

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395231	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Hermitage Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Clarksville Road Hermitage, PA 16148	

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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40177</p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to send copies of notice of emergency transfer to the representative of the Office of State Long-Term Care (LTC) Ombudsman for four of four residents reviewed (Residents R18, R37, R56, and R88).</p> <p>Findings include:</p> <p>A facility policy entitled Transfer and Discharge (including AMA-[against medical advice]) dated 1/5/24, indicated the facility will provide copies of notices for emergency transfers to the Ombudsman, when practicable, such as in a list of residents on a monthly basis. Policy also indicated the facility will maintain evidence that the notice was sent to the Ombudsman.</p> <p>Resident R18's clinical record revealed an admitted [DATE], with diagnoses that included stroke, dementia (loss of cognitive functioning affecting a persons memory and behaviors), chronic kidney disease (a gradual loss of kidney function). Departmental notes indicated that Resident R18 was transferred to the hospital on 2/11/24, and returned to the facility on [DATE]. There was no evidence that the Office of the State LTC Ombudsman was notified.</p> <p>Resident R37's clinical record revealed an admitted [DATE], with diagnoses that included Parkinson's disease (a chronic and progressive movement disorder resulting in tremors, stiffness, and slowing of movement), high blood pressure, and obstructive uropathy (urine cannot flow due to an obstruction). Departmental notes indicated that Resident R37 was transferred to the hospital on 4/30/24, and returned to the facility on [DATE]. Resident R37 was again transferred to the hospital on 5/10/24, and returned to the facility 5/14/24. Resident R37 was again transferred to the hospital on 10/26/24, and returned to the facility on [DATE]. There was no evidence that the Office of the State LTC Ombudsman was notified.</p> <p>Resident R56's clinical record revealed an admitted [DATE], with diagnoses that included chronic kidney disease, high blood pressure, and stroke. Departmental notes indicated that Resident R56 was transferred to the hospital on 3/29/24, and returned to the facility on [DATE]. There was no evidence that the Office of the State LTC Ombudsman was notified.</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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Resident R88's clinical record revealed an admitted [DATE], with diagnoses that included cancer of the prostate, bladder, and glottis (opening between the vocal cords), tracheostomy (a hole is made through the neck into the windpipe and then a tube is place to allow for breathing), and high blood pressure. Departmental notes indicated that Resident R88 was transferred to the hospital on 8/03/24, and returned to the facility on [DATE]. There was no evidence that the Office of the State LTC Ombudsman was notified.</p> <p>During an interview on 11/14/24, at approximately 11:24 a.m. Regional Clinician confirmed that the facility failed to notify the Office of the State LTC Ombudsman of Residents R18, R37, R56, and R88's emergency transfers from the facility.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.29(a) Resident rights</p>		

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<p>F 0625</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40177</p> <p>Based on review of facility policies and clinical records, and staff interview, it was determined that the facility failed to provide the resident and/or resident representative with a written notice of the facility bed-hold (explanation of how long a bed can be held during a leave of absence and the cost per day) upon or within twenty-four hours of transfer for four of four residents reviewed for hospitalization s (Residents R18, R37, R56, and R88).</p> <p>Findings include:</p> <p>A facility policy entitled Transfer and Discharge (including AMA-[against medical advice]) dated 1/05/24, indicated for emergency transfers / discharges the facility will provide a notice of transfer and the facility's bed-hold policy to the resident and representative.</p> <p>A facility policy entitled Bed Hold Notice Upon Transfer dated 1/05/24, indicated that in the event of an emergency transfer of a resident, the facility will provide within twenty-four hours written notice of the facility's bed-hold policies.</p> <p>Resident R18's clinical record revealed an admitted [DATE], with diagnoses that included stroke, dementia (loss of cognitive functioning affecting a persons memory and behaviors), chronic kidney disease (a gradual loss of kidney function). Departmental notes indicated that Resident R18 was transferred to the hospital on 2/11/24, and returned to the facility on [DATE]. The clinical record lacked evidence indicating that Resident R18 and/or their representative was provided with a copy of the facility bed-hold policy.</p> <p>Resident R37's clinical record revealed an admitted [DATE], with diagnoses that included Parkinson's disease (a chronic and progressive movement disorder resulting in tremors, stiffness, and slowing of movement), high blood pressure, and obstructive uropathy (urine cannot flow due to an obstruction). Departmental notes indicated that Resident R37 was transferred to the hospital on 4/30/24, and returned to the facility on [DATE]. Resident R37 was again transferred to the hospital on 5/10/24, and returned to the facility 5/14/24. Resident R37 was again transferred to the hospital on 10/26/24, and returned to the facility on [DATE]. The clinical record lacked evidence indicating that Resident R37 and/or their representative was provided with a copy of the facility bed-hold policy.</p> <p>Resident R56's clinical record revealed an admitted [DATE], with diagnoses that included chronic kidney disease, high blood pressure, and stroke. Departmental notes indicated that Resident R56 was transferred to the hospital on 3/29/24, and returned to the facility on [DATE]. The clinical record lacked evidence indicating that Resident R56 and/or their representative was provided with a copy of the facility bed-hold policy.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Resident R88's clinical record revealed an admitted [DATE], with diagnoses that included cancer of the prostate, bladder, and glottis (opening between the vocal cords), tracheostomy (a hole is made through the neck into the windpipe and then a tube is place to allow for breathing), and high blood pressure. Departmental notes indicated that Resident R88 was transferred to the hospital on 8/03/24, and returned to the facility on [DATE]. The clinical record lacked evidence indicating that Resident R88 and/or their representative was provided with a copy of the facility bed-hold policy.</p> <p>During an interview on 11/15/24, at approximately 12:14 a.m. the Director of Nursing confirmed that there was no evidence that Residents R18, R37, R56, or R88 and/or their representatives received written notice of the facility bed-hold policy upon or within twenty-four hours of transfer.</p> <p>28 Pa. Code 201.18(e)(1) Management</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>40177</p> <p>Based on review of facility policy, observation, and staff interview, it was determined that the facility failed to store Schedule II-V medications in a separately locked, permanently affixed compartment in one of two medication rooms reviewed (Unit 1 medication room).</p> <p>Findings include:</p> <p>A facility policy entitled Controlled Substances dated 1/05/24, indicated that all controlled medications must be maintained in a separately locked, permanently affixed compartment.</p> <p>Observation of the refrigerator on Unit 1 medication room revealed a white locked box in the door of the refrigerator. The white locked box containing controlled medications was not permanently affixed to the refrigerator allowing the entire box to be removed from the refrigerator.</p> <p>During an interview on 11/13/24, at approximately 9:02 a.m. Registered Nurse Employee E1 confirmed that the white locked box in the door of the refrigerator contained controlled medications and was not permanently affixed to the refrigerator as required.</p> <p>28. Pa. Code 201.18(b)(1) Management</p> <p>28. Pa. Code 211.9(a)(1) Pharmacy services</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p>		