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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395203 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>07/29/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Aventura at Prospect |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>815 Chester Pike<br>Prospect Park, PA 19076 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>47975</p> <p>Based on review of facility policy, clinical record review, and interviews with staff, it was determined that the facility failed to ensure a resident was free from misappropriation of personal property for one of three residents reviewed. (Resident R143).</p> <p>Findings Include:</p> <p>Review of facility policy titled, Personal Property with a revision date on August 2022 states, Resident are permitted to retain and use personal possessions, including furniture and clothing, as space permits, unless doing so would infringe on the rights or health and safety of other residents. 2. Resident belongings are treated with respect by facility staff, regardless of perceived value. 6. The resident's personal belongings and clothing are inventoried and documented upon admission and updated as necessary.</p> <p>Review of Resident R143's closed record revealed the resident had an inventory sheet completed April 15, 2024 upon admission to the facility. The inventory had items listed on the bottom portion of the form labeled Admission Inventory. The following items were listed on the record: one jacket, one shaving kit, one shoes, one slacks, one socks/house, three underwear, yarn, needles, and one cellphone.</p> <p>Further review of Resident R143's clinical record revealed a progress note from May 22, 2024 the resident was pronounced dead at 6:40 p.m.</p> <p>Review of Resident R143's clinical record revealed a late entry progress note from May 23, 2024 stating, Resident did not have personal belongings. All medications destroyed per policy.</p> <p>Interview held with the Director of Nursing, Employee E1 on July 29, 2024 at 12:37 p.m. revealed that nursing is usually the ones in charge of taking inventory of resident's items at the time of discharge. Further interview with Employee E1 revealed activities Employee E11 is usually in charge of completing intake inventories at the time of admission.</p> <p>Interview with activities employee, Employee E11 on July 29, 2024 at 12:47 p.m. revealed she was the one to complete the inventory sheet and sign off on it for Resident R143. Employee E11 stated she completed the admission inventory sheet and when completed had the resident sign off on it that it was accurate. Employee E11 revealed that although there is a space on the inventory sheet for Discharge Inventory this space on the form in never utilized at the time of discharge.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                             |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID: | Facility ID:<br>395203                |
|   |           | If continuation sheet<br>Page 1 of 21 |

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| F 0602<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 28 Pa Code 201.18(b)(2) Management  |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Respond appropriately to all alleged violations.</p> <p>46993</p> <p>Based on review of facility documentation, facility policy, clinical records, and interview with staff and residents, it was determined that the facility failed to conduct a thorough investigation related to misappropriation of resident property and did not have evidence that all alleged violations were thoroughly investigated for one of 29 residents reviewed. (Resident R70)</p> <p>Findings include:</p> <p>Review of facility policy 'Internal Investigation of Violations Checklist,' indicates that it is important to investigate internal allegations of misconduct in a thorough and consistent manner. Policy further indicates to consider providing training to the offender and to all employees, and consult outside counsel if necessary.</p> <p>Review of facility provided investigation report, dated April 30, 2024, revealed that Resident R70 with brief interview of mental status score (BIMS) of 14, informed facility of missing funds from personal bank account. Resident R70 was able to identify two employees, housekeeper, Employee E12, and activities aide, Employee E11, as alleged perpetrators. According to Resident R70's statement, both employees accepted resident's debit card to purchase him cigarettes.</p> <p>Further review of investigation report revealed that both employees were terminated but facility unable to substantiate misappropriation of funds.</p> <p>Interview with Resident R70 on July 29, 2024 at 1:00 p.m., revealed that since January 2024 until April 2024 approximately \$8,000 dollars were noted to be missing from personal bank account. Interview with the Director of Nursing on July 29, 2024 at 1:45 p.m. confirmed the amount of missing funds.</p> <p>Further review of investigation report revealed Report Form for Investigation of Alleged Abuse, Neglect, Misappropriation of Property, for both employees, with missing information related to another state agency involved in investigation and notification of local police department. Verbal information was provided of incident# and officer's last name involved with investigation, however - no evidence provided of follow up after investigation was initiated.</p> <p>Investigation report included a print out of resident's bank statements without further indicating if facility went through charges with the resident to identify dates and times the card was given to the staff and which charges the resident believed were fraudulent.</p> <p>Pa Code 201.14(a) Responsibility of licensee</p> <p>Pa Code 201.18(b)(1)(3)(d) Management</p> |  |  |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>46993</p> <p>Based on observations, review of clinical records, review of facility policy and interview with staff, it was determined that the facility did not ensure residents receive adequate supervision to prevent accidents for three of 29 residents reviewed (Residents R51, R126, R446). Facility did not ensure to provide environment free of potential hazards related to unlocked housekeeping storage rooms on two units. (Unit One North and Two North )</p> <p>Findings include:</p> <p>Review of facility policy Hazardous Areas , Devices and Equipment, revised July 2017, indicates A hazard is defined as anything in the environment that has the potential to cause injury or illness such as: Equipment and devices that are left unattended or are malfunctioning, Sharp objects that are accessible to vulnerable residents, Open areas or items that should be locked when not in use, Access to toxic chemicals, Disabled locks, latches or alarms.</p> <p>Review of facility policy Shaving the resident, revised February 2018, indicates to review the resident's care plan to assess for any special needs of the resident, and if using a safety or disposable razor: Dispose of the razor in a designated sharps container. and If there is a sharps container designated For Disposable Razors Only and that container is outside the resident's room, the razor must be transported to this destination in a puncture-resistant, closed, and marked container.</p> <p>Further review of policy reveals that nursing staff is to document in residents' medical record date and time of procedure performed, including name and title of individual performing procedure, If and how the resident participated in the procedure or any changes in the resident's ability to participate in the procedure, Any problems or complaints made by the resident related to the procedure, If the resident refused the treatment, the reason(s) why and the intervention taken, The signature and title of the person recording the data Review of R51's medical record revealed no evidence of such documentation.</p> <p>Review of Resident R51's Minimum Data Set (MDS), completed May 5, 2024, revealed under section C - Cognitive Patterns, that resident was not a candidate for 'Brief Interview for Mental Status' due to rarely/never understood. Further review of MDS revealed Resident R51 was severely impaired - never/rarely made decisions.</p> <p>Review of Resident R51's current care plan revealed that the resident had a care plan for activities of daily living (ADL's) deficit related to communication, sensory-neural hearing loss cognitive deficits, and required supervision with ADL's.</p> <p>Observations of Resident R51's room on Two North unit, on July 23, 2024 and July 25, 2024 revealed five razors in the resident's bathroom.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>On July 23, 2024 at 12:02 p.m. an interview was held with Resident R446. Observation during the interview revealed the resident had five bottles of eye drops in a biohazard bag on her bedside table. Interview held with Employee E10 confirmed the eye drops were present in the resident's room and revealed the resident had new eye drop bottles on the nurse's cart.</p> <p>On July 23, 2024 at 12:26 p.m. Resident R126 was observed in the hallway watching a video on his phone in a chair. Resident R126 told the surveyor they could check his room. Observation of the resident room at 12:27 p.m. revealed a small plastic cup with several white pills behind the resident's television. The surveyor notified licensed nurse Employee E10 of the cup with pills found in the resident's room. Licensed nurse Employee E10 took the pills from the resident's room and asked Resident R126 where he obtained the pills. Resident R126 stated that he obtained the medications from the nurses and that they were Tylenol used for pain. Licensed nurse Employee E10 took the pills back to the nurse's station and inventoried them. There were three different types of pills identified. There were five Acetaminophen extra strength pills, three Acetaminophen pills regular strength, and 1 Trazadone pill. All the pills were discarded by licensed nurse Employee E10.</p> <p>On July 23, 2024 at 1:05 p.m. a resident was observed on the first floor unit in wheelchair exiting the central hall bath. When entering the central hall bath, a storage cabinet was observed open in the back of the bathroom that contained large amounts of nail clippers and razors. An interview was held with licensed nurse Employee E10 at 1:50 p.m. regarding the storage cabinet. Licensed nurse Employee E10 stated she was unsure of how the resident was able to get into the central bath as there is a coded lock on the door. Employee E10 stated that the nail clippers and razors should be double locked for resident safety meaning out on the exterior door of the bathroom and one on the storage cabinet. Observation with Employee E10 revealed the storage cabinet had no lock currently and appeared to be fully intact.</p> <p>Interview with licensed nurse, Employee E7, and nurse aide, employee E8 on July 25, 2024 at 12:46 p.m., revealed that razors belonged to R51 and that he receives supervision when using razor.</p> <p>Interview with Resident R51 on July 25, 2024 at 12:47 p.m., revealed that nurse aide, Employee E8 provided him with razors.</p> <p>Observations of One North unit on July 23, 2024 at 12:00 p.m. revealed an unlocked housekeeping storage room with cleaning supplies. Finding were confirmed at the time of the observation with the unit clerk, Employee E10.</p> <p>Observations of Two North unit on July 25, 2024 at 12:38 p.m., revealed an unlocked housekeeping storage room with cleaning supplies. Finding were confirmed with the housekeeper, Employee, E6 at the time of the observation.</p> <p>Review of facility maintenance log revealed no evidence of work orders related to unlocked storage rooms containing cleaning supplies/toxic chemicals.</p> <p>28 Pa Code 211.10(d)Resident Care policies</p> <p>28 Pa Code 211.12(c)(d)(1)(5) Nursing services</p> |  |  |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 06525</p> <p>Based on observations of care and services, clinical record review, interviews with residents and staff and reviews of policies and procedures, it was determined that the facility failed to ensure that two of 29 residents reviewed maintained acceptable parameters of nutritional status for usual body weight, desirable body weight and electrolyte values. (Residents R113, R118)</p> <p>Findings include:</p> <p>Review of the policy titled Nutritional assessment dated [DATE] revealed that it was the dietitian's responsibility to comprehensively assess each resident and their individual nutrition needs. As part of the nutritional assessment the multidisciplinary team was responsible for identifying the following components: usual body weight, usual meal and snack intake, food preferences and dislikes and preferred portion sizes.</p> <p>Clinical record review revealed a comprehensive assessment MDS (an assessment of care needs) for Resident R113 dated February 24, 2024. This assessment indicated that this resident was cognitively intact. The assessment said that this resident had diagnoses of heart failure, end stage renal disease and diabetes mellitus. The assessment also indicated that this resident was not on a physician-prescribed weight-loss regimen.</p> <p>Clinical record review revealed that Resident R113's weights were recorded as follows: July 5, 2024 a weight of 169 pounds, June, 2024 no weight was recorded and available for review, May 23, 2024 a weight of 182 pounds was listed and April 8, 2024 a weight of 184 pounds was recorded. A significant 7.5% weight loss for three months and continuous weight loss of 15 pounds over a four month period of time.</p> <p>Clinical record review revealed that a nutritional supplement had been ordered for Resident R113 on February 20, 2024; however there was no documentation to indicate the actual consumption of this nutritional supplement. Interview with Resident R113 at 9:30 a.m., on July 26, 2024 revealed that the resident may drink the nutritional supplement every so often. The resident reported that she would drink it everyday; if it was chocolate flavored.</p> <p>Clinical record review revealed a nutrition progress note dated July 8, 2024 that indicated that Resident R113 was planned to receive double protein portions, and low phosphate foods at each meal daily. Clinical record review revealed an elevated phosphorus blood level on July 16, 2024 for Resident R113.</p> <p>Observations on July 26, 2024 during the breakfast and noon meals revealed Resident R113 did not receive double protein foods for breakfast or lunch as care planned. Additional observations of the breakfast and noon meals on July 26, 2024 revealed that the meal tray ticket did not indicate low phosphorus foods (seafood, dairy, peas, lentils and poultry). The meal tray ticket indicated that yogurt, cottage cheese, milk, chicken and green beans were foods served to Resident R113 on July 26, 2024.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Interview with the dietitian, Employee E13, at 9:30 a.m., on July 29, 2024 confirmed that dietary staff who were preparing and serving foods and beverages for Resident R113 were unaware of the daily nutritional care plan for Resident R113. The dietitian reported that dietary staff were unaware that Resident R113 was supposed to receive double protein portions at each meal daily. The dietary staff were not providing double protein food or beverage portions for Resident R113 daily as care planned. The dietitian also confirmed during this interview that the dietary staff were unaware of what foods were low phosphorus foods. The dietary staff were not providing foods and beverages that were low phosphorus for Resident R113 at meal times daily.</p> <p>A review of the clinical record of Resident R118 revealed that the resident was admitted to the facility on [DATE], with diagnoses that included Gastro-Esophageal Reflux Disease with Esophagitis, (inflammation of the esophagus), Dysphagia (difficulty swallowing), Gastrostomy Status (surgical opening into the stomach for nutritional support or gastric decompression), and Aphasia (language disorder that affects communication).</p> <p>Review of Resident R118's care plan dated November 18, 2022, indicated that Resident R118 was to maintain adequate nutritional status as evidenced by maintaining weight without significant changes.</p> <p>A review of the Resident R118's weight record revealed the following recorded weights:</p> <p>February 16, 2024: 145.8 Lbs; March 28, 2024: 157.2 Lbs; April 8, 2024: 159.5 Lbs; May 17, 2024 : 158.7 Lbs.</p> <p>Review of Resident R118's quarterly nutrition assessment note by Registered Dietitian, dated June 18, 2024, indicated that Resident 118 was at risk for malnutrition related to GERD, Gastrostomy, Dysphagia, Aphasia. It also indicated that the weight of R118, for the month of June was pending.</p> <p>Further review of clinical records revealed that no weights were taken or recorded for Resident R118 for the months of June, and July 2024.</p> <p>Interview with the Registered Dietitian, Employee E13, on July 29, 2024, at 9:51 a.m., confirmed the findings.</p> <p>28 Pa. Code 211.10(a)(c)(d) Resident care policies</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. 211.6(a) Dietary services</p> |  |  |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>06525</p> <p>Based on clinical record reviews, interviews with staff and reviews of policies and procedures, it was determined that the facility failed to ensure that one of 29 residents received medications consistent with professional standards of practice through an on going communication and collaboration of care with the dialysis care center. (Resident R113)</p> <p>Findings include:</p> <p>Review of the policy titled administering medications dated August 2022 revealed that it was the responsibility of the licensed nurse to administer medications safely and timely to each resident. the policy also indicated that medications are to be administered in accordance with the physician's orders, including any required time frames.</p> <p>Clinical record review revealed a admission MDS (an assessment of care needs) dated February 24, 2024 for Resident R113. The assessment indicated that this resident had diagnoses of heart failure, end stage renal disease</p> <p>(kidney failure requiring a course of dialysis to filter waste products from the blood) and diabetes mellitus (a metabolic disorder in which the body has high blood glucose levels for prolonged time that was caused by the body's inadequate production of insulin).</p> <p>Clinical record review for Resident R113 for the entire month of July, 2024 revealed that the nursing staff were omitting administration of medications on days of the week that Resident R113 was scheduled to leave the facility for hemodialysis treatments at the dialysis center.</p> <p>Clinical record review revealed a physician's order for medication (insulin) lispro 100u/ml to be injected at 7 units subcutaneously with meals every day. The physician indicated the times of administration as 8:30 a.m., 12:30 p.m., and 17:30 p.m., in conjunction with the resident's meal schedule.</p> <p>Clinical record review revealed that the nursing staff were not administering medications according to physician's orders at 12:30 p.m., on July 2, 4, 6, 9, 11, 13, 16, 18, 20, 23 and 25 2024. There was no documentation to indicate that the nursing staff discussed the omission of medications during the month of July, 2024 with the attending physician.</p> <p>Interview with the Director of Nursing, Employee E1, at 2:00 p.m., on July 26, 2024 confirmed the lack of coordination and collaboration of the facility with the noon meal service and the dialysis center day visits for Resident R113. The Director of Nursing also confirmed that the nursing staff were not following standards of nursing practices for medication administration for Resident R113, by omitting administration of insulin as ordered by the physician for 12:30 p.m., with meals.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p> |  |  |

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| <p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Ensure medication error rates are not 5 percent or greater.</p> <p>39343</p> <p>Based on observations, review of clinical records, and interviews with facility staff, it was determined that the facility failed to ensure that it was free of medication error rate of five percent or greater, for 11 out of 31 medications reviewed.</p> <p>Findings include:</p> <p>Review of physician order for Resident R545, dated July 22, 2024, revealed an order to administer Gabapentin Oral Capsule 300 mg one time a day. On July 24, 2024, 9:19 a.m., Employee E20, a Licensed Nurse was observed administering to Resident R545, Gabapentin Oral Capsule 600 milligrams (mg) one tablet, by mouth.</p> <p>Interview with licensed nurse, Employee E20 at the time of the observation confirmed that the administration of 600 mg and not 300 mg as ordered by the physician.</p> <p>On July 25, 2024, at 12:19 p.m., Employee E21, a Licensed Nurse, was observed administering to Resident R39, the following medications by mouth:</p> <p>1 Vitamin D3 Tablet (Cholecalciferol), give 2000 mg by mouth one time a day for immune support. Employee E21 gave 1000mg two tablets)</p> <p>2 amLODIPine Besylate Tablet 10 MG, Give 10 mg by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION (I10)</p> <p>3 Lexapro Tablet 10 MG (Escitalopram Oxalate), Give 10 mg by mouth one time a day related to MAJOR DEPRESSIVE DISORDER,</p> <p>4 Finasteride Tablet 1 MG, Give 1 mg by mouth one time a day for BPH.</p> <p>5 Losartan Potassium Tablet 100 MG, Give 100 mg by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION</p> <p>6 Losartan Potassium Tablet 100 MG, Give 100 mg by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION</p> <p>7 Metoprolol Tartrate Tablet 25 MG Give 25 mg by mouth one time a day for HTN.</p> <p>8 Senna-Tabs Tablet (Sennosides), Give 2 tablet by mouth one time a day for stool softener.</p> <p>9 Aspirin Tablet Chewable 81 MG, Give 81 mg by mouth one time a day.</p> <p>10 Pregabalin Capsule 75 MG *Controlled Drug*, Give 75 mg by mouth two times a day for Nerve Pain.</p> <p>Further review of Medication Administration Record of R39, revealed that those medications were to be administered at 9 a.m.</p> <p>(continued on next page)</p> |  |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Aventura at Prospect |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>815 Chester Pike<br>Prospect Park, PA 19076 |  |

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| <p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>At the time of the observation, interviewed E21 confirmed the findings.</p> <p>This erroneous medical administration incurred a medication error rate of 35.8%.</p> <p>The facility incurred a medication error rate of 35.8%.</p> <p>28 Pa Code 211.12(d)(1)(2)(5) Nursing Services</p> |

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| <p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 06525</p> <p>Based on reviews of policies and procedures, interviews with staff, observations of the meals served throughout the facility, interviews with residents, reviews of resident council meeting minutes and planned menus, it was determined that the facility failed to take in consideration food preferences of seven of seven resident reviewed. (Residents R113, R54, R106, R132, R110, R77 and R11)</p> <p>Finding include:</p> <p>Review of the policy titled nutritional assessment dated [DATE], revealed that it was the responsibility of the dietitian and the multidisciplinary team to complete a comprehensive assessment of each resident to identify the resident's usual routines, meal and snack patterns, along with food preferences and dislikes.</p> <p>Observations of the noon meal service on July 25 and 26, 2024 revealed several Residents R113, R54, R106, R132, R110, R77 and R11 that were asking for substitute food items instead of the planned menu entre being served.</p> <p>A group meeting held at 10:30 a.m., on July 25, 2024 revealed that residents were dissatisfied with the meals that were being served to them from the food and nutrition department. The Residents R11, R126, R101, R77, R107, R93 and R61 reported that they have told the facility staff about their dietary and nutritional preferences repeatedly; however the dietary department continues to serve foods and beverages that they do not like or prefer to eat or drink daily during meals. The residents attending the meeting also reported that they are given a monotony of foods and drinks for evening snacks that they do not prefer.</p> <p>Review of the resident council meeting minutes for the months of April, May and June, 2024 revealed that the residents have been expressing concerns about the menus as follows: variety of dried cereals, bananas for breakfast meals, fresh fruits at meals instead of canned fruits, chocolate milk instead of whole milk. Vanilla cookies for dessert, variety of puddings for dessert, raisin bread for breakfast, cheese puffs for snack, oatmeal breakfast cookies, grits for breakfast, water ice, sherbet, almond milk instead of whole milk and a variety of hoagies deli and hot hoagies for lunch and dinner meals.</p> <p>Review of the resident council meeting minutes, interviews with staff and reviews of the facility menus revealed that there was no documented follow through with any of the residents' menus suggestions. Month after month the residents were requesting to have changes to the menu selections: so that the food and beverages would be nutritious, appetizing and satisfying for them.</p> <p>Interview with the director of dietary services, Employee E12 and the registered dietitian, Employee E13 at 11:00 a.m., on July 29, 2024 confirmed the lack of coordination among and between staff to ensure that the food and nutrition services was meeting each resident's daily nutritional and dietary needs and choices for foods and fluids.</p> <p>28 Pa. Code 211.6(a) Dietary services</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>28 Pa. Code 211.10(c) Resident care policies</p>   |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 06525</p> <p>Based on review of policies and procedures, observations of the operations within the food and nutrition department and interviews with staff, it was determined that the facility failed to ensure that food was stored, prepared, distributed and served in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>Review of the policy titled food preparation and service dated October 2017 revealed that food preparation staff were responsible for adhering to proper hygiene and sanitation practices to prevent the spread of foodborne illness.</p> <p>Review of the undated policy titled food safety requirements revealed that it was the policy of the facility to provide safe and sanitary storage, handling and consumption of foods and fluids. The policy indicated that the facility was responsible for ensuring the food service equipment and dish ware was not contaminated by poor personal hygiene and improper sanitation.</p> <p>Review of the dietary policy titled food receiving and storage dated October 2017 revealed that it was the responsibility of the food service staff to receive and store foods in a safe and sanitary manner. Dry food storage of foods would be labeled and dated with date received and expiration dates. All foods stored under refrigeration or freezer would be labeled and dated with use by date or expiration date of the food and beverages. All beverages must be dated when opened and discarded after use by dates stamped on container.</p> <p>Review of the chemical manufacturer's undated policy for the use of sodium hypochlorite revealed that the facility was required to use 50 ppm chemical sanitizer with a minimum final rinse temperature of 120 degrees Fahrenheit.</p> <p>Observations of the food and nutrition department were made with the director of dietary services, Employee E12, at 10:00 a.m., on July 23, 2024.</p> <p>Observations of the walk-in refrigerator unit revealed many foods that were out dated or beyond use by dates. The foods included container of cottage cheese, packaged mozzarella cheese, packaged parmesan cheese, container of cream cheese. The cream cheese had obvious mold growing on it. Three containers of fresh strawberries had mold and fugi growing on it. A bag of shredded cheddar cheese was not sealed that had been opened. A sheet pan of prepared lasagna was prepared on July 17, 2024 and was supposed to be discarded on July 22, 2024, according to the dietary policies for left over foods. The lasagna remained inside the walk-in refrigerator unit. Bags of spinach and mixed greens were opened unlabeled and undated.</p> <p>Observations of the walk-in freezer unit revealed A bag of french fries that was opened and unlabeled and undated with a use by date. There were two [NAME] jars of sauce that were unlabeled and undated with an expiration date. Plastic sealed bacon had no use by or expiration date on it.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Observations of the dry food storage room revealed that it was dark and dim; because the overhead lighting was not fully functioning.</p> <p>Observations of the dry food storage room revealed rodent infestation. There were many areas of pest droppings, rubbings and evidence of nesting and in the dry food storage room. Packages of opened foods were on the floor underneath the shelves of dry foods in the room. Voids/holes were noted at the cove molding of this room and around the air conditioning unit located in this room. [NAME] pieces/shavings were scattered on top of boxes of dry food on the shelving in this room. The wood pieces were from the mice harboring and breeding in this room. The entire floor area of the dry food store room was sticky and tacky. The dietary staff members attempting to walk inside the dry food store room were finding that the soles of their footwear were sticking on the flooring.</p> <p>Observations of the dry food storage room revealed unlabeled and undated cake mixes, unlabeled and undated boxes of dry cereal, unlabeled and undated large bag of brown rice. Unlabeled and undated boxed biscuit mix, unlabeled and undated boxed white cake mix.</p> <p>Observations of the reach-in refrigerator unit (cook's refrigerator) revealed outdated or food items in use beyond the expiration date: salsa, chocolate syrup, chicken base, unlabeled and undated. Further observations of the reach in refrigerator unit revealed pureed foods (meat, chicken, vegetables eggs,) that were prepared on July 2, 2024. According to the dietary services left over policies, these foods were to be discarded after 3 to 5 days. Additional observations of this reach-in refrigerator unit revealed gallons of lactose milk with used by dates of June 20, 2024.</p> <p>Observations of the three compartment sink revealed that there was no sanitizing chemical registering in the sinks. Interview with the director of food service, Employee E12, at 9:30 a.m., on July 24, 2024 confirmed that the reason the chemical sanitizer (quaternary ammonia) with water was not registering when tested with litmus paper (used to evaluate the concentration of sanitizer to water) because there was no chemical sanitizer available to use. The director of dietary services reported that it was due for delivery to the facility on [DATE].</p> <p>Observations of the mechanical dish machine at 9:45 a.m., on July 24, 2024 that was being used to wash, clean and sanitize dishes, utensils, pans, bowls, cups, meal trays revealed that the dish machine was not functioning properly to effectively clean and sanitize the dish ware. These observations were conformed with the food service director, Employee E12 and the registered dietitian, Employee E13 at 10:00 a.m., on July 24, 2024. The litmus paper that was being used to test the hypochlorite concentration was not registering at the acceptable range for chemical sanitizing with the dish machine.</p> <p>Observations of the garbage and refuse area revealed that it was located outside the food and nutrition services department. The double doors leading directly outside the building to the garbage dumpster and trash containers were not completely sealed upon closing; allowing easy access for pests and rodents to enter the facility. Upon closing of the doors a two inch gap was noted at the threshold of the doorway entrance.</p> <p>28 PA. Code 211.6(f) Dietary services</p> <p>28 PA. Code 201.14(a) Responsibility of licensee</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>28 PA. Code 201.18(b)(1)(3)(e)(1)(2.1) Management</p> <p>28 PA. Code 211.10(c) Resident care policies</p>              |

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| <p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>47975</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on review of facility documents of Quality Assurance meeting attendance and staff interviews, it was determined that the facility failed to ensure that the Infection Preventionist and Medical Director or their designee attended a quarterly Quality Assurance Process Improvement (QAPI) committee meetings for one of four quarters (February 2024 through June 2024).</p> <p>Findings Include:</p> <p>A review of QAPI committee meeting sign in-sheets revealed no sign in sheets for the month of February 2024, March 2024, April 2024, or June 2024. Further review of the QAPI binder revealed a sign in sheet for month of May 2024 that lacked an Infection Preventionist and Medical Director.</p> <p>Interview with the Director of Nursing, Employee E1 and the interim Nursing Home, Administrator Employee E2 on July 29, 2024 at 12:20 p.m. revealed there has not been an Infection Preventionist employed at the facility since February 2024. Further interview with Employee E1 and E2 revealed the Medical Director has been invited to the QAPI meetings but has not attended or picked a designee to attend since their time of employment in 2024.</p> <p>28 Pa. Code 201.18 (1)(3) Management.</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Provide and implement an infection prevention and control program.</p> <p>46993</p> <p>Based on observations, review of facility policy as well as review of facility provided documentation, interview with staff, it was determined that facility did not maintain and implement a comprehensive program to monitor and prevent infections in the facility.</p> <p>Findings include:</p> <p>Review of facility policy 'Legionella Water Management Program,' revised July 2017, indicates that water management program includes identification of areas in the water system that could encourage the growth and spread of Legionella or other waterborne bacteria, including:</p> <ol style="list-style-type: none"> <li>1) Storage tanks;</li> <li>2) Water heaters;</li> <li>3) Filters;</li> <li>4) Aerators;</li> <li>5) Showerheads and hoses;</li> <li>6) Misters, atomizers, air washers and humidifiers;</li> <li>7) Hot tubs;</li> <li>8) Fountains; and Medical devices such as CPAP machines</li> </ol> <p>And specific measures used to control the introduction and/or spread of legionella (e.g., temperature, disinfectants);</p> <p>The control limits or parameters that are acceptable and that are monitored;</p> <p>A diagram of where control measures are applied;</p> <p>A system to monitor control limits and the effectiveness of control measures;</p> <p>A plan for when control limits are not met and/or control measures are not effective; and</p> <p>Documentation of the program.</p> <p>Review of facility policy Surveillance for Infections, revised September 2017, includes gathering surveillance data, documentation, calculating infection rates and interpreting surveillance data.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Facility unable to provide evidence of process of obtaining pertinent information such as discharge summary, lab results, current diagnosis, treatment, and infection or multi-drug resistant organism colonization status when residents transferred back from acute care hospitals.</p> <p>The facility was not able to provided evidence related establish measures for the prevention of Legionella and other waterborne bacteria and no evidence of ongoing analysis of surveillance data and documentation of follow up activity in response.</p> <p>28 Pa. Code 211.12(c )(d)(5) Nursing services</p> <p>28 Pa Code 211.10(a)(d) Resident care policies</p> |  |  |

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| <p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>46993</p> <p>Based on review of facility provided documentation, review of policy, and interview of staff, it was determined facility did not ensure to designate one or more individual as the infection preventionist and therefore did not meet the requirement for professional and specialized training.</p> <p>Findings include:</p> <p>Review of facility policy surveillance for infections, revised September 2017, indicates that The Infection Preventionist will conduct ongoing surveillance for Healthcare-Associated Infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions.</p> <p>A request for a copy of the approved Infection Preventionist specialized training in infection prevention and control certification was made to the nursing home director of nursing, employee E1 on July 26, 2024 at 1:00 p.m. Director of Nursing did not provide the documentation that the facility employed an Infection Preventionist who completed specialized training in infection prevention and control.</p> <p>28 Pa Code 201.18 ( e ) (1) Management</p> <p>28 Pa Code 211.12 (d)(1) Nursing services</p> |  |  |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>06525</p> <p>Based on observations of the physical environment of the dietary department, reviews of the pest control operators reports and interviews with residents and staff, it was determined that the facility failed to ensure an effective pest control program so that the facility was pest free.</p> <p>Findings include:</p> <p>A group meeting held at 10:30 a.m., on July 25, 2024 revealed that residents were dissatisfied with the pest control program at the facility. The residents said that they have repeatedly reported to administration that they have a rodent problem in the building. The Residents R11, R126, R101, R77, R107, R93 and R61 indicated that the mice are entering the building through the air conditioning/heating units inside their bedrooms.</p> <p>Observations of the food and nutrition department on July 23 and 24, 2024 confirmed entry ways and easy access to the building for common household pests (mice, roaches, flies). The wood surrounding the air conditioning unit contained voids/holes from water damage. Observations revealed obvious chewing and burrowing by rodents. Mice droppings throughout the dry food storage area of the main kitchen were evidence of a vermin infestation of the main kitchen.</p> <p>Observations of the trash and refuse area of the facility revealed that it was located outside the hallway near the main kitchen. The doorway threshold leading directly outdoors to the trash dumpster and containers did not seal completely upon closing. An air gap was noted at the threshold of the doorway; allowing easy access to the building for pests and rodents.</p> <p>Reviews of the pest control operator's reports for July 25, 2024 revealed that the dry food pantry inside the main kitchen was treated for common household pests (rodents). The pest control operator found mice activity in the main kitchen of the food and nutrition department. The pest control operator indicated that voids/holes were obvious inside the main kitchen, providing access to the building. The pest control operator indicated that the two north nursing unit was treated for rodent (mice) activity. The pest control operator indicated that the director of maintenance was advised to address the voids/holes along the heater units inside resident rooms on the second floor nursing unit to prevent mice from entering the building. The pest control operator indicated that the first floor nursing unit and lobby(entrance) area that were both located on the first floor/ground of the facility were treated for common household pests(mice).</p> <p>Reviews of the pest control operator's reports for July 16 and 18, 2024 indicated that the main kitchen, lobby area, utility closets, employee break room were all treated for common household pests (mice).</p> <p>Reviews of the pest control operator's report for July 11, 2024 revealed that the main kitchen and two north nursing unit were treated for roach activity. The main kitchen, lobby, laundry area and employee break rooms were treated for rodent activity.</p> <p>(continued on next page)</p> |  |  |

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| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Reviews of the pest control operator's report for July 9, 2024 indicated that the first floor medication room located on the first floor nursing unit was treated for common household pest activity (rodents).</p> <p>Review of the pest control operator's report for July 2, 2024 indicated that the the facility was treated for flies. The director of maintenance was advised to ensure that the fly lights on the one north and two north nursing units were fully operational.</p> <p>Review of the pest control operator's reports for June 30, 2024 indicated that the human resource office that was located on the first floor of the facility was treated for mice activity.</p> <p>Review of the pest control operator's reports for June 18 and 20, 2024 indicated that the one north and two south nursing units were treated for active common household pests (roach) activity.</p> <p>Review of the pest control operator's reports for June 11, 2024 indicated that the two south nusing unit was treated for common household pests active rodent (mice) activity.</p> <p>Reviews of the pest control operator's reports for June 4, 2024 indicated the the two north and two south nursing units were treated for active rodent (mice) activity.</p> <p>Reviews of the pest control operator's reports for May 30, 2024 indicated that the main kitchen of the food and nutrition services department, the lobby located on the first floor/ground entrance to the facility, first floor offices and nurses stations on the first and second floor of the facility were treated for common household pests and rodents (mice).</p> <p>Review of the pest control operator's report for May 14, 2024 indicated that the main kitchen and two south nursing unit were treated for common house hold pests (rodents) activity.</p> <p>Interview with the nursing home administrator, Employee E2, at 11:00 a.m., on July 29, 2024 confirmed the on-going pest and rodent problems for May, June and July, 2024, at the facility. The administrator reported being aware that the holes/voids in the air conditioning/heating units throughout the facility need to be addressed by the maintenance department. The administrator also reported that all doors leading directly outside the building need to be sealed upon closing to prevent easy access to the facility by common house hold pests and rodents.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1)(3)(e)(1)(2.1) Management</p> |  |  |