

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2025
NAME OF PROVIDER OR SUPPLIER Canterbury Place		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fisk Street Pittsburgh, PA 15201	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interview it was determined that the facility failed to notify a physician of abnormal glucose readings as per order for one out of three residents (Resident R1). Findings include: Review of the facility policy Diabetes - Clinical Protocol dated 1/2/25, indicated the physician will order desired parameters for monitoring and reporting information related to blood sugar management. The staff will incorporate such parameters into the Medication Administration Record (MAR). Review of the admission record indicated Resident R1 was admitted on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/27/25, indicated the diagnoses of diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), anemia (the blood doesn't have enough healthy red blood cells), and high blood pressure. Review of Resident R1's physician orders dated 5/25/25, indicated Insulin Lispro (a short acting, manmade version of human insulin) inject subcutaneously as per sliding scale: If 50 - 199 = 1 unit (less than 80 call MD) 200 - 249 = 2 units; 250 - 299 = 3 units; 300 - 349 = 4 units; 350 - 399 = 5 units; 400 - 449 = 6 units greater than 400 call MD or CRNP, with meals for diabetes, hold if resident does not eat. Review of Resident R1's care plan dated 3/12/25, indicated the resident's blood glucose level will be within desired range. Review of Resident R1's glucose log indicated the following: 6/7/25, at 8:00 a.m. glucose was 404.6/9/25, at 8:00 a.m. glucose was 407.6/21/25, at 8:00 a.m. glucose was 431.6/21/25, at 9:00 p.m. glucose was 442.6/22/25, at 9:00 p.m. glucose was 440.6/26/25, at 8:00 a.m. glucose was 432.7/6/25, at 8:00 a.m. glucose was 429.7/7/25, at 8:00 a.m. glucose was 448.7/14/25, at 8:00 a.m. glucose was 449.7/21/25, at 9:00 p.m. glucose was 439. Review of Resident R1's progress notes did not include notification to the physician for the glucose levels above 400 as per physician's order. Interview on 7/22/25, at 1:30 p.m. the Director of Nursing confirmed that the facility failed to notify a physician of abnormal glucose readings as per order for Resident R1 as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 211.12(d)(1)(2)(3)(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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