

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 01/23/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41765</p> <p>Based on facility policy review, clinical records review, and staff interview, it was determined the facility failed to ensure interventions were provided timely for a resident at risk for developing a pressure ulcer and that wound monitoring was done timely for one of three residents reviewed. (Resident CL1).</p> <p>Findings include:</p> <p>A review of the facility's policy titled Skin Integrity and Wound Management, revised on October 15, 2024, revealed, that the plan of care for the patient will reflect assessment findings from the comprehensive patient assessment and wound evaluation. Staff will continually observe and monitor patients for changes and implement revisions to the plan as needed. The same policy revealed the identification of the patient's skin integrity status and the need for prevention or treatment intervention through a review of all appropriate assessments and information. Implement pressure injury prevention for identified modifiable risk factors.</p> <p>A review of Resident CL1's admission assessment dated [DATE], revealed that the resident was newly admitted with a diagnosis of Acute Respiratory Failure (a life-threatening condition where the lungs cannot adequately exchange oxygen and carbopn dioxide), presence of Tracheostomy (A procedure to help air and oxygen reach the lungs by creating an opening into the trachea from outside the neck), and mouth cancer.</p> <p>A review of Resident CL1's admission skin assessment revealed resident had a redness blanchable (Area of redness disappears on applied pressure- skin is intact) to the sacrum (The triangular bone just below the lumbar vertebrae).</p> <p>A review of Resident CL1's Admission Braden Scale (A scale used for predicting pressure sore risk) completed on December 20, 2024, revealed resident was At Risk for developing a pressure ulcer.</p> <p>A review of Resident CL1's Admission Minimum Data Set (MDS- A standardized assessment tool that measures health status in long-term care residents), dated December 27, 2025, revealed maximal assistance with turning the body from side to side. The same MDS also revealed that the resident was occasionally incontinent of bowel and bladder.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the skin assessment dated [DATE], revealed a stage two pressure ulcer (Partial-thickness skin loss with exposed dermis) to Resident CL1's sacrum measuring 0.9 x 0.4 x 0.1 cm. A wound treatment was ordered.</p> <p>A review of Resident CL1's care plan revealed At risk for skin breakdown related to decreased activity, was not developed until December 23, 2024, three days after Resident CL1 was assessed to be at risk for developing a pressure ulcer. Interventions include the following: Pressure redistribution surface to bed and chair; Providing wound treatment as ordered; and Weekly skin check by a licensed nurse.</p> <p>Clinical records review failed to reveal skin check follow-up after Resident CL1 was identified with a stage two to sacrum.</p> <p>An interview conducted with the Director of Nursing on January 23, 2025, revealed Resident CL1's wound rounds were scheduled on Friday (December 27, 2024). The DON was unable to explain as to why it was not done. The DON also confirmed that the plan of care with interventions was not developed and implemented until December 23, 2024, after Resident CL1 was identified with stage two to the sacrum.</p> <p>The facility failed to ensure Resident CL1 was provided with interventions timely to prevent pressure ulcers and timely follow-up to determine wound progress.</p> <p>28 Pa Code 211.12(a)(c)(d)(1)(3)(5) Nursing Services.</p>		