

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Hillcrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Little Drive Lower Burrell, PA 15068	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35785</p> <p>Based on review of facility policy, clinical records and staff interviews, it was determined that the facility failed to conduct care plan conferences and failed to ensure a resident or resident representative was notified in advance of care conference meetings for four of four residents (Resident R12, R36, and R39).</p> <p>Findings include:</p> <p>The facility Resident participation-assessments and care plans policy dated 2/20/25, indicated that the resident and his or her representative are encouraged to participate in the resident's assessment and in the development of the resident's care plan. A seven day notice of the care plan conference is provided to the resident and his or her representative. The Social Services director is responsible for notifying the resident or representative and for maintaining records of such notices.</p> <p>Review of Resident R12's admission record indicated she was originally admitted on [DATE].</p> <p>Review of Resident R12's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 8/26/24, indicated diagnoses of depression, renal insufficiency (kidneys are functioning poorly), and diabetes (a group of diseases that affect how the body uses blood sugar (glucose)).</p> <p>Review of Resident R12's care plans indicated they were last revised on 2/14/25.</p> <p>During an interview on 3/5/25, at 1:46 p.m. Resident R12 stated: I don't know what that is. when asked if she has participated in a care plan meeting. It was indicated she was not participated in a care plan meeting.</p> <p>Review of Resident R36's admission record indicated she was originally admitted on [DATE].</p> <p>Review of Resident R36's MDS assessment dated [DATE], indicated diagnoses of high blood pressure, anxiety, and depression.</p> <p>Review of Resident R36's care plans indicated they were last revised on 12/10/24.</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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R36's clinical record on 3/5/25, at 12:00 p.m. failed to include evidence a care conference was completed.</p> <p>During an interview on 3/5/25, Resident R36 stated: I don't know what that is, I never attended a care conference meeting. when asked if she had participated in a care plan meeting.</p> <p>Review of Resident R39's admission record indicated he was originally admitted on [DATE].</p> <p>Review of Resident R39's MDS assessment dated [DATE], indicated he had diagnoses that included hyperlipidemia (elevated lipid levels within the blood), chronic obstructive pulmonary disease (COPD: a disease characterized by persistent respiratory symptoms involving breathlessness, coughing, and obstructed airflow to the lungs), and Major depressive disorder (a state of consistent sadness and loss of interest interfering in daily life activities).</p> <p>Review of Resident R39's care plans indicated that they were last revised on 12/26/24.</p> <p>Review of Resident R39's clinical nurse and social services notes dated from October 2024 to March 2025 did not indicate that a care conference meeting had taken place and that Resident R39 was invited to his care conference meeting.</p> <p>During an interview on 3/5/25, at 12:35 p.m. the Registered Nurse Assessment Coordinator (RNAC) Employee E10 stated: I am an interim per diem employee, and I have been for about a month. I work at the facility on weekends and in the morning. I am not in the building. I do not run the care plan meetings.</p> <p>During an interview on 3/5/25, at 1:12 p.m. Resident R39 stated: I have not heard of a care plan meeting. No. The only meeting I have gone to is for resident council. I have never heard of a care plan meeting.</p> <p>During an interview on 3/5/25, at 1:59 p.m. information was disseminated to the Nursing Home Administrator (NHA) that the facility failed to conduct care plan conferences and failed to ensure a resident or resident representative was notified in advance of care conference meetings for Resident R39.</p> <p>28 Pa. Code 201.29 (a) Resident rights.</p> <p>28 Pa. Code 211.11 (e) Resident care plan.</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>27424</p> <p>Review of facility policy and documentation, resident and staff interviews revealed that the facility failed to document and include followup from four of four months and resident council meeting for four of four months and failed to have/offer resident council meetings for two of four months.</p> <p>Findings include:</p> <p>Review of facility policy Grievances/Complaints, Filing dated 2/20/25, indicated: All grievances, complaints, or recommendations stemming from resident or family groups concerning issues of resident care in the facilities will be considered. Actions on such issues will be responded ot in writing, including a rationale for the response.</p> <p>Review of resident council minutes for October and November 2024 indicated that staff went room to room instead of having a resident group.</p> <p>During an interview on 3/4/25, at 10:15 a.m. Residents indicated that they did not have a resident group for two months in October and November 2024. Residents indicated that they do not get feedback or response to concerns from resident group.</p> <p>During an interview on 3/7/25, at 11:19 a.m Nursing Home Administrator confirmed that the facility did not have resident council meeting monthly and that the facility failed to document and include follow up from resident concerns for four of four months.</p> <p>28 Pa. Code 201.18 (e) Managment.</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27424</p> <p>Based on review of facility policy, clinical record review and staff interview it was determined that the facility failed to investigate, and report an allegation of abuse and or neglect for one of three residents reviewed (Resident R24).</p> <p>Findings include:</p> <p>Facility policy Identifying Types of Abuse dated 2/20/25, indicated Neglect/Deprivation of Goods and services by Staff - Neglect is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.</p> <p>Review of Resident R24 clinical record indicate they were admitted on [DATE].</p> <p>Review of Resident R24 MDS (minimum data set - a periodic assessment of resident needs) dated 2/2/25, indicated diagnosis of atrial fibrillation (irregular and often very rapid heart rhythm), CHF (heart failure occurs when the heart muscle doesn't pump blood as well as it should)</p> <p>Review of Resident R24 clinical record progress notes indicated 3/1/2025, nursing note Note Text : This writer helped Nurse Aide with AM care and changing coccyx dsg (dressing). Upon doing dsg writer noted a 7 x 5 cm bump on resident's right shin. Resident is unable to describe what happens but states that he/she was scared when he/she was in the hoyer.</p> <p>Review of facility records failed to include an investigation or a report into the state survey agency of a potential neglect incident.</p> <p>During an interview on 3/7/25, at 11:09 a.m. Director of Nursing confirmed that the facility failed to investigate and report an allegation of neglect for Resident R24.</p> <p>28 Pa. Code Pa. 201.14 (a) Responsibility of licensee.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46337</p> <p>Based on a review of facility policy, clinical records, and staff interview, it was determined that the facility failed to develop a baseline care plan for pain management one of three residents (Resident R223).</p> <p>Findings include:</p> <p>Review of facility policy Baseline Care Plans dated 2/20/25, indicated a baseline plan of care to meet the residents immediate needs and provide instruction needed to provide effective and person-centered care shall be developed for each resident within forty-eight hours of admission.</p> <p>Review of the clinical record revealed Resident R223 was admitted to the facility on [DATE], with diagnoses of fracture of shaft of right tibia and fibula, pain in right ankle and joints of right foot, and idiopathic progressive neuropathy (nerve damage that interferes with the function of the peripheral nervous system (PNS) when the cause can't be determined.)</p> <p>During an interview on 3/3/25, at 12:36 p.m. Resident R223 stated he has pain and receives medication for pain management. It was indicated he has 7 out of 10 pain in his back, groin, and hip.</p> <p>Review of Resident R223's physician orders dated 2/28/25, indicated to administer two 500mg Acetaminophen (Tylenol) tablets by mouth every eight hours for pain for 10 days.</p> <p>Review of Resident R223's physician orders dated 2/28/25, indicated to administer two tablets of 325mg Acetaminophen, every six hours as needed for pain mild (1-3).</p> <p>Review of Resident R223's physician orders dated 2/28/25, indicated to administer one tablet of 5 mg Oxycodone, every four hours as needed for pain or two tablets by mouth every four hours as needed.</p> <p>Review of Resident R223's physician orders dated 2/28/25, indicated to record the resident's pain score every shift.</p> <p>Review of Resident R223's care plan on 3/5/25, at 11:02 a.m. failed to include a baseline care plan for pain management.</p> <p>During an interview on 3/6/25, at 11:57 a.m. the Nursing Home Administrator confirmed Resident R223's baseline care plan did not include interventions for the pain management, and that the facility failed to develop a baseline care plan for one of three residents (Resident R223).</p> <p>28 Pa. Code: 211.11 (a)(c)(d) Resident care plan.</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>35785</p> <p>Based on review of facility policies, job descriptions, clinical records, and staff interviews, it was determined that the facility failed to adhere to acceptable standards of practice related to monitoring of Food Service operations, resident interviews, and participation in care plan meetings by the Registered Dietitian for six months (October 2024, November 2024, December 2024, January 2025, February 2025, and March 2025).</p> <p>Findings include:</p> <p>The Pennsylvania Code, Title 49, Chapter 21, Professional and Vocational Standards: Responsibilities of the Licensed Dietitian/ Nutritionist Section 21.711 Professional Conduct indicated that the Licensed Dietitian/ Nutritionist shall provide information which will enable patients to make their own informed decisions regarding nutrition and dietetic therapy, including the reasonable expectations of the professional relationship.</p> <p>The facility Nutritional assesment policy dated 2/20/25, indicated that as a part of the comprehensive assesment, the nutritional assesment shall be conducted for each resident. The dietitian will conduct a nutritional assesment for each resident upon admission within current baseline assesment time frames.</p> <p>Review of the Clinical Dietitian position description indicated that the the Clinical Dietitian works in conjunction with the Food Service Director, Physician and DON to meet resident's nutritional needs. The dietitian plans modified diets, as requested by attending physician. Provides nutritional assessments for every resident in accordance with all state and federal regulations. Assists in producing and providing quality nutritional service outcomes and quality care. Working conditions includes working throughout facility (i.e., dining room, resident rooms, kitchen), works with temperature changes due to kitchen and storage areas, involved with residents, associates, visitors, government agencies/personnel, works beyond normal working hours, on weekends, and in other positions temporarily, as necessary. Must be able to consult with resident and family members related to nutritional needs and goals and must be able to check menu plans and ensure they meet nutritional needs of residents while ensuring exceptional quality food.</p> <p>During an interview on 3/4/25, at 1:59 p.m. the Registered Dietitian Employee E11 stated the following: been working here probably since October or November of 2024. I do not belive the facility had a dietitian for some time. Not sure how long they were without one. I belive that the dining manager reviews resident preferences. I work eight hours a week remotely. I did not go to the building. I did not sign off any substitute menus. I live outside of Philadelphia. Im not at the care plan meetings unless there is a concern. If there is a signifcant change , I run a report every week so I can see if there is any changes, gain or losses. I would just assess them, look at medications, intakes, supplements, and kind of go from there.</p> <p>During an interview on 3/4/25, at 2:07 p.m. Dietary Manager Employee E7 was asked about resident meal preferences and stated: when a resident is newly admitted , the residents get a preference sheet from Activities and its completed. I input it in the system and keep this all on file.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/5/25, at 12:35 p.m. the Registered Nurse Assessment Coordinator (RNAC) Employee E10 stated: I am an interim per diem employee, and I have been there for about a month. I work at the facility on weekends and in the morning. We like the dietitian assessment before the assessment reference (ARD) date. I am not sure if the dietitian is in the building every day of the week.</p> <p>During an interview on 3/5/25, at 1:59 p.m. information was disseminated to the Nursing Home Administrator (NHA) that the facility failed to have a Registered Dietitian on premises that participated in interdisciplinary meetings, monitor Food Service operations, or completed any in-person actions as per the Registered Dietitian Job Description.</p> <p>28 Pa. Code: 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 211.12(d)(1) Nursing Services.</p>		

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46337</p> <p>Based on review of clinical records, staff, and resident interviews, it was determined that the facility failed to provide Activity of Daily Living (ADL) assistance for one of six residents (Resident R33).</p> <p>Findings include:</p> <p>The facility Activity of Daily Living (ADLs), Supporting policy dated 2/20/25, indicated residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out ADLs. Residents who are unable to carry out activities of daily living independently will receive the service necessary to maintain good personal hygiene.</p> <p>The facility Bed Bath, Shower/Tub policy dated 2/20/25, indicated the purpose of this policy is to promote cleanliness, provide comfort to the resident.</p> <p>Review of Resident R33's admission record indicated resident was admitted to facility on 4/24/24.</p> <p>Review of Resident R33's MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 1/15/25, indicated diagnoses of high blood pressure, heart failure (occurs when the heart muscle doesn't pump blood as well as it should), and dementia (he loss of cognitive functioning that interferes with daily life and activities).</p> <p>Review of Resident R33's MDS assessment dated [DATE], indicated that Section GG0130-Self-care indicated the resident was dependent for toileting and required substantial/maximal assistance for showering.</p> <p>Review of Resident R33's February 2025 shower documentation indicated there was no shower provided on 2/18/25, and 2/21/25.</p> <p>Review of Resident R33's clinical record indicated he is scheduled showers on Tuesday and Friday evening shift and requires extensive assistance with bathing.</p> <p>Review of Resident R33's February 2025 toilet use documentation failed to reveal the resident was changed at least every shift for 12 of 28 days.</p> <p>During a phone interview on 3/6/25, at 3:19 p.m. Resident R33's family representative indicated a concern with the facility not bathing Resident R33 at least twice a week. It was indicated staff have been notified multiple times that he should be changed and shouldn't sit in feces or a soiled brief.</p> <p>During an interview on 3/7/25, at 11:15 a.m. Nursing Home Administrator confirmed that the facility failed to provide Activity of Daily Living (ADL) assistance for one of six residents (Resident R33).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>(continued on next page)</p>

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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>28 Pa. Code: 201.18(e)(6) Management.</p>

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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>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46337</p> <p>Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to make certain that residents received the necessary services, consistent with professional standards of practice to promote healing and prevent infection for one of four residents (Residents R27).</p> <p>Findings include:</p> <p>Review of the admission record indicated Resident R27 was admitted to the facility on [DATE], with diagnoses of dementia (the loss of cognitive functioning to such an extent that it interferes with a person's daily life and activities), morbid obesity, and muscle weakness.</p> <p>Review of Resident R27's skin evaluation dated 12/27/24, indicated the resident had an unstageable (a type of pressure ulcer that is covered by necrotic tissue or eschar, making it hard to stage and treat) 3cm x 1.5 cm coccyx (tailbone) pressure ulcer. A 5 cm x 9 cm sacrum (a single bone located at the base of the spine)pressure ulcer that was not staged. Two left rear thigh pressure ulcers measuring 0.3cm x 1cm and 0.2 cm x 5.5 cm that were not staged. The facility failed to document the stage of the resident's sacrum and left rear thigh pressure ulcers.</p> <p>Review of Resident R27's care plan dated 12/27/24, indicated the resident had a stage three pressure ulcer extending to the buttocks that was present upon admission. It was indicated the wound care team was following. Interventions included to administer treatment per physician orders, encourage and assist as needed to turn and reposition, use assistive devices as needed. It was indicated to complete a wound clinic referral and follow up as ordered.</p> <p>Review of Resident R27's MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 1/2/25, indicated the diagnoses were current.</p> <p>Review of Resident R27's clinical record revealed the facility's wound care provider assessed the resident on 1/22/25, for a subsequent encounter for skin and wound care. It was indicated the resident had an unstageable sacrum extending to bilateral glutes (buttocks) pressure ulcer that measured 10cm x 6 cm x 0 cm. Treatment orders included to cleanse the wound with 0.125% Dakin's solution (antiseptic solution wound cleanser), apply Santyl (used to treat pressure ulcers and helps remove dead skin tissue and aids in wound healing) then Dakin's moistened packing to the base of wound, secure with bordered gauzed and change daily and as needed. It was also indicated to order a wedge to aid in repositioning.</p> <p>Review of Resident R27's physician order dated 1/22/25, until 2/19/25, indicated to cleanse coccyx and buttock wounds with Dakin's 0.125% solution, apply thick layer of Medihoney (antibacterial and bacterial resistant wound gel) to wound base, pack coccyx wound with Dakin's soaked gauze, cover with alginate (highly absorbent wound care product to manage moderate to heavy exudate) then dry dressing daily. The physician order failed to include the Santyl as ordered by wound care provider. The facility failed to provide wound care treatment as ordered.</p> <p>(continued on next page)</p>

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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>Review of Resident R27's physician order dated 2/20/25, indicated to cleanse the wound with 0.125% Dakin's solution, apply Santyl then Dakin's moistened packing to the base of wound, secure with bordered gauzed and change daily and as needed. A total of 29 days after the wound care provider ordered the above treatment. The facility failed to timely implement wound care treatment as ordered.</p> <p>Review of Resident R27's physician orders from 1/22/25, through 3/5/25, failed to include an order for a wedge to assist with turning and repositioning as ordered by wound care provider. The facility failed to follow the wound care provider's recommendations as ordered.</p> <p>During an interview on 3/6/25, at 10:10 a.m. the Director of Nursing and confirmed the facility failed to make certain that residents were received the necessary services, consistent with professional standards of practice, to promote healing and prevent infection for one of four residents (Residents R27).</p> <p>28 Pa. Code: 201.29(i) Resident Rights.</p> <p>28 Pa. Code 211.10(c)(d) Resident Care Policies.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46337</p> <p>Based on review of clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure a resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility for one of three residents (Resident R223).</p> <p>Findings include:</p> <p>Review of Resident R223's admission record indicated he was admitted on [DATE], with diagnoses of fracture of shaft of right tibia and fibula, pain in right ankle and joints of right foot, and idiopathic progressive neuropathy (nerve damage that interferes with the function of the peripheral nervous system (PNS) when the cause can't be determined.)</p> <p>Review of Resident R223's Hospital Discharge Summary dated 2/28/25, indicated the resident was ordered to wear a TLSO brace (brace that limits movement in your spine from the thoracic area (mid back) to your sacrum (low back)) when upright or out of bed.</p> <p>Review of Resident R223's physical therapy notes dated 3/1/25, indicated the resident will 100% return demonstrate visual and verbal understanding of putting on and taking off his TLSO brace.</p> <p>During an interview on 3/3/25, at 9:47 a.m. Resident R223 indicated he needs his back brace. It was indicated the facility had one and it disappeared, and it had been missing for a couple of days.</p> <p>During an interview on 3/6/25, at 10:50 a.m. Licensed Practical Nurse, Employee E12 confirmed there was not a TLSO brace available for Resident R223 to use.</p> <p>Review of Resident R223's clinical record failed to reveal an order or care plan for Resident R223's TLSO brace.</p> <p>During an interview on 3/6/25, at 11:35 a.m. the Director of Nursing (DON) confirmed Resident R223 did not have an order or care plan for his TLSO brace. The DON confirmed the facility failed to ensure a resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility for one of three residents (Resident R223).</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Hillcrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Little Drive Lower Burrell, PA 15068	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35785</p> <p>Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to timely assess the nutritional status for one of two residents (Resident R23).</p> <p>Findings include:</p> <p>The facility Nutritional assesment policy dated 2/20/25, indicated that as a part of the comprehensive assesment, the nutritional assessment shall be conducted for each resident. The dietitian will conduct a nutritional assessment for each resident upon admission within current baseline assessment time frames.</p> <p>Review of Resident R23's admission record indicated he was originally admitted on [DATE].</p> <p>Review of Resident R23's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 7/18/24, indicated he had diagnoses that included epilepsy (a long-term disease that causes repeated seizures due to abnormal electrical signals produced by damaged brain cells), dysphagia (difficulty swallowing), hypertension (a condition impacting blood circulation through the heart related to poor pressure), and hyperlipidemia (elevated lipid levels within the blood),</p> <p>Review of Resident R23's MDS assessment section Z0400 (Signatures of persons completing the MDS assessment) dated 7/18/24, did not include a signature from a registered dietitian.</p> <p>Review of Resident R23's hospital nutrition assessment discharge summary dated 7/11/24, indicated that nutrition will follow due to increased nutritional demands and to monitor diet, oral intake, lab results and weights.</p> <p>Review of Resident R23's care plans dated 7/15/24, indicated that he will not experience a significant change in weight.</p> <p>Review of Resident R23's vitals and weigh records indicated the following:</p> <p>7/13/24-- 242.2 lbs</p> <p>7/30/24--213.4 lbs</p> <p>8/9/24--211.3 lbs</p> <p>Review of Resident R23's weight documentation from 7/13/24 to 7/30/24 indicated a decline of 11.8 percent loss in weight.</p> <p>Review of Resident R23's dietitian notes and assessments did not include a dietitian assessment 14 days after his initial admission. The first dietitian assessment was dated 8/22/24; 40 days after his initial admission. Further review of dietitian notes did not include an assessment related to Resident R23 weight loss that occurred in July 2024 until 8/22/24.</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 - Few</p>	<p>During an interview on 3/5/25, at 11:24 a.m. Registered Nurse (RN) supervisor Employee E3 stated: there is a dietitian assessment for Resident R23 on 8/22/24 and another on 9/17/24 created by Dietitian Employee E11.</p> <p>During an interview on 3/5/25, at 12:35 p.m. the Registered Nurse Assessment Coordinator (RNAC) Employee E10 stated: I am an interim per diem employee, and I have been there for about a month. I work at the facility on weekends and in the morning. We like the dietitian assessment before the assessment reference (ARD) date. I am not sure if the dietitian is in the building every day of the week. ARD date is generally set on day 7 or day 8 and it (dietitian assessment) has to be completed within 14 days. I am not in the building. I do not run the care plan meetings.</p> <p>During an interview on 3/5/25, at 1:59 p.m. information was disseminated to the Nursing Home Administrator (NHA) that the facility failed to timely assess the nutritional status for Resident R23 as required.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49469</p> <p>Based on review of facility policy, observations, staff interviews, and clinical record review, it was determined that the facility failed to provide appropriate respiratory care related to oxygen management for two of four residents (Resident R41 and R274).</p> <p>Findings include:</p> <p>A review of the facility policy Oxygen Administration last reviewed on 2/20/25, indicates to provide safe oxygen administration.</p> <p>A review of Resident R41's clinical record indicates an admitted [DATE].</p> <p>A review of R41's Minimum Data Set (MDS-periodic assessment of care needs) dated 12/20/24, indicate the diagnosis of hypertension (high blood pressure), respiratory failure (blood doesn't have enough oxygen), and coronary artery disease (CAD - buildup of plaque in the arteries that reduces the blood flow to the heart).</p> <p>During an observation completed on 3/3/25, at 10: 29 a.m. Resident R41 was in bed, her oxygen was on via nasal canula (thin flexible tube used to deliver oxygen). The oxygen tubing failed to be labeled with a date.</p> <p>Review of Resident 41's physician orders dated 12/15/24, indicate oxygen at 4 liters per minute via nasal canula.</p> <p>Review of Resident R41's physician orders dated 12/21/24, indicate to change oxygen tubing and canister night shift every Saturday.</p> <p>During an interview completed on 3/3/25, at 10:30 a.m. Registered Nurse (RN) Employee E2 confirmed the oxygen tubing failed to be labeled with a date.</p> <p>A review of Resident R274's clinical record indicates an admitted [DATE], with the diagnosis of diabetes (high sugar in the blood), heart failure (heart can't pump blood the way it should), and hypertension (high blood pressure).</p> <p>A review of Resident R274's physician orders dated 2/27/24, indicate Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) milligram (MG)/3 milliliter (ML) (medication used to open airways) inhale every 6 hours.</p> <p>During an observation completed on 3/3/25, at 11:00 a.m. resident R274 was in bed her nebulizer (medication delivery device) was sitting on top of dresser, the nebulizer failed to be labeled with a date or stored in a bag.</p> <p>During an interview completed on 3/3/15, at 11:11 a.m. RN Employee E1 confirmed the nebulizer was not labeled with a date or stored in a bag and that the facility failed to provide appropriate respiratory care related to oxygen management for two of four residents (Resident R41 and R274).</p> <p>(continued on next page)</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46337</p> <p>Based on review of facility policy and clinical record and staff interview it was determined that the facility failed to make certain consistent dialysis communication was maintained for one of two residents (Resident R12).</p> <p>Findings include:</p> <p>Review of Resident R12's admission record indicated she was originally admitted on [DATE].</p> <p>Review of Resident R12's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 8/26/24, indicated diagnoses of depression, renal insufficiency (kidneys are functioning poorly), and diabetes (a group of diseases that affect how the body uses blood sugar (glucose)).</p> <p>Review of physician orders dated 2/14/25, indicated Resident R12 attends dialysis on Monday, Wednesday, and Friday each week.</p> <p>Review of Resident R12's clinical record on 3/4/25, failed to include a care plan for dialysis.</p> <p>A review of the clinical record did not include complete communication forms for the month of February and March 2025. There were seven incomplete communication sheets (Portion Completed by Nursing Home was incomplete) for the following dates: 2/5/25, 2/24.25, 2/26/25, 2/28/25, 3/3/25, and 3/5/25.</p> <p>Interview on 3/6/25, at 11:09 a.m. Licensed Practical Nurse, Employee E12 confirmed the above dates did not include complete communication forms as required for Resident R12 and the facility failed to implement a care plan for dialysis.</p> <p>Interview on 3/6/25, at 11:35 a.m. the Director of Nursing confirmed the facility failed to make certain consistent dialysis communication was maintained for one of two residents (Resident R12).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 211.10(d) Resident care policies.</p> <p>28 Pa. Code: 201.18 (b) (1) (e) (1) Management.</p> <p>28 Pa. Code: 211.12 (d) (1) (2) (5) Nursing services.</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49469</p> <p>Based on observations, review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to conduct an initial Enabler/Assist Rail/ Device Evaluation assessment for one of three residents (Resident R30), and failed to complete ongoing accurate assessments to ensure that enabler/side rail assist bars were used to meet residents' needs and the risks associated with enabler bar/side rail assist bar usage for three of three residents (R7, R8, and R30).</p> <p>Findings include:</p> <p>Review of the facility Proper Use of Bed Rails dated 2/20/25, indicated an assessment will be made to determine the resident ' s symptoms, risk of entrapment and reason for using side rails. When used for mobility or transfer, an</p> <p>assessment will include a review of the resident ' s:</p> <ul style="list-style-type: none"> a. Bed mobility. b. Ability to change positions, transfer to and from bed or chair, and to stand and toilet. c. Risk of entrapment from the use of side rails; and d. That the bed ' s dimensions are appropriate for the resident ' s size and weight. <p>Review of the clinical record indicated Resident R7 was admitted to the facility on [DATE].</p> <p>Review of Resident R7's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/31/25, indicated diagnoses of anemia (low iron in the blood), hypertension (high blood pressure), and hemiplegia (one sided paralysis or weakness).</p> <p>During an observation on 03/03/25, at 10:16 a.m. bilateral enabler bars were present on Resident R7's bed.</p> <p>Review of R7's physician order dated 5/5/24, indicated bilateral enabler bars for positioning.</p> <p>Review of Resident R7's care plan with revision on 9/24/24, indicated activity of daily living (ADL) self-care deficit related to physical limitations with intervention that included but not inclusive to bilateral enabler/helper bars.</p> <p>Review of Resident R7's clinical record revealed the last Enabler/Assist Rail/ Device Evaluation was completed on 5/5/24.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the clinical record indicated Resident R8 was admitted to the facility on [DATE].</p> <p>Review of Resident R8's MDS dated [DATE], indicated diagnoses of heart failure (heart can't pump blood the way it should), hypertension (high blood pressure), and diabetes (high sugar in the blood).</p> <p>During an observation on 03/03/25, at 10:17 a.m. bilateral enabler bars were present on Resident R8's bed.</p> <p>Review of R8's physician order dated 2/20/24, indicated bilateral enabler rails to aide in positioning.</p> <p>Review of Resident R8's care plan with revision on 7/29/24, indicated ADL self-care deficit related to physical limitations with intervention that included but not inclusive to bilateral bars to assist with mobility.</p> <p>Review of Resident R8's clinical record revealed the last Enabler/Assist Rail/ Device Evaluation was completed on 2/20/24.</p> <p>Review of the clinical record indicated Resident R30 was admitted to the facility on [DATE].</p> <p>Review of Resident R30's MDS dated [DATE], indicated diagnoses of hypertension (high blood pressure), hyperlipidemia (high fat in the blood), and hemiplegia (one sided paralysis or weakness).</p> <p>During an observation on 03/03/25, at 10:17 a.m. a right enabler bar was present on Resident R30's bed.</p> <p>Review of R30's physician order dated 8/1/24, indicated right enabler bar to assist with care.</p> <p>Review of Resident R30's care plan with revision on 9/24/24, indicated ADL self-care deficit related to physical limitations with intervention that included but not inclusive to right enabler bar to aid for mobility.</p> <p>Review of Resident R30's clinical record failed to reveal an Enabler/Assist Rail/ Device Evaluation.</p> <p>During an interview completed on 3/7/25, at 11:10 a.m. Registered Nurse (RN) Employee E3 confirmed that the facility failed to conduct an initial Enabler/Assist Rail/ Device Evaluation assessment for one of three residents (Resident R30), and failed to complete ongoing accurate assessments to ensure that enabler/side rail assist bars were used to meet residents' needs and the risks associated with enabler bar/side rail assist bar usage for three of three residents (R7, R8, and R30).</p> <p>28 Pa. Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code: 211.12 (d) (1)(3)(5) Nursing services.</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46337</p> <p>Based upon clinical record review, and staff interview, it was determined that the facility failed to ensure that any irregularities submitted in the medication regimen reviews (MRR) by pharmacy were reviewed by a physician for one out of four residents (Resident R12).</p> <p>Findings include:</p> <p>Review of the facility Medication Regimen Review (Monthly Report) policy last review 2/20/25, indicated the consultant pharmacist performs a comprehensive medication regimen review (MRR) at least monthly. The MRR includes evaluating the resident's response to medication therapy to determine that the resident maintains the highest practicable level of functioning and prevents or minimizes adverse consequences related to medication therapy. The physician accepts and acts upon suggestion or rejects and provides explanation for disagreeing.</p> <p>Review of Resident R12's admission record indicated she was originally admitted on [DATE].</p> <p>Review of Resident R12's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 8/26/24, indicated diagnoses of depression, renal insufficiency (kidneys are functioning poorly), and diabetes (a group of diseases that affect how the body uses blood sugar (glucose).</p> <p>Review of Resident R12's pharmacy regimen review dated 8/21/24, indicated Resident R12 had an duplicate orders for Lidocaine 3% (topical anesthetic used to stop pain from skin irritations) gel to rectum twice a day and every 12 hours as needed for excoriation and Lidocaine 4% gel to rectum twice a day. It was indicated to consider discontinuing one of these orders to prevent duplicate administration. The Director of Nursing signed for the prescriber response. The facility failed to ensure a physician responded to pharmacy recommendations.</p> <p>Review of Resident R12's pharmacy regimen review dated 11/23/24, indicated Resident R12 was ordered 5 mg oxycodone every four hours as needed for moderate pain without any non-pharmacological interventions (NPIs) listed with the order. It was indicated NPIs should be attempted before as needed medication administration. It was indicated to please consider adding NPIs to the order. Registered Nurse, Employee E1 signed the pharmacy recommendation and indicated the order was discontinued. The facility failed to ensure a physician responded to a pharmacy recommendation.</p> <p>During an interview on 3/7/25, at 11:46 p.m. Nursing Home Administrator confirmed the facility failed to ensure that any irregularities submitted in the MRR by pharmacy were reviewed by a physician for one out of four residents (Resident R12).</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code 211.5(f) Clinical records.</p> <p>28 Pa. Code 211.9 (k) Pharmacy services.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46337</p> <p>Based on review of facility policy, clinical record review, and staff interview it was determined that the facility failed to make certain that residents are free from significant medication errors for one of five residents (Resident R27).</p> <p>Findings include:</p> <p>Review of the facility Administering Medications last reviewed 2/20/25, indicated medications are administered in a safe manner. If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's attending physician or the facility's medical director to discuss the concerns.</p> <p>Review of manufactures guidelines for Divalproex Sodium (also known as Depakote, medication used to treat seizures and mental/mood disorders) indicated: the maximum recommended dosage is 60 milligram/kilogram/day. It was indicated overdosage with valproate may result in somnolence, heart block, and deep coma. Fatalities have been reported.</p> <p>Review of manufactures guidelines for Levetiracetam (also known as Keppra, medication used to treat seizures) indicated: the maximum recommended daily dose is 3000 mg. It was indicated signs and symptoms of overdosage include somnolence, agitation, aggression, dressed level of consciousness, respiratory depression and coma.</p> <p>Review of the admission record indicated Resident R27 was admitted to the facility on [DATE].</p> <p>Review of Resident R27's clinical record indicated she weighed 250 pounds equivalent to 113.40 kilograms (kg) upon admission on 12/27/24.</p> <p>Review of Resident R27's MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 1/2/25, indicated diagnoses of dementia (the loss of cognitive functioning to such an extent that it interferes with a person's daily life and activities), morbid obesity, and muscle weakness.</p> <p>Review of Resident R27's physician orders dated 12/27/24, indicated to administer the following:</p> <ul style="list-style-type: none"> -Give 3 capsules, 125 mg Divalproex Sodium Oral Delayed Release by mouth three times a day for seizure. -Give 4 capsules, 125 mg Divalproex Sodium Oral Delayed Release by mouth three times a day for seizure. -Give 1 tablet, 1000 mg Levetiracetam by mouth two times a day for seizures -Give 1 tablet, 750 mg Levetiracetam by mouth two times a day for seizures <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R27's December Treatment Administration Record indicated the resident received the following:</p> <ul style="list-style-type: none"> -A total of 875 mg of Divalproex on 12/27/25, at 4:00 p.m. and 8:00 p.m. and 12/28/24, at 8:00 a.m. -A total of 1750 mg of Levetiracetam on 12/27/25, at 5:00 p.m. and 12/28/25, at 8:00 a.m. <p>Review of a progress note dated 12/28/24, stated the family notified the nurse of the resident's baseline condition. Resident is tired and more lethargic than previous days in the hospital. After reviewing medications with family it was noted that changes were made in the hospital that were not transferred to facility. After calling the pharmacy orders were clarified and Keppra is to be 750 mg twice a day and Depakote is to be 500 mg three times a day. PCMA on call notified of this change of medication and approved order to follow what the hospital was giving. Medication changed in the computer to follow hospital orders.</p> <p>Review of a progress note dated 12/28/24, entered at 3:47 p.m. indicated the nurse practitioner was notified of medication error and stated to just keep an eye on her, and to be sure to attempt to have her respond to staff every shift and document it.</p> <p>Review of progress note dated 12/28/24, at 11:04 p.m. indicated the resident's night time medications were held due to lethargy following incident with wrong medication doses. It was indicated the resident awakens and responds but quickly falls back to sleep. It was unsafe to administer medications at that time.</p> <p>During an interview on 3/4/25, at 11:07 a.m. the Director of Nursing indicated for residents who are newly admitted , the nurses are responsible for entering medication orders and the providers signs off on them.</p> <p>During an interview on 3/4/25, at 11:21 a.m. RN Supervisor, Employee E2 stated if two medications were ordered with different doses and no explanation, then she would look at the paperwork they were sent with to see if something is in there. If not, then she would call the discharging facility first to clarify the order. It was indicated the order would be put on hold until clarified since you figure after you give it it's a little too late.</p> <p>During an interview on 3/4/25, at 12:08 p.m. Licensed Practical Nurse, Employee E6 stated she questioned Resident R27's order for Depakote and Keppra. She stated the Director of Nursing entered the medication orders for Resident R27. LPN, Employee E6 stated I questioned it from the start, it was a lot of medications. It was indicated Resident R27's family notified LPN, Employee E6 and stated she was not her baseline, more lethargic. It was indicated Resident R27 had a lot more medications added than what was needed.</p> <p>During an interview on 3/4/25, at 12:12 p.m. RN Supervisor, Employee E2 indicated the physician was notified of Resident R27's medication error and the Keppra and Depakote were placed on hold and labs were obtained. RN, Supervisor, Employee E2 confirmed the facility failed to make certain that Resident R27 was free from significant medication errors.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/4/24, at 2:58 p.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to make certain one of four residents were free from significant medication errors (Resident R27).</p> <p>During a phone interview on 3/7/25, at 1:03 p.m. Pharmacy Consultant Manager, Employee E13 indicated the total max daily dosage for Keppra was three grams per day. It was indicated the dosage for Depakote is based on weight. It was indicated if a resident had multiple orders for the same medication with different doses, then clarification would be needed to see if one of the orders needed to be discontinued.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee</p> <p>28 Pa. Code 201.18(b)(1)(e)(1) Management</p> <p>28 Pa. Code 211.12 (d) (5) Nursing Services</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49469</p> <p>Based on review of facility policy, observations and staff interview it was determined that the facility failed to date opened medications and properly store medications in one of five medication carts observed (two East Hall) and properly store/label medication in one of two medication rooms (two East) and medications found unsecured at resident's bedside for one of six residents (Residents R31).</p> <p>Findings include:</p> <p>Review of facility policy Storage of Medications dated 2/20/25, indicated the facility shall store all drugs and biologicals in a safe, secure, and orderly manner. Drugs for external use, as well as poisons, shall be clearly marked as such, and shall be stored separately from other medications. Drugs shall be stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Each resident 's medications shall be assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medications of several residents.</p> <p>Review of the facility policy Administering Medications dated 2/20/25, indicates the expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container.</p> <p>During an observation on 3/4/25, at 9:16 a.m. of two east hall medication cart the following medications were observed opened and undated:</p> <ul style="list-style-type: none"> -Resident R46's Trelegy Ellipta (improves breathing). -Resident R56's Trelegy Ellipta inhaler. -Resident R35's Breo Ellipta (used to treat asthma or chronic obstructive pulmonary disease. that causes difficulty breathing). -Resident R11's two Ventolin inhalers (relaxes airway muscles). -Resident R27's bottle of valpuric acid. <p>Continued observation on 3/4/25, also revealed the following treatments inside the cart:</p> <ul style="list-style-type: none"> -Three unopened merguard ointments (skin protectant). -One tube Voltaren gel (reduces pain and inflammation in joints) opened, partially used no name or date opened. -One tube muscle and joint cream opened, partially used no name or date opened. <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-One container triad paste (absorbs drainage) opened, partially used no name or date opened.</p> <p>-Two tubes of Medi honey (promotes wound healing) one opened and partially used.</p> <p>-Five tubes of zinc oxide unopened (treats skin irritation.)</p> <p>Further observation on 3/4/25, of the two east medication cart also revealed:</p> <p>-Two drain sponges, one Kerlix wrap (wound care supplies).</p> <p>-Two packages triple blade razors.</p> <p>-Resident R17's cell phone and change purse.</p> <p>During an interview completed on 3/4/25, at 9:40 a.m. Licensed Practical Nurse (LPN) Employee E6 confirmed the above findings and stated, the zinc oxide and razors are kept on the cart because the nurse aides aren't to have free access to them, they have to ask for all supplies.</p> <p>During an observation on 3/4/25, at 9:54 a.m. of the two east medication room revealed items being stored under the sink:</p> <p>-One large ceramic snowman.</p> <p>-One clear plastic container.</p> <p>-Three empty sharp containers.</p> <p>-One partially filled sharp container.</p> <p>-One red coffee cup.</p> <p>-One glass vase.</p> <p>-Two feeding pumps.</p> <p>-One urinal.</p> <p>-One bed pan.</p> <p>Further observation on 3/4/25, of the two east medication room refrigerator revealed:</p> <p>-One open vial of tubersol solution undated.</p> <p>During an interview completed on 3/4/25, at 10:00 a.m. LPN Employee E6 confirmed the above observations and that the facility failed to date opened medications and properly store medications in one of five medication carts observed (two East Hall) and properly store/label medication in one of two medication rooms (two east).</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview completed on 3/3/25, at 10:37 a.m. Resident R31 was in her bed sitting on top of her tray table was a basket that contained five bottles of vitamins/supplements:</p> <ul style="list-style-type: none"> -grape seed extract -turmeric -banaba extract, -cinnamon -Vitamin D3 <p>Upon asking Resident R31 about the vitamins/supplements she stated, my daughter gave them to me the week before Christmas to give to a friend.</p> <p>During an interview completed on 3/3/25, at 10:58 a.m. Registered Nurse Employee E2 confirmed the medications were found unsecured at bedside and that the facility failed to secure medications observed at a resident's bedside for one of six residents (Residents R31).</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy services.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35785</p> <p>Based on review of facility policies, observations and staff interview, it was determined the facility failed to properly date and store food products in a manner to prevent foodborne illness in the main kitchen (Main Kitchen).</p> <p>Findings include:</p> <p>The facility Food Receiving and Storage policy last reviewed 2/20/25, indicated that foods shall be received and stored in a manner that complies with safe food handling practices.</p> <p>During observations on 3/3/25, at 9:12 a.m. the dry storage room was found with two opened packages of dried pasta open and not dated.</p> <p>During observation on 3/3/25, at 9:14 a.m. the walk-in-cooler was found with a meal cart holding a metal tray. Observed on top of the tray was cooked ground meat. Next to the cooked ground meat was an open and undated bag of raw chicken.</p> <p>During an interview on 3/3/25, at 1:48 p.m. Dietary Manager Employee E7 confirmed that the facility failed to properly date and store food products in a manner to prevent foodborne illness in the main kitchen.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>28 Pa. Code: 211.6(c) Dietary services.</p>

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27424</p> <p>Based on review of clinical record, and staff interviews it was determined that the facility failed to identify and or review a change in dietary recommendations for one of three residents (Resident R17).</p> <p>Findings include:</p> <p>Review of facility policy Therapy Evaluation dated 2/20/25, indicated An initial evaluation of a resident's past and current medical and functional status is required prior to the initiation of treatment. Information regarding a resident's level of function must be documented.</p> <p>Review of clinical record indicated Resident R17 was admitted on [DATE].</p> <p>Review of clinical record MDS (minimum data set - a periodic assessment of resident needs) dated 12/31/24, indicated diagnosis of COPD (an ongoing lung condition caused by damages to the lungs) and unspecified dementia (a condition in which person loses the ability to think, remember,learn, make decisions, and solve problems).</p> <p>Review of Resident R17 clinical record indicated progress notes:</p> <p>1/27/2025 12:03 *Nursing Note</p> <p>Note Text: Resident c/o abdominal tenderness and discomfort to left upper quadrant. Colostomy bag no output observed thus far this shift. VS: 134/78-82-97.6-20-pox 92% on room air. Resting quietly in bed with eyes closed. Able to verbalize and answer question without difficulty. Confusion noted at times. Incontinent of large amount of urine. BS hyperactive in left upper quadrant. Diminished bs in right abdominal quadrant. PCMA called at this time.</p> <p>1/28/2025 23:45 *Nursing Note</p> <p>Note Text: Staff reports that resident having increased confusion. Resident seeing snakes. VSS at this time. T-97.8, P-76, B/P 118/68, Resident denies any pain or discomfort. Resident doesn't appear confused at this time. Provider will be notified of increased confusion and any other changes noted.</p> <p>1/30/2025 22:57 *Nursing Note</p> <p>Note Text: Resident c/o sob and a heavy feeling in chest, denies cardiac symptoms but stated it felt like someone was sitting on her chest. Family was at bedside visiting and resident requested to be sent to the ER. POX on O2 at 6lpm was 79% was placed on Bi-Pap and went up tp 83%. Resident was alert and verbal entire time was having obvious confusion and hallucinating snakes pouring out of walls. Lungs diminished with rales at bases no cough or tracheal secretions. Call placed to PCMA and was transported via ambulance escorted by both daughters at 9:00 PM</p> <p>Review of clinical record indicated the hospital record with the following instructions:</p> <p>(continued on next page)</p>

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Discharge Diet: and Supplement Diet Type Dysphagia , Texture Dysphagia III (Soft Advanced) IDDSI6, Fluid consistency : Nectar Thick Liq (mildly Thick) IDDSI2 Other Instructions: Discharge Instructions: Follow up with PCP office in 1 week for discharge follow up, Complete antibiotics, Follow up with speech therapy weekly at nursing home, and Continue dysphagia level 3 diet, nectar thick liquids.</p> <p>Review of Resident R17 clinical record physician orders, clinical notes and speech therapy notes failed to include address hospital instructions.</p> <p>During an interview on 3/5/25, at 12:55 p.m. Employee E14 Director of Rehabilitation indicated that Resident R17 was not seen by speech therapy after they returned to the facility as indicated by the hospital. Resident R17 was seen by speech due to an incident with the resident choking on carrots, and nursing requesting a consult. Therapy was unaware of the hospital instructions for Resident R17 so they did not address any of the instructions.</p> <p>During an interview on 3/5/25, at 12:57 p.m. Employee E14 Director of Rehabilitation confirmed that the facility failed to address, or implement hospital instructions for Resident R17.</p> <p>28 Pa. Code 201.18 (e) Management</p> <p>28 Pa. Code 211.10(c)(d) 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>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>35785</p> <p>Based on facility policy review, review of Quality Assurance attendance records, and staff interview, it was determined that the facility failed to conduct Quality Assessment and Assurance (QAA) meetings at least quarterly for one of four quarterly meeting (June 2024 thru September 2024).</p> <p>Findings Include:</p> <p>The facility Quality Assurance Performance improvement plan last reviewed 2/20/25, indicated that the facility staff practice is to schedule monthly QAPI meetings to ensure regulatory compliance for quarterly meetings.</p> <p>Review of Quality Assurance attendance records dated 2024, did not include quarterly sign in documents from 5/13/24 to 10/24/24.</p> <p>During an interview on 3/7/25, at 12:05 p.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to conduct Quality Assessment and Assurance (QAA) meetings at least quarterly with all of the required committee members as required.</p> <p>28 Pa Code: 201.18(e)(1)(2)(3)(4) 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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46337</p> <p>Based on review of facility policy, resident clinical records, observation, and staff interviews, it was determined that the facility failed to implement infection control monitoring and management during a COVID-19 outbreak for three of three residents (Resident R12, R33, and R36), and the facility failed to ensure that proper infection control practices were followed during medication administration for one of three residents reviewed (Resident R274).</p> <p>Finding include:</p> <p>The facility policy Administering Medications last reviewed 2/20/25, indicates staff follows established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable.</p> <p>Review of facility policy SARS-CoV-2 Management last reviewed 2/20/25, indicated the facility follows current guidelines and recommendations for managing COVID-19 in the facility. Anyone with even mild symptoms of COVID-19 (fatigue, headache, sore throat, fever, chills, etc.), regardless of vaccination status, should receive a viral test as soon as possible. It was indicated testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative and, if negative, again 48 hours after the second negative test. This will typically be at Day 1, (where day of exposure is day 0), day 3, and day 5.</p> <p>Review of the facility Respiratory Virus Outbreak Toolkit dated 11/14/24, indicated a case-line listing is designed to collect information about all ill cases (residents and staff) during an outbreak in a long-term care facility. It was indicated upon identification of an outbreak, use this template to collect and organize information on cases.</p> <p>Review of the facility's COVID Outbreaks in Long-Term Care Facilities Outbreak Case-Patient Line Listing report dated 10/10/24, indicated the COVID outbreak began on 10/10/24. The facility failed to list residents who were tested and were negative.</p> <p>Review of Resident R12's admission record indicated she was originally admitted on [DATE].</p> <p>Review of Resident R12's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 8/26/24, indicated diagnoses of depression, renal insufficiency (kidneys are functioning poorly), and diabetes (a group of diseases that affect how the body uses blood sugar (glucose)).</p> <p>Review of Resident R12's clinical record indicated she was tested for COVID during an outbreak on 1/6/25, 1/9/25, and 1/13/25. The facility failed to test on Days 3, and 5, after exposure and track Resident R12's results on the line listing report.</p> <p>Review of Resident R33's admission record indicated resident was admitted to facility on 4/24/24.</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 - Few</p>	<p>Review of Resident R33's MDS assessment dated [DATE], indicated diagnoses of high blood pressure, heart failure (occurs when the heart muscle doesn't pump blood as well as it should), and dementia (he loss of cognitive functioning that interferes with daily life and activities).</p> <p>Review of Resident R33's clinical record indicated she was tested for COVID during an outbreak on 1/13/25, 1/16/25, and 1/20/25. The facility failed to test on Days 3, and 5, after exposure and track Resident R33's results on the line listing report.</p> <p>Review of Resident R36's admission record indicated she was originally admitted on [DATE].</p> <p>Review of Resident R36's MDS assessment dated [DATE], indicated diagnoses of high blood pressure, anxiety, and depression.</p> <p>Review of Resident R36's clinical record indicated she was tested for COVID during an outbreak on 1/13/25, 1/16/25, and 1/20/25. The facility failed to test on Days 3, and 5, after exposure and track Resident R36's results on the line listing report.</p> <p>During an interview on 3/5/25, at 12:12 p.m. the Infection Preventionist, Employee E1 confirmed the facility does not test residents on Days 1, 3, and 5 after exposure. IP, Employee E1 confirmed the facility failed to include residents who tested negative for COVID on the facility's line listing report.</p> <p>During an interview on 3/5/25, at 12:24 p.m. the Director of Nursing confirmed the facility failed to implement infection control monitoring and management during a COVID-19 outbreak for three of three residents (Resident R12, R33, and R36).</p> <p>During an observation completed on 3/5/25, at 8:57 a.m. Registered Nurse (RN) Employee E4 was preparing Resident R274's medications. Employee RN E4 remove a lancet (device used to check blood glucose levels) from the medication cart, the lancet dropped to the floor. RN Employee E4 picked the lancet off the floor and continued into the room and completed the glucometer check.</p> <p>During an interview completed on 3/5/25, at 9:45 A.m. RN Employee E4 confirmed picking the lancet off the floor not disposing the dropped lancet, not completing hand hygiene after picking item off the floor and that the facility failed to ensure that proper infection control practices were followed during medication administration for one of three residents reviewed (Resident R274).</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		