STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395200	A. Building B. Wing	03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Walnut Creek Healthcare and Rehabilitation Center	4850 Zuck Road Erie, PA 16506

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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40177 Based on review of clinical records, facility policy, and facility documentation, and staff interview it was determined that the facility failed to maintain complete and accurate documentation as related to bathing and meal intake for 13 of 14 residents reviewed (Residents R1, R2, R4, R5, R6, R7, R12, R13, R14, R15, R16, R17, and R18). Findings include: Review of facility policy dated 1/5/24, entitled Bed Bath, Shower / Tub indicated that staff documentation was to include the date and time shower/tub, or bed bath was performed and if resident refused the reason why and what interventions were taken. Review of facility policy dated 1/5/24, entitled Assisting the Resident with In-Room Meals indicated that staff documentation was to include how much of the meal the resident consumed and if the resident refused the reason why and what interventions were taken. Review of Resident R1's clinical record revealed an admitted [DATE], with diagnoses that included diabetes, high blood pressure, and breast cancer. The clinical record revealed that Resident R1was to have a shower on Sunday and Wednesday on day shift. Resident R1's clinical record lacked documentation indicating if he/she received a shower or bath on five (2/21/24, 2/28/24, 3/3/24, 3/6/24, and 3/17/24) of eight scheduled showers in the past 30 days. Resident R1's clinical record lacked documentation indicating if he/she consumed their breakfast meal and what percent was consumed on 14 (2/21/24, 2/23/24, 2/26/24, 2/27/24, 2/28/24, 3/1/24, 3/2/24, 3/3/24, 3/4/24, 3/6/24, 3/9/24, 3/11/24, 3/16/24, and 3/17/24) of 30 breakfast meals in the past 30 days. Resident R1's clinical record lacked documentation indicating if he/she consumed their lunch meal and what percent was consumed on 15 (2/21/24, 2/23/24, 2/26/24, 2/27/24, 2/28/24, 3/1/24, 3/2/24, 3/3/24, 3/4/24, 3/5/24, 3/6/24, 3/9/24, 3/11/24, 3/16/24, and 3/17/24) of 30 lunch meals in the past 30 days. (continued on next page)

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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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident R1's clinical record lacked documentation indicating if he/she consumed their supper meal and what percent was consumed on two (3/11/24, and 3/15/24) of 30 supper meals in the past 30 days. Resident R2's clinical record revealed an admitted [DATE], with diagnoses that included high blood pressure, anemia, and arthritis. The clinical record revealed that Resident R2 was to have a shower on Tuesday and Friday on evening shift. Resident R2's clinical record lacked documentation indicating if he/she received a shower or bath on three (2/20/24, 2/29/24, and 3/14/24) of nine scheduled showers in the past 30 days. Resident R2's clinical record lacked documentation indicating if he/she consumed their supper meal and what percent was consumed on 3 (2/20/24, 3/1/24, and 3/15/24) of 30 supper meals in the past 30 days. Resident R4's clinical record revealed an admitted [DATE], with diagnoses that included high blood pressure, anemia, and diabetes. The clinical record revealed that Resident R4 was to have a shower on Wednesday and Saturday on evening shift. Resident R4's clinical record lacked documentation indicating if he/she received a shower or bath on one (3/16/24) of eight scheduled showers in the past 30 days. Resident R4's clinical record lacked documentation indicating if he/she consumed their breakfast meal and what percent was consumed on five (2/23/24, 2/25/24, 2/29/24, 3/1/24, and 3/10/24) of 30 breakfast meals in the past 30 days. Resident R4's clinical record lacked documentation indicating if he/she consumed their lunch meal and what percent was consumed on five (2/23/24, 2/25/24, 2/29/24, 3/1/24, and 3/10/24) of 30 lunch meals in the past 30 days. Resident R4's clinical record lacked documentation indicating if he/she consumed their supper meal and what percent was consumed on three (2/27/24, 3/16/24, and 3/17/24) of 30 supper meals in the past 30 days. Resident R5's clinical record revealed an admitted [DATE], with diagnoses that included high blood pressure, anemia, and dysphagia (difficulty in swallowing food and/or liquids). Resident R5's clinical record lacked documentation indicating if he/she consumed their breakfast meal and what percent was consumed on one (2/25/24) of 30 breakfast meals in the past 30 days. Resident R5's clinical record lacked documentation indicating if he/she consumed their lunch meal and what percent was consumed on one (2/25/24) of 30 lunch meals in the past 30 days. Resident R5's clinical record lacked documentation indicating if he/she consumed their supper meal and what percent was consumed on seven (2/23/24, 2/26/24, 2/27/24, 3/3/24, 3/9/24, 3/11/24, and 3/17/24) of 30 supper meals in the past 30 days. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident R6's clinical record revealed an admitted [DATE], with diagnoses that included high blood pressure, anemia, and venous insufficiency (a condition that affects the blood flow to your legs resulting in swelling, pain, and changes in your skin). The clinical record revealed that Resident R6 was to have a shower on Sunday and Wednesday on day shift. Resident R6's clinical record lacked documentation indicating if he/she received a shower or bath on one (2/25/24) of eight scheduled showers in the past 30 days. Resident R6's clinical record lacked documentation indicating if he/she consumed their breakfast and what percent was consumed on one (2/25/24) of 30 breakfast meals in the past 30 days. Resident R6's clinical record lacked documentation indicating if he/she consumed their lunch and what percent was consumed on one (2/25/24) of 30 lunch meals in the past 30 days. Resident R6's clinical record lacked documentation indicating if he/she consumed their supper and what percent was consumed on ten (2/20/24, 2/23/24, 2/25/24, 2/26/24, 2/27/24, 3/7/24, 3/8/24, 3/13/24, 3/18/24, and 3/19/24) of 30 supper meals in the past 30 days. Resident R7's clinical record revealed an admitted [DATE], with diagnoses that included high blood pressure, anemia, and a stroke. The clinical record revealed that Resident R7 was to have a shower on Tuesday and Saturday on day shift. Resident R7's clinical record lacked documentation indicating if he/she received a shower or bath on three (3/9/24, 3/12/24, and 3/19/24) of eight scheduled showers in the past 30 days. Resident R7's clinical record lacked documentation indicating if he/she consumed their breakfast and what percent was consumed on eight (2/22/24, 2/26/24, 3/4/24, 3/6/24, 3/9/24, 3/12/24, 3/14/24, and 3/18/24) of 30 breakfast meals in the past 30 days. Resident R7's clinical record lacked documentation indicating if he/she consumed their lunch and what percent was consumed on eight (2/26/24, 2/29/24, 3/4/24, 3/6/24, 3/9/24, 3/12/24, 3/14/24, and 3/18/24) of 30 lunch meals in the past 30 days. Resident R7's clinical record lacked documentation indicating if he/she consumed their supper and what percent was consumed on one (2/22/24) of 30 supper meals in the past 30 days. Resident R12's clinical record revealed an admitted [DATE], with diagnoses that included high blood pressure, anemia, and peripheral vascular disease (when arteries become narrow affecting blood supply most commonly in the legs). The clinical record revealed that Resident R12 was to have a shower on Sunday and Wednesday on day shift. Resident R12's clinical record lacked documentation indicating if he/she received a shower or bath on three (2/21/24, 2/28/24, and 3/3/24) of eight scheduled showers in the past 30 days. Resident R12's clinical record lacked documentation indicating if he/she consumed their breakfast and what percent was consumed on 12 (2/21/24, 2/26/24, 2/27/24, 2/28/24, 3/3/24, 3/4/24, 3/5/24, 3/7/24, 3/8/24, 3/9/24, 3/11/24, and 3/19/24) of 30 breakfast meals in the past 30 days. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident R12's clinical record lacked documentation indicating if he/she consumed their lunch and what percent was consumed on 14 (2/21/24, 2/23/24, 2/25/24, 2/26/24, 2/27/24, 2/28/24, 3/3/24, 3/4/24, 3/5/24, 3/7/24, 3/8/24, 3/9/24, 3/11/24, and 3/19/24) of 30 lunch meals in the past 30 days. Resident R12's clinical record lacked documentation indicating if he/she consumed their supper and what percent was consumed on two (3/4/24, and 3/12/24) of 30 meals in the past 30 days. Resident R13's clinical record revealed an admitted [DATE], with diagnoses that included diabetes, arthritis, and high blood pressure. The clinical record revealed that Resident R13 was to have a shower on Monday and Thursday on day shift. Resident R13's clinical record lacked documentation indicating if he/she received a shower or bath on six (2/22/24, 2/26/24, 2/29/24, 3/4/23, 3/14/24, and 3/18/24) of eight scheduled showers in the past 30 days. Resident R13's clinical record lacked documentation indicating if he/she consumed their breakfast meal and what percent was consumed on eight (2/26/24, 2/28/24, 3/3/24, 3/4/24, 3/5/24, 3/14/24, 3/18/24, and 3/19/24) of 30 breakfast meals in the past 30 days. Resident R13's clinical record lacked documentation indicating if he/she consumed their lunch meal and what percent was consumed on ten (2/22/24, 2/25/24, 2/26/24, 2/28/24, 3/3/24, 3/4/24, 3/5/24, 3/14/24, 3/18/24, and 3/19/24) of 30 lunch meals in the past 30 days. Resident R13's clinical record lacked documentation indicating if he/she consumed their supper meal and what percent was consumed on two (3/4/24, and 3/12/24) of 30 supper meals in the past 30 days. Resident R14's clinical record revealed an admitted [DATE], with diagnoses that included high blood pressure, anemia, and dementia (a condition that affects the brains' ability to think, remember things, and function). The clinical record revealed that Resident R14 was to have a shower on Monday and Thursday on day shift. Resident R14's clinical record lacked documentation indicating if he/she received a shower or bath on seven (2/22/24, 2/26/24, 2/29/24, 3/4/24, 3/11/24, 3/14/24, and 3/18/24) of eight scheduled showers in the past 30 days. Resident R14's clinical record lacked documentation indicating if he/she consumed their breakfast meal and what percent was consumed on eight (2/26/24, 2/28/24, 3/4/24, 3/5/24, 3/6/24, 3/14/24, 3/18/24, and 3/19/24) of 30 breakfast meals in the past 30 days. Resident R14's clinical record lacked documentation indicating if he/she consumed their lunch meal and what percent was consumed on 11 (2/22/24, 2/25/24, 2/26/24, 2/28/24, 3/3/24, 3/4/24, 3/5/24, 3/6/24, 3/14/24, 3/18/24, and 3/19/24) of 30 lunch meals in the past 30 days. Resident R14's clinical record lacked documentation indicating if he/she consumed their supper meal and what percent was consumed on two (3/4/24, and 3/12/24) of 30 supper meals in the past 30 days. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident R15's clinical record revealed an admitted [DATE], with diagnoses that included diabetes, dementia, and high blood pressure. The clinical record revealed that Resident R15 was to have a shower on Tuesday and Saturday on day shift. Resident R15's clinical record lacked documentation indicating if he/she received a shower or bath on four (2/27/24, 3/5/24, 3/9/24, and 3/12/24) of nine scheduled showers in the past 30 days. Resident R15's clinical record lacked documentation indicating if he/she consumed their breakfast meal and what percent was consumed on 14 (2/21/24, 2/26/24, 2/27/24, 2/28/24, 3/3/24, 3/4/24, 3/5/24, 3/7/24, 3/8/23, 3/9/24, 3/10/24, 3/11/24, 3/12/24, and 3/17/24) of 30 breakfast meals in the past 30 days. Resident R15's clinical record lacked documentation indicating if he/she consumed their lunch meal and what percent was consumed on 15 (2/21/24, 2/23/24, 2/26/24, 2/27/24, 2/28/24, 3/3/24, 3/4/24, 3/5/24, 3/7/24, 3/8/24, 3/9/24, 3/10/24, 3/11/24, 3/12/24, and 3/17/24) of 30 lunch meals in the past 30 days. Resident R15's clinical record lacked documentation indicating if he/she consumed their supper meal and what percent was consumed on two (3/4/24, and 3/11/24) of 30 supper meals in the past 30 days. Resident R16's clinical record revealed an admitted [DATE], with diagnoses that included dementia, high blood pressure, and anxiety. The clinical record revealed that Resident R16 was to have a shower on Tuesday and Friday on evening shift. Resident R16's clinical record lacked documentation indicating if he/she received a shower or bath on one (3/12/24) of nine scheduled showers in the past 30 days. Resident R16's clinical record lacked documentation indicating if he/she consumed their breakfast meal and what percent was consumed on 12 (2/21/24, 2/26/24, 2/27/24, 2/28/24, 3/3/24, 3/4/24, 3/5/24, 3/8/24, 3/9/24, 3/11/24, 3/18/24, and 3/19/24) of 30 breakfast meals in the past 30 days. Resident R16's clinical record lacked documentation indicating if he/she consumed their lunch meal and what percent was consumed on 15 (2/21/24, 2/23/24, 2/25/24, 2/26/24, 2/27/24, 2/28/24, 3/3/24, 3/4/24, 3/5/24, 3/8/24, 3/9/24, 3/10/24, 3/11/24, 3/18/24, and 3/19/24) of 30 lunch meals in the past 30 days. Resident R16's clinical record lacked documentation indicating if he/she consumed their supper meal and what percent was consumed on five (2/29/24, 3/4/24, 3/11/24, 3/12/24, and 3/16/24) of 30 supper meals in the last 30 days. Resident R17's clinical record revealed an admitted [DATE], with diagnoses that included high blood pressure, arthritis, and peripheral vascular disease. Resident R17's clinical record lacked documentation indicating if he/she consumed their breakfast meal and what percent was consumed on 15 (2/26/24, 2/27/24, 2/28/24, 3/3/24, 3/4/24, 3/5/24, 3/7/24, 3/8/24, 3/9/24, 3/10/24, 3/11/24, 3/12/24, 3/16/24, 3/17/24, and 3/18/24) of 30 breakfast meals in the past 30 days. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident R17's clinical record lacked documentation indicating if he/she consumed their lunch meal and what percent was consumed on 16 (2/23/24, 2/26/24, 2/27/24, 2/28/24, 3/3/24, 3/4/24, 3/5/24, 3/7/24, 3/8/24, 3/9/24, 3/10/24, 3/11/24, 3/12/24, 3/16/24, 3/17/24, and 3/18/24) of 30 lunch meals in the past 30 days. Resident R17's clinical record lacked documentation indicating if he/she consumed their supper meal and what percent was consumed on four (2/20/24, 2/22/24, 3/4/24, and 3/11/24) of 30 supper meals in the last 30 days. Resident R18's clinical record revealed an admitted [DATE], with diagnoses that included high blood pressure, peripheral vascular disease, and epilepsy (neurological disorder that cause seizures). The clinical record revealed that Resident R18 was to have a shower on Monday and Friday on evening shift. Resident R18's clinical record lacked documentation indicating if he/she received a shower or bath on one (3/4/24) of eight scheduled showers in the past 30 days. Resident R18's clinical record lacked documentation indicating if he/she consumed their breakfast meal and what percent was consumed on 13 (2/21/24, 2/26/24, 2/27/24, 2/28/24, 3/3/24, 3/4/24, 3/5/24, 3/7/24, 3/8/24, 3/9/24, 3/11/24, 3/18/24, and 3/19/24) of 30 breakfast meals in the past 30 days. Resident R18's clinical record lacked documentation indicating if he/she consumed their lunch meal and what percent was consumed on 16 (2/21/24, 2/23/24, 2/25/24, 2/26/24, 2/27/24, 2/29/24, 3/3/24, 3/4/24, 3/5/24, 3/7/24, 3/8/24, 3/9/24, 3/10/24, 3/11/24, 3/18/24, and 3/19/24) of 30 lunch meals in the past 30 days. Resident R18's clinical record lacked documentation indicating if he/she consumed their supper meal and what percent was consumed on two (3/4/24, and 3/12/24) of 30 supper meals in the last 30 days. During an interview on 3/21/24, at 9:00 a.m. the Nursing Home Administrator confirmed that Residents R1, R2, R4, R5, R6, R7, R12, R13, R14, R15, R16, R17, and R18 lacked documentation indicating if a shower or bath was given as directed and / or meal intake in the last thirty days. 28 Pa. Code 211.5(f)(ii)(ix) Medical records 28 Pa. Code 211.12(d)(1)(5) Nursing services