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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395142 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/24/2024 |
| NAME OF PROVIDER OR SUPPLIER Amoroso Healthcare and Rehabilitation Woodridge | | STREET ADDRESS, CITY, STATE, ZIP CODE 3625 North Progress Ave Harrisburg, PA 17110 | |

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) |
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| <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>48484</p> <p>Based on observation, clinical record review, and staff interviews, it was determined that the facility failed to ensure care and services were provided in accordance with professional standards for one of three residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>Review of Resident 1's clinical record revealed diagnoses that included congestive heart failure (a long-term condition that happens when your heart can't pump blood well enough to meet your body's needs), gastro esophageal reflux disease (a chronic digestive disease where the liquid content of the stomach refluxes into the esophagus, the tube connecting the mouth and stomach), and hypertension (high blood pressure).</p> <p>Review of Resident 1's physicians orders revealed the following medications:</p> <p>Clopidogrel Bisulfate Oral Tablet 75 mg (milligram- unit of measure), give one tablet by mouth one time a day, with a start date of November 13, 2023.</p> <p>Famotidine Tablet 20 mg, give one tablet by mouth one time a day, with a start date of May 25, 2024.</p> <p>Jardiance Oral Tablet 10 mg, give one tablet by mouth one time a day, with a start date of May 10, 2024</p> <p>MagOx 400 Oral Tablet, give 800 mg by mouth three times a day, with a start date of November 13, 2023.</p> <p>Metoprolol Tartrate Oral Tablet 25 mg, give 0.5 tablet by mouth every 12 hours, with a start date of November 12, 2023.</p> <p>Lasix Oral Tablet 20 mg, give one tablet by mouth one time a day, with a start date of November 12, 2023.</p> <p>Eliquis Oral Tablet, give 5 mg by mouth two times a day, with a start date of January 19, 2024.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Florastor Capsule 250 mg, give one capsule by mouth two times a day, with a start date of November 12, 2023.</p> <p>Observation in Resident 1's room June 24, 2024, at 9:49 AM, revealed a cup of medications on her bedside table.</p> <p>During an interview with Employee 1 (Licensed Practical Nurse) on June 24, 2024, at 9:54 AM, the surveyor inquired about the medications being left at Resident 1's bedside. Employee 1 stated she thought Resident 1 had an order that she can self-administer her own medications, and she confirmed that she gave the aforementioned medications that were left on Resident 1's bedside table.</p> <p>Review of Resident 1's clinical record revealed a Medication Self-Administration Screen, dated January 8, 2024, that stated Interdisciplinary team review of resident's abilities to self-medication administer determined resident is unable to safely administer her medications.</p> <p>Interview with the Director of Nursing (DON) on June 24, 2024, at 10:42 AM, revealed all of the aforementioned medications were signed off between 9:36 AM and 9:38 AM, and that she would expect medications to not be signed off as administered until after they are taken by the Resident.</p> <p>Follow-up interview with the DON on June 24, 2024, at 11:22 AM, revealed that Resident 1 will sometime refuse medications because she doesn't like staff to stay and watch her, but that she does not have orders for self-administration and she would expect Resident 1's medications not to be left at the bedside.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa Code 211.12(c)(d)(1)(5) Nursing Services</p> | | |