

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER Statesman Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2629 Trenton Road Levittown, PA 19056	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>47973</p> <p>Based on review of clinical records, and interview with staff, it was determined that the facility failed to ensure that a rational was provided for the discontinuation of blood sugar monitoring for 6 of 6 residents reviewed who were insulin dependent (Resident R1, R2, R3, R4, R5, R6).</p> <p>Findings include:</p> <p>Interview with the Assistant Director of Nursing conducted on April 8, 2025, at approximately 12:00 p.m. revealed that the facility is discontinuing blood sugar check orders related to resident blood sugar trends and A1C blood test (blood test that provides an average of your blood sugar levels over the previous 2- 3 months). Continued interview revealed that there is no facility policy regarding discontinuing blood sugar checks for residents with diabetes diagnosis and receiving insulin.</p> <p>Interview with the Director of Nursing conducted on April 8, 2025, at approximately 1:00 p.m. revealed the facility is discontinuing blood sugar check orders related to resident blood sugar trends and A1C blood test. Further interview confirmed that there is no facility policy regarding discontinuing blood sugar checks for residents with diabetes diagnosis and receiving insulin. Continued interview revealed that upon discharging Accu-Chek (blood glucose measuring system used for home monitoring of glucose) orders, practitioners must document the clinical reasoning to support why the order was discontinued. Documentation must occur in the resident's progress notes.</p> <p>Phone interview with the Medical Director, Employee E4, conducted on April 8, 2025, at 1:22 p.m. revealed that he was not aware that blood sugar check orders were being discontinued for residents with standing insulin orders, and that he was informed of this two hours ago. Further interview revealed that blood sugar checks need to be checked on regular intervals no matter the trends.</p> <p>A statement received on Wednesday April 9, 2025, via electronic communication, from the Facility Administrator, confirmed that when modifying or discontinuing blood sugar checks and after reviewing and confirming the orders with the MD(s) a progress note should have been placed identifying that this had occurred.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER Statesman Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2629 Trenton Road Levittown, PA 19056	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Clinical record review and interview conducted with the Assistant Director of Nursing, Employee E3, on April 8, 2025, at approximately 2:30 p.m. confirmed that blood sugar check orders have been discontinued for Resident R1, R2, R3, R4, R5, R6 while receiving insulin. Continued interview confirmed there was no documented evidence identifying that the blood sugar check order has been discontinued. Further interview confirmed the residents' clinical records failed to reveal clinical reasoning identified for the discontinued blood sugar check orders for Resident R1, R2, R3, R4, R5, R6.</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		