

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/19/2024
NAME OF PROVIDER OR SUPPLIER Quality Life Services - Chicora		STREET ADDRESS, CITY, STATE, ZIP CODE 160 Medical Center Road Chicora, PA 16025	

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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>36115</p> <p>Based on a review of facility policies, observations and staff interviews it was determined that the facility failed to provide a clean safe homelike environment in one of five shower rooms (Miller's Crossing Nursing Unit Shower room).</p> <p>Findings include:</p> <p>A review of facility Housekeeping Services policy date 2/9/24. indicated that housekeeping service promote a safe and sanitary environment.</p> <p>A review of facility Maintenance Department policy date 2/9/24, indicated that the department conducts on-going monitoring of the facility for areas needing repair.</p> <p>During an observation on 7/19/24, at approximately 10:00 am it was revealed that the shower stall in the Miller's Crossing Nursing Unit shower room contained a brown substance on the back wall, the flooring contained a build up of debris and grime along the baseboard and corners and the facility failed to safely secure the baseboard to prevent possible resident injury.</p> <p>During an interview on 7/19/24, at 10:15 the Nursing Home Administrator confirmed that the shower stall in Miller's Crossing Nursing Unit had a brown substance along the back wall, the flooring contained a build up of debris and grime and that the baseboard needed to be properly secured.</p> <p>PA Code: 207.2(a) Administrator's responsibility</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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