125</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure physician's orders were implemented for one of 29 sampled residents. (Resident 99)</p> <p>Findings include:</p> <p>Review of the policy entitled, Administering Medication, last reviewed January 25, 2024, revealed staff were to obtain vital signs if necessary and document physician indicated medication administration information.</p> <p>Clinical record review revealed that Resident 99 had diagnoses that included hypertension (high blood pressure) and cardiomyopathy (the heart muscle is no longer able to pump blood efficiently). On June 8, 2024, the physician ordered staff to administer a blood pressure medicine (losartan potassium) once a day. Staff were not to administer the medication if the resident's systolic blood pressure (the first measurement of blood pressure when the heart beats and the pressure is at its highest) was less than 100 millimeters of mercury (mmHg). Review of Resident 99's September and October 2024 Medication Administration Records revealed that staff administered the medication 53 out of 53 times with no documentation that the blood pressure was assessed prior to medication administration per physician's order.</p> <p>In an interview on October 24, 2024, at 8:43 a.m., the Administrator confirmed there was no documented evidence that the blood pressure was taken prior to medication administration per physician's order, and it should have been.</p> <p>28 Pa. Code 211.12(d)(1)(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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