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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 08/20/2024 |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>37013</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that residents received necessary treatment and services, consistent with professional standards of practice, to promote healing and prevent infection of a pressure ulcer for one of three residents reviewed for pressure ulcers (Resident 1).</p> <p>Findings Include:</p> <p>Review of Resident 1's clinical record revealed diagnoses that included Schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), and anxiety (a feeling of fear, dread, and uneasiness).</p> <p>Further review of Resident 1's clinical record revealed that she is followed weekly by an outside wound consultant for an unstageable pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin) to her sacrum (a triangular bone in the lower back).</p> <p>Review of Resident 1's wound consult dated July 23, 2024, revealed a new treatment recommendation to cleanse the wound with 0.125% Dakin's solution (wound cleanser), apply Santyl (ointment is used to remove damaged tissue), Silver alginate (a type of dressing) to the base of the wound, and secure with bordered foam.</p> <p>Review of Resident 1's physician orders revealed an order dated July 23, 2024, to cleanse the sacrum with normal saline solution (NSS), apply Santyl with silver alginate to wound base, and secure with bordered foam. There was no order for the Dakin's solution.</p> <p>Review of Resident 1's wound consult dated July 30, 2024, revealed the same treatment recommendation that was made on July 23, 2024.</p> <p>Review of Resident 1's physician orders revealed no new treatment orders were placed after Resident 1's wound consult on July 30, 2024, and the same treatment that was ordered on July 23, 2024, remained in place.</p> <p>During an interview with the Nursing Home Administrator and Director of Nursing (DON) on August 20, 2024, at 12:34 PM, the DON stated she was unsure why the Dakin's solution wasn't ordered.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p> | | |