

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  12/20/2024
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)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47966</b></p> <p>Based on clinical record review and staff interview, it was determined the facility failed to provide respiratory care consistent with professional standards of practice for one of one resident reviewed (Resident 5).</p> <p>Findings include:</p> <p>Review of Resident 5's clinical record revealed diagnoses that included chronic kidney disease (CKD - a condition where the kidneys are damaged and can't filter blood as they should) and diabetes (a disease that occurs when your blood glucose, also called blood sugar, is too high).</p> <p>Review of Resident 5's hospital referral paperwork revealed an assessment/plan on December 17, 2024, for: will need outpatient, in-lab PSG (polysomnography) with BiPAP (a noninvasive ventilator that helps people breathe by delivering pressurized air through a mask) titration.</p> <p>Review of Resident 5's hospital referral paperwork revealed an assessment data on December 17, 2024, for the following: Pulmonary following the patient continue BiPAP at night, continue BiPAP at night and as needed during the day.</p> <p>Review of Resident 5's clinical record revealed the Resident was admitted to the facility on [DATE], at approximately 5:00 PM from the hospital.</p> <p>Review of Resident 5's clinical record revealed a nurse's progress note on December 18, 2024, at 5:34 PM, that read: Alerted by charge nurse that Resident 5 came from the hospital with discharge paperwork and order for a Bi-PAP at bedtime. No spare Bi-PAP in house, contact made to facility's oxygen supply company, requesting Bi-PAP via phone and email. Unable to deliver bi-PAP until Thursday, December 19, 2024. Verbalized to charge nurse to contact physician for further orders.</p> <p>Review of Resident 5's clinical record revealed a nurse's progress note on December 19, 2024, at 12:02 AM, that the Resident requested to be sent back to the hospital if the facility could not get a Bi-PAP for the night. Resident 5 was sent back to the hospital.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing (DON) and Nursing Home Administrator (NHA) on December 20, 2024, at 10:37 AM, revealed they did receive a referral that mentioned Resident 5 needing a bi-PAP, although the hospital the Resident came from uses Careport for communication of their referrals and do not have any verbal communication with facilities. The DON revealed that herself, the NHA, and Director of Social Services are responsible for reviewing and approving referrals that come in.</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p>		