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| 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 02/07/2025 |
| 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) |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>35913</p> <p>Based upon review of facility policy and procedure, clinical record review, and staff interview it was determined the facility failed to ensure the physician was notified of a weight gain for two of 32 residents reviewed (Resident 76 and Resident 147).</p> <p>Findings include:</p> <p>Review of facility policy and procedure titled Weights and Heights, revised 2023, revealed the facility is to notify the physician and dietitian of significant weight changes; document notification of physician and dietitian in the Weight Change Progress Note and the licensed nurse will notify the physician of the dietitian recommendations.</p> <p>Review of Resident 76's physician orders revealed an order stating weigh - daily. Notify MD with weight gain of 1 pound in 1 day or 3 pounds in one week.</p> <p>Review of Resident 76's Weight Summary revealed on January 21, 2025 Resident 76 weighed 226.5 pounds.</p> <p>Further review of Resident 76's Weight Summary revealed on January 22, 2025 Resident 76 weighed 230 pounds indicating a 3.5 pound weight gain in one day.</p> <p>Review of Resident 76's clinical record failed to reveal evidence that Resident 76's physician was notified of Resident 76's weight gain as stated in the physician's order.</p> <p>Interview with the Nursing Home Administrator on February 6, 2025 at 11:27 a.m. confirmed that the physician was not notified of Resident 76's weight gain.</p> <p>Review of Resident 147's clinical record revealed an order for weights to be obtained on Monday, Wednesday and Friday for monitoring.</p> <p>Review of Resident 147's Weight Summary revealed on November 18, 2024 Resident 147 weighed 132 pounds.</p> <p>Further review of Resident 147's Weight Summary revealed on November 20, 2024 Resident 147 weighed 152 pounds indicating a 20 pound weight gain in two days.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of Resident 147's clinical record failed to reveal documented evidence of notification to the physician of Resident 147's weight gain.</p> <p>Interview with the Director of Nursing on February 6, 2025 at 3:00 p.m. confirmed that Resident 147's physician was not notified of Resident 147's significant weight gain.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services</p> <p>28 Pa. Code 211.5(f) Clinical Records</p> | | |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>46166</p> <p>Based on review of facility documentation, clinical record review, and staff interview, it was determined that the facility failed to ensure a complete and thorough investigation of an incident involving suspected abuse for one of 31 residents reviewed (Resident 78).</p> <p>Findings include:</p> <p>Review of facilities Abuse Prohibition policy, revision date October 24, 2022, states employees are designated as mandated reports and are obligated to immediately report any reasonable suspicion of a crime against a patient.</p> <p>Review of minimum data set (MDS, standardized assessment tool to evaluate residents) dated October 1, 2024, revealed Resident 78 possessed a brief interview for mental status (BIMS) of 14 out of 15 (cognition intact).</p> <p>Clinical record review for Resident 78 revealed nursing documentation dated October 6, 2024, at 8:21 PM that indicated that staff were notified by Resident 78 that she/he was hit multiple times by a staff member during the evening shift (3pm-11pm) on October 6, 2024. Further review of nursing documentation revealed the following [Resident 78] made false accusations of staff hitting her/him during care. But when asked by writer unable to confirm the same. Educated resident on not making false accusations of staff and if she has any concerns or problems about staff to tell the nurse. Will continue to monitor.</p> <p>Review of Resident 78's care plan revealed the resident was not care planed for false accusations.</p> <p>Further review of Resident 78's clinical record failed to find any other documentation of Resident 78 making false accusations.</p> <p>Review of Resident 78's skin assessments for the month of October 2024 reported no new wounds or skin conditions (bruises, lacerations, or rashes).</p> <p>An interview conducted with Resident 78 on February 4, 2025, at 10:07 a.m. reported the incident was nothing and I don't remember saying that.</p> <p>Incident report was requested of the above on February 5, 2025, at 11:12 a.m. during an interview with the Nursing Home Administrator (NHA).</p> <p>Interview conducted with the Director of Nursing (DON) via email on February 6, 2025, at 8:13 a.m. confirmed the facility did not conduct an investigation to the above incident.</p> <p>28 Pa. Code 201.14(a)(c) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(2)(e)(1) Management</p> | | |

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| <p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46166</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that a written notice regarding emergency transfer to the hospital was provided to the Office of the State Long-Term Care Ombudsman for four of five residents reviewed (Residents 12, 29, 78, 130).</p> <p>Findings include:</p> <p>Review of Resident 29's progress note of October 20, 2024, revealed resident tested positive for pneumonia and</p> <p>an order was received to send the resident to the hospital.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 78, dated October 1, 2024, revealed that the resident was cognitively intact, was usually understood, and could usually understand others.</p> <p>A nursing note for Resident 78, dated October 31, 2024, at 1:27 p.m., indicated that Resident 78 was transferred to [NAME] General Hospital for abnormal other lab value or study. Further review revealed Resident 78 was admitted to the hospital due to critical potassium levels.</p> <p>Review of Resident 130's progress note of October 26, 2024, revealed resident was transferred to the hospital for shortness of breath.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 12, dated November 12, 2024, revealed that the resident was cognitively intact, was usually understood, and could usually understand others.</p> <p>A nursing note for resident 12 dated January 3, 2025, at 7:26 p.m. indicated that Resident 12 was transferred to [NAME] State hospital with an admitting diagnosis of acute kidney injury.</p> <p>A request for documented evidence that the state Long-Term Care Ombudsman office was notified of the above hospital transfers was made on February 5, 2025, at 11:15 a.m. with the Nursing Home Administrator (NHA).</p> <p>An interview conducted with the Nursing Home Administrator via email on February 6, 2025, at 9:07 a.m. confirmed the facility has not notified the Office of State Long-Term Care Ombudsman of residents transferred to the hospital since September 2024.</p> <p>Notice Requirements Before Transfer/Discharge</p> <p>Previously cited 3/8/24</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>(continued on next page)</p> | | |

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| F 0623 Level of Harm - Potential for minimal harm Residents Affected - Some | Previously cited 12/26/24, 6/11/24, 4/10/24, 3/8/24 | | |

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| <p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>46166</p> <p>Based on clinical record review and staff interview, it was determined that the PASRR (Preadmission Screening and Resident Review) was not appropriately completed for two of 31 residents reviewed (Resident 60 and Resident 92).</p> <p>Findings include:</p> <p>The PASRR (Preadmission Screening Resident Review) was created in 1987 through language in the Omnibus Budget Reconciliation Act (OBRA) and it has three goals: to identify individuals with mental illness and/or intellectual disability, to ensure they are placed appropriately, whether in the community or in a nursing facility, and to ensure they receive the services they require for their mental illness or intellectual disability. The PASRR Level 1 must be completed on all persons who are considering admission to a Medicaid certified nursing facility.</p> <p>Review of Resident 60's clinical record revealed the resident was readmitted to the facility on August, 2025. Subsequent review of Resident 60's clinical record failed to produce a copy of a completed PASRR.</p> <p>A request for a copy of a completed PASRR was request from the Nursing Home Administrator (NHA) on February 5, 2025, at 11:15 a.m.</p> <p>An interview conducted with the NHA via email on February 6, 2025, at 8:34 a.m. confirmed the facility did not complete a PASRR for the above.</p> <p>28 Pa Code 211.5(f) Clinical records</p> <p>28 Pa Code 211.16(a) Social services</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>35913</p> <p>Based upon clinical record review, it was determined the facility failed to ensure a baseline care plan was in place for a Foley catheter (rubber tube placed into bladder to drain urine out of the body) upon admission for one of 32 residents reviewed (Resident 84).</p> <p>Findings include:</p> <p>Review of Resident 84's clinical record revealed Resident 84 was admitted to the facility with a Foley catheter on January 14, 2025.</p> <p>Review of Resident 84's care plan failed to reveal evidence of a care plan for Resident 84's Foley catheter.</p> <p>Interview with the Nursing Home Administrator on February 6, 2025 at 11:07 a.m. confirmed that there was no baseline care plan completed from admission regarding Resident 84's Foley catheter.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services</p> <p>28 Pa. Code 211.5(f) Clinical Records</p> | | |