

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/09/2024
NAME OF PROVIDER OR SUPPLIER  St John Specialty Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  500 Wittenberg Way Mars, PA 16046	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41984</b></p> <p>Based on clinical records and staff interview, it was determined that the facility failed to update a care plan for one of nine residents (Resident R1) to accurately reflect the current status of the resident.</p> <p>Findings include:</p> <p>Review of clinical record indicated Resident R1 was admitted to the facility on [DATE], with diagnoses that included dementia (declining cognitive abilities of remembering, thinking, or making decisions), anxiety and major depressive disorder.</p> <p>Review of Resident R1's Minimum Data Set (MDS-a mandated assessment of a resident's abilities and care needs) assessment, dated 5/16/24, indicated the diagnoses remain current.</p> <p>Review of Resident R1's Resident Care Plan Summary Report (report nurse aides used to know what kind of care to provide) dated 7/1/24, indicated bed mobility as a assist of two.</p> <p>Review of Resident R1's care plan dated 9/6/23, indicated R1 had a bed mobility assist of one and that it was active, current.</p> <p>During an interview on 7/9/24, at 1:30 p.m. Nursing Home Administrator confirmed the facility failed to revise care plan for Resident R1 as required.</p> <p>28 Pa. Code: 211.11(d) Resident Care Plan</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41984</p> <p>Based on review of clinical records, incident reports, facility documents, a written employee statement and staff interviews, it was determined that the facility failed to ensure that a resident was free from a preventable accident during care for one of nine resident reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of clinical record indicated Resident R1 was admitted to the facility on [DATE], with diagnoses that included dementia (declining cognitive abilities of remembering, thinking, or making decisions), anxiety and major depressive disorder.</p> <p>Review of Resident R1's Minimum Data Set (MDS-a mandated assessment of a resident's abilities and care needs) assessment, dated 5/16/24, indicated the diagnoses remain current.</p> <p>Review of Resident R1's care plan dated 9/6/23, indicated R1 had a bed mobility assist of one.</p> <p>Review of facility documents dated 6/26/24, indicated Nurse Aide (NA Employee E1) was providing care. NA Employee E1 remained beside. Resident R1 starting rolling in the opposite direction, NA Employee E1 was unable to stop fall from occurring. Resident R1 was to the hospital with a head laceration and left femoral fracture.</p> <p>Reviewed of NA Employee E1 signed witness statement dated 6/26/24, indicated NA Employee E1 stated she turned Resident R1 away from her, instead of toward her, NA Employee E1 was reaching cream and powder in Resident R1's drawer when Resident R1 rolled out of bed.</p> <p>During an interview on 7/9/24 at 1:30 p.m. the Nursing Home Administrator (NHA) confirmed the facility failed to ensure that a resident was free from a preventable accident.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa Code 201.18(b)(1)(e) Management.</p>		