

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER Saint Paul Homes		STREET ADDRESS, CITY, STATE, ZIP CODE 339 East Jamestown Road Greenville, PA 16125	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to provide evidence that non-pharmacological interventions (interventions attempted to calm a resident other than medication) were attempted prior to the administration of a PRN (as needed) psychotropic (affecting the mind) medication for one of five residents reviewed for unnecessary medications (Resident R114). Findings include: Upon request, the facility was unable to provide a policy regarding non-pharmacological interventions prior to the administration of psychotropic medications. Resident R114's clinical record revealed an admission date of 9/18/23, with diagnoses that included dementia (loss of cognitive functioning affecting a person's memory and behaviors), gastroesophageal reflux disease (GERD - happens when stomach acid flows back up into the esophagus and causes heartburn), and high blood pressure. Resident R114's clinical record revealed a physician's order dated 5/18/25, with a discontinuation date of 11/18/25, that identified to administer Lorazepam (anti-anxiety medication) 0.5 milligrams (mg) by mouth daily PRN for increased behaviors / anxiety. Resident R114's May 2025 Medication Administration Record (MAR) revealed that the PRN Lorazepam was used five times (5/20/25, 5/21/25, 5/22/25, 5/27/25, and 5/28/25). Review of May MAR and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions being attempted prior to the administration of the PRN Lorazepam four of the five times it was used. Resident R114's June 2025 MAR revealed that the PRN Lorazepam was used four times (6/3/25, 6/10/25, 6/12/25, and 6/23/25). Review of June MAR and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions being attempted prior to the administration of the PRN Lorazepam three of the four times it was used. Resident R114's July 2025 MAR revealed that the PRN Lorazepam was used six times (7/3/25, 7/8/25, 7/18/25, 7/28/25, 7/30/25, and 7/31/25). Review of July MAR and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions being attempted prior to the administration of the PRN Lorazepam six of the six times it was used. Resident R114's August 2025 MAR revealed that the PRN Lorazepam was used one time (8/5/25). Review of August MAR and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions being attempted prior to the administration of the PRN Lorazepam one of one time it was used. During an interview on 8/7/25, at 1:47 p.m. the Director of Nursing confirmed that the facility lacked evidence of non-pharmacological interventions being attempted prior to the administration of a PRN anti-anxiety medication for each time it was administered. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</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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