

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/26/2024
NAME OF PROVIDER OR SUPPLIER  Silver Lake Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  905 Tower Road Bristol, PA 19007	

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>46106</p> <p>Based on observations, clinical record reviews and interviews with residents and staff, it was determined that the facility failed to serve foods that accommodate residents' allergies for one of 5 reviewed reviewed (Residents R1).</p> <p>Findings include:</p> <p>Interview with Resident R1 on December 26, 2024, revealed on November 18, 2024, during dining resident had a cookie on her tray. Resident R1 ate a few bits of the cookie where she realized it had peanuts in it because she started reacting to it by having an itchy throat. Resident is allergic to nuts and it was stated on her meal ticket. Nurse was informed that the resident was having trouble swallowing. The antihistaming Benadryl was administered. The Nurse practitioner was in facility and assessed hthe resident and EpiPen (medication used to treat life-threatening, allergic emergencies in people who are at risk for or have a history of serious allergic emergencies) was administered.</p> <p>Review of nursing notes for Resident R1 revealed a two nurses notes, dated November 18 and 19, 2024, which stated, At 17:30 (5:30 p.m.) nurse reported that the resident ate 1/2 of a cookie that has peanut on it she's allergic to peanuts and tree nuts. Upon Assessment resident was alert able to be explained what she ate and how much of it she had, and the of amount of anaphylactic shock she had in the past, vital sign were stable O2 (oxygen) sat was 98% at R/A (room/air) in house NP (nurse practitioner) was on-site one-time order for Benadryl and an EpiPen were given. Reassess for the first 15-minute resident verbalized relief, at 6:30 pm. 2nd assessment resident stated she's ok drinking with no problem.</p> <p>Interview with unit manger nurse, Employee E3 on second floor on December 26, 2024, at 12:00 p.m., confirmed that Resident R1 had an allergic reaction to the cookie that she ate on November 18, 2024. Also reported that the cookie looked like a sugar cookie and somehow it did contain nuts. Never happened before and they follow the protocol to make sure that resident is safe.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</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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