

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395199	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/13/2024
NAME OF PROVIDER OR SUPPLIER  Abbeyville Skilled Nursing and Rehabilitation Cent		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Abbeyville Road Lancaster, PA 17603	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35913</p> <p>Based upon clinical record review and interview, it was determined the facility failed to establish a baseline care plan upon admission for a surgical wound for one of one resident reviewed (Resident 1).</p> <p>Findings include:</p> <p>Resident 1's clinical record review revealed Resident 1 was admitted to the facility on [DATE], for short term rehabilitation from surgery.</p> <p>Review of Resident 1's care plan failed to reveal evidence that a baseline care plan was established upon admission for the presence and care of a surgical wound.</p> <p>Interview with Licensed Employee E1 on August 13, 2024, at 10:24 a.m. confirmed Resident 1 did not have a baseline care plan established upon admission for the presence and care of a surgical wound.</p> <p>Interview with the Interim Director of Nursing on August 13, 2024, at 12:30 p.m. confirmed Resident 1 did not have a baseline care plan established upon admission for the presence and care of a surgical wound.</p> <p>28 Pa. Code 211.11(c)(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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35913</p> <p>Based upon clinical record review and interview, it was determined the facility failed to provide bathing/showering services for one of one resident reviewed (Resident 1).</p> <p>Findings include:</p> <p>Resident 1's clinical record review revealed Resident 1 was admitted to the facility on [DATE], for short term rehabilitation from surgery.</p> <p>Review of Resident 1's clinical record failed to reveal evidence that Resident 1 received a shower from admission through August 13, 2024.</p> <p>Interview with Licensed Employee E1 on August 13, 2024, at 10:24 a.m. confirmed Resident 1 had not had a shower since admission on June 18, 2024. This interview further confirmed that there was no clinical reason for Resident 1 not to have received a shower.</p> <p>Interview with the Interim Director of Nursing on August 13, 2024 at 12:30 p.m. confirmed Resident 1 had not received a shower since admission.</p> <p>28 Pa. Code 211.12(c)(d)(1)(5) Nursing Services</p> <p>Previously cited 8/16/2023, 3/8/2024, 4/30/2024, 6/11/2024</p>

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35913</p> <p>Based upon clinical record review and interview, it was determined the facility failed to assess a surgical wound for signs and symptoms of infection for one of one resident reviewed (Resident 1).</p> <p>Findings include:</p> <p>Resident 1's clinical record review revealed Resident 1 was admitted to the facility on [DATE], for short term rehabilitation from surgery.</p> <p>Further review of Resident 1's clinical record revealed Resident 1 had a surgical wound located mid-back.</p> <p>Review of Resident 1's physician orders upon admission revealed an order indicating, Surgical incision on back - cleanse incision with NSS [normal saline], dry well and leave OTA [open to air] every day shift for incision care.</p> <p>Review of Resident 1's June 2024 Treatment Administration Record revealed the above-mentioned treatment did not occur on June 22, 2024, and June 23, 2024.</p> <p>Review of Resident 1's progress notes dated July 1, 2024, revealed Pt [patient] seen for c/o [complaints of] infection to surgical back incision. [resident] has reported an increase in pain within the last day. [resident] thought it may have been from TLSO brace rubbing [resident's] back.</p> <p>Further review of Resident 1's progress notes dated July 1, 2024, revealed res [resident] seen by NP [nurse practitioner] and incisional infection - new order noted for Cephalexin 500 mg [milligrams] every 12 hours x 5 days and cleanse incision with NSS and cover with abd [thick absorbent dressing] pads over incision to pad from TLSO daily.</p> <p>Review of Resident 1's clinical record failed to reveal any documented evidence that Resident 1's surgical wound was observed or assessed from admission on June 18, 2024, until identification of the wound infection on July 1, 2024.</p> <p>Interview with the Interim Director of Nursing on August 13, 2024, at 12:30 p.m. confirmed that no skin or surgical wound assessments were conducted on Resident 1's surgical wound from June 18, 2024, through July 1, 2024, when the surgical wound infection was identified.</p> <p>28 Pa. Code 211.12(c)(d)(1)(5) Nursing Services</p> <p>Previously cited 8/16/2023, 3/8/2024, 4/30/2024, 6/11/2024</p>