

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER River View Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1555 East End Boulevard Plains Twp Wilkes Barre, PA 18711	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>41460</p> <p>Based on review of select facility policy and grievances lodged with the facility and staff interviews it was determined that the facility failed to put forth timely and sufficient efforts to promptly resolve grievances for two residents out of 22 sampled. (Resident CR1 and 11)</p> <p>Findings include:</p> <p>Review of the facility's Grievance policy and procedure provided by the facility during the survey on April 12, 2024, indicated that residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff or to the agency designated to hear grievances. The administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative. Upon receipt of a grievance and/or complaint, the grievance officer will review and investigate the allegations and submit a written report of such findings to the administrator. The grievance office, administrator and staff will take immediate action to prevent further potential violations of resident rights while the alleged violation is being investigated. The administrator will review the findings with grievance officer to determine what corrective actions, if any, need to be taken. The resident, or person filing the grievance and/or complaint on behalf of the resident, will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems.</p> <p>Review of grievance submitted by Resident 11 dated February 9, 2024, revealed that the resident expressed concerns related to a neighboring resident's disruptive and threatening behaviors. Resident 11 further stated that the resident's behaviors start as early as 5 AM and into the evening. Resident 11 expressed that his behavior is tolerated, and feedback is it doesn't work anyway [behavior interventions].</p> <p>Review of grievance submitted by Resident 11 dated February 14, 2024, and the notes from the Resident Council meeting conducted on February 20, 2024, revealed that Resident 11 continued to have concerns with a neighboring resident's behaviors. Resident 11 stated that the neighboring resident has gotten violent, screaming at everyone, pounding on the walls, he follows people around screaming.</p> <p>A review of the facility's resolution to Resident 11's complaint, revealed that the facility staff did not discuss Resident 11's grievance until February 14, 2024, 5 days after the resident submitted the grievance regarding disruptive behavior displayed by another resident, and not until Resident 11 submitted another grievance on that date regarding the same resident's behaviors.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>There was no evidence that the resident's concerns/grievance was communicated to the necessary departments for timely response and/or resolution as noted in facility policy.</p> <p>Review of grievance submitted by family of Resident CR1, on the resident's behalf, dated February 25, 2024, revealed that the resident's glasses, that she wears daily, were missing. According to summary of findings or conclusion of the grievance, the resident's glasses had been missing since February 23, 2024, and later found on March 5, 2024. Resident CR1's glasses were missing for 12 days without evidence of facility efforts to find the resident's glasses that she wears daily or resolve concern that the resident was without her glasses.</p> <p>There was no evidence that the concern expressed by Resident CR1's family was promptly communicated to the necessary departments for timely response and/or resolution.</p> <p>During an interview with the Nursing Home Administrator (NHA) on April 12, 2024, at approximately 2 PM. the NHA confirmed that there was no documented evidence that the facility had timely initiated sufficient efforts to resolve the residents and their families complaints.</p> <p>28 Pa. Code 201.18 (e)(1) Management</p> <p>28 Pa. Code 201.29 (a) Resident Rights</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on clinical record review and staff interview it was determined that the baseline care plan failed to fully address the resident's immediate individual needs for care and services upon admission of one of 22 residents sampled (Resident 111).</p> <p>Findings:</p> <p>A review of Resident 111's clinical record revealed that she was admitted to the facility on [DATE], with above of the knee amputations of the left and right legs.</p> <p>Review of the Resident 111's baseline care plan, conducted at the time of the survey ending April 12, 2024, revealed that the resident's baseline care plan did not identify the resident's bilateral above the knee amputations and resident's needs for assistance with activities of daily living as a result of the amputations, present upon admission.</p> <p>The resident's baseline care plan, initiated April 3, 2024, revealed that the resident was at risk for falls related to gait/balance problems with planned interventions of to be sure my call light is within reach and encourage me to use it for assistance as needed, and to ensure that I am wearing appropriate footwear when ambulating or mobilizing in wheelchair.</p> <p>The resident's baseline care plan failed to identify interventions to address her current needs related to the bilateral amputation of the legs present at the time of admission.</p> <p>Interview with the Director of Nursing on April 12, 2024, at approximately 1:55 PM confirmed that the facility failed to ensure that the resident's baseline care plan included the minimum healthcare information necessary to properly care for Resident 111 immediately upon admission, which would address resident-specific concerns related to bilateral amputations.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing services</p>		