

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2024
NAME OF PROVIDER OR SUPPLIER Embassy of Huntingdon Park		STREET ADDRESS, CITY, STATE, ZIP CODE 1229 Warm Springs Avenue Huntingdon, PA 16652	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>19102</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that care plans were updated to reflect changes in residents' care needs for three of 29 residents reviewed (Residents 28, 39, 75).</p> <p>Findings include:</p> <p>The facility's policy regarding care plans, dated April 16, 2024, indicated the comprehensive care plan will be reviewed and revised as necessary, when a resident experiences a status change. The care plan will be updated with the new or modified interventions.</p> <p>An admission Minimum Data Set (MDS) assessment (a federally-mandated assessment of the resident's abilities and care needs) for Resident 28, dated March 26, 2024, revealed that the resident was understood, able to understand what was being said, required assistance with care needs, had an unstageable pressure ulcer to sacrum, received intravenous therapy (administration of fluids and/or medications directly into a person's vein), and received an antibiotic. A care plan for Resident 28, dated March 22, 2024, revealed that the resident had a midline (a thin tube inserted into a vein and used long-term for the administration of fluids and/or medications) and was receiving an antibiotic.</p> <p>A nursing note, dated May 3, 2024, at 1:50 a.m. revealed that Resident 28's midline and antibiotic were discontinued; however, as of May 20, 2024, the care plan was not updated or resolved.</p> <p>Interview with the Nursing Home Administrator on May 20, 2024, at 3:09 p.m. confirmed that Resident 28's midline and the antibiotic were discontinued and that the care plan for the midline and antibiotic should have been resolved and it was not.</p> <p>An admission MDS assessment for Resident 39, dated April 11, 2024, revealed that the resident was understood, able to understand what was being said, required assistance with care needs, had a diabetic foot ulcer and a surgical wound, received intravenous therapy, and had diagnoses including multidrug resistant organism (MDRO) (a germ that is resistant to many antibiotics making treatment difficult) and osteomyelitis (infection of the bone) of left ankle and foot.</p> <p>A nursing note, dated April 23, 2024, at 8:27 a.m. revealed that Resident 39's contact isolation precautions were discontinued and the antibiotic therapy was completed. Enhanced barrier precautions were ordered.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A care plan for Resident 39, dated April 5, 2024, revealed that the resident was on isolation/quarantine precautions for Methicillin-resistant Staphylococcus aureus (MRSA) (type of staph bacteria resistant to many antibiotics making treatment difficult) and Vancomycin-resistant Enterococcus (VRE) (bacteria resistant to the antibiotic vancomycin) with an intervention to discontinue precautions as soon as the infection no longer exists.</p> <p>Interview with the Nursing Home Administrator on May 21, 2024, at 12:57 p.m. confirmed that Resident 39's care plan for isolation/quarantine precautions for MRSA and VRE should have been resolved and it was not.</p> <p>A nursing note, dated May 11, 2024, at 12:42 a.m., revealed that Resident 75 was admitted to the facility with a wound vac (treatment that uses pressure to help close wounds and increase healing) to her right knee.</p> <p>Physician's orders, dated May 11, 2024, included orders for the wound vac dressing to be changed every Monday, Wednesday, and Friday and the negative pressure setting be 150 mmHg (millimeters of mercury) continuously.</p> <p>Resident 75's current care plan indicated that the resident had skin impairments and treatments were to be provided as ordered; however, there was no documented evidence that Resident 75's care plan was revised to reflect the need for a wound vac to the right knee.</p> <p>Interview with the Nursing Home Administrator on May 21, 2024, at 11:41 a.m. confirmed that Resident 75's care plan was not updated to include Resident 75's need for a wound vac to the right knee.</p> <p>28 Pa. Code 211.12(d)(5) 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>31760</p> <p>Based on review of facility policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to provide appropriate services to maintain personal grooming and hygiene for one of 29 residents reviewed (Resident 13) who was dependent for care.</p> <p>Findings include:</p> <p>The facility's policy regarding personal care, dated April 16, 2024, revealed that nail care cleaning and trimming should be completed as needed, unless the resident is a diabetic or has another reason it should not be done. In such cases a nurse or podiatrist (a medical specialist who helps with problems that affect feet or lower legs) will provide care.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 13, dated February 19, 2024, revealed that the resident was understood, could understand others, and had diagnoses that included Alzheimer's and dementia. The resident's care plan, dated February 26, 2020, revealed that the resident had an Activities of Daily Living (ADL) self-care performance deficit related to activity intolerance, limited mobility, and required extensive assistance from staff with bathing.</p> <p>A bathing report for Resident 13, dated May 2024, revealed that the resident was to receive a shower during the evening on Tuesdays and Fridays, and that the resident was last showered on Friday, May 17, 2024, at 3:06 p.m.</p> <p>Observations of Resident 13 on May 18, 2024, at 12:03 p.m. and May 21, 2024, at 8:32 a.m. and 11:10 a.m. revealed that the resident's fingernails extended beyond the tip of her fingers and had a dark substance underneath them.</p> <p>Interview with Nurse Aide 1 on May 21, 2024, at 11:10 a.m. confirmed that Resident 13 had a dark substance underneath her fingernails and should have had them cleaned either during her shower or any time before or after when staff observed that these tasks needed done.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>48941</p> <p>Based on review of clinical records and facility investigation documents, as well as staff interviews, it was determined that the facility failed to ensure that interventions were in place and functioning to prevent behaviors for one of 29 residents reviewed (Resident 66).</p> <p>Findings include:</p> <p>An admission Minimum Data Set (MDS) assessment (a federally-mandated assessment of the resident's abilities and care needs) for Resident 66, dated February 4, 2024, revealed that the resident was understood, was able to understand what was being said, was cognitively intact, had behaviors affecting others, and required assistance with care needs. A care plan for Resident 66, dated January 30, 2024, revealed that the resident was observed displaying sexually inappropriate behavior.</p> <p>Review of a facility incident report, dated February 29, 2024, revealed that it was reported by staff that Resident 66 had his hand on another resident's genitals over his pants in the hallway. The other resident was removed from the situation and the registered nurse was made aware. It was noted that both residents were in wheelchairs and immediately separated. Resident 66 remained in the hallway for a short period of time before he began attempting to stop other residents from self-propelling down hallway with his wheelchair. Resident 66 was taken to his room. The registered nurse asked Resident 66 why he touched another resident, and he did not answer. No verbal communication was expressed from Resident 66 during the assessment.</p> <p>Resident 66's care plan related to sexually inappropriate behaviors was revised on February 29, 2024 to include the intervention for a motion alarm to be placed on the resident's door frame. A nursing note for Resident 66, dated February 29, 2024, at 4:11 p.m. revealed that a motion alarm was placed on Resident 66's door.</p> <p>The care plan was revised again on March 1, 2024. to add the intervention that Resident 66 must be supervised by staff when out of his room.</p> <p>Observations on May 19, 2024, at 2:59 p.m. revealed Resident 66 was in his room, lying in bed. Upon entering his room, the alarm on his doorway did not sound. Licensed Practical Nurse 2, who was in the hallway outside of the resident's room, was informed that the alarm was not functioning. She checked the alarm and stated it was in the off position and turned it on. She confirmed that the alarm should have been on. Licensed Practical Nurse 2 also revealed that staff should be checking the function of the alarm daily. After the door alarm was turned on, a nurse aide walked into Resident 66's room and the alarm did not sound again. Licensed Practical Nurse 2 and the nurse aide attempted to get the alarm working and it was still not functioning properly. Licensed Practical Nurse 2 stated she would have maintenance look at it.</p> <p>Interview with the Nursing Home Administrator on May 20, 2024, at 12:02 p.m. confirmed that the motion alarm on Resident 66's door frame should have been functioning properly and also confirmed that there was no documented evidence that the alarm was being monitored for function and placement.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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)(1)(3)(5) Nursing Services.</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>19102</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to flush an intravenous (IV) line and to change an intravenous line dressing and caps (caps that disinfect IV ports) as ordered by the physician for one of 29 residents reviewed (Resident 48).</p> <p>Findings include:</p> <p>The facility's policy regarding intravenous (IV) catheters (a tube placed in a vein that can be used to deliver fluids and/or medications), dated September 17, 2019, revealed that when a resident was ordered intravenous medication, a 10 milliliter (ml) saline flush (a method used to clean a catheter of blood or medication) was to be administered before and after each medication that was infused.</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 48, dated April 7, 2024, indicated that the resident was cognitively intact and received IV medications.</p> <p>A nursing note, dated April 1, 2024, at 11:15 a.m., revealed that Resident 48 was admitted to the facility and had a double lumen (two ports) PowerHickman midline (a catheter that is placed in a peripheral vein for long-term administration of fluids and/or medication) present in the right chest.</p> <p>Physician's orders, dated April 4, 5, and 15, 2024, included orders for resident's central line be flushed with 5-10 mL of saline before and after medication administration, a maintenance flush every shift, and to administer 750 milligrams (mg) of levofloxacin (antibiotic) intravenously for 10 administrations related to a MRSA (Methicillin Resistant Staphylococcus Aureus - drug resistant organism) infection.</p> <p>Resident 48's Medication Administration Record (MAR) for April 2024 revealed that the resident received 750 mg of levofloxacin on April 2 to 11, 2024, at 8:00 a.m.; however, there was no documented evidence that Resident 48's midline was flushed before and after the administration of levofloxacin on April 2 to 4, 2024. There was also no documented evidence that the resident's intravenous line dressing and caps were changed as ordered on May 3 and 10, 2024, or that the midline was flushed with 5-10 mL of saline every shift on April 14, 16, 18, and 22, and May 2 and 10, 2024.</p> <p>Interview with the Nursing Home Administrator on May 21, 2024, at 12:57 p.m. confirmed that there was no documented evidence that Resident 48's midline line dressings and caps were changed as ordered, that the midline was flushed every shift with saline, or that the midline was flushed before and after the administration of levofloxacin on the dates mentioned above.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>19102</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to maintain accountability for controlled medications (drugs with the potential to be abused) for two of 29 residents reviewed (Residents 28, 48).</p> <p>Findings include:</p> <p>The facility's policy regarding medication administration, dated April 16, 2024, indicated that staff were to sign the Medication Administration Record (MAR) after administering medications and if the medication was a controlled substance, staff were to sign the narcotic book.</p> <p>An admission Minimum Data Set (MDS) assessment (a federally-mandated assessment of the resident's abilities and care needs) for Resident 28, dated March 26, 2024, revealed that the resident was understood, able to understand what was being said, required assistance with care needs, had an unstageable pressure ulcer to sacrum, and had complaints of pain. A physician's order for Resident 28, dated March 29, 2024, included an order for the resident to receive 2.5 milligrams (mg) of oxycodone (narcotic pain reliever) every six hours as needed for moderate to severe pain.</p> <p>Resident 28's controlled drug accountability records for April 2024 revealed that staff signed out doses of oxycodone for administration to the resident on April 1 at 8:00 p.m. and April 12 at 2:30 p.m. However, there was no documented evidence in the MAR that the oxycodone was administered to the resident on the dates and times listed.</p> <p>Interview with the Nursing Home Administrator on May 21, 2024, at 1:56 p.m. confirmed that there was no documented evidence that staff administered the signed-out doses of oxycodone to Resident 28 on the above dates and times.</p> <p>An admission MDS assessment for Resident 48, dated April 7, 2024, revealed that the resident was alert and oriented, received as-needed pain medications, had pain occasionally, and received an opioid (narcotic pain reliever). Physician's orders for Resident 48, dated May 15, 2024, included an order for the resident to receive 5 mg of oxycodone (narcotic pain reliever) every four hours as needed for moderate to severe pain.</p> <p>Resident 48's controlled drug accountability records for May 2024 revealed that staff signed out doses of oxycodone for administration to the resident on May 1 at 8:45 p.m., May 5 at 7:45 p.m., May 8 at 6:15 p.m., May 14 at 5:50 a.m., and May 16 at 8:50 a.m.; however, there was no documented evidence in the MAR that the oxycodone was actually administered to the resident on the dates and times listed.</p> <p>Interview with the Nursing Home Administrator on May 21, 2024, at 12:10 p.m. confirmed that there was no documented evidence that staff administered signed-out doses of oxycodone to Resident 48 on the above dates and times.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy Services.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48941</p> <p>Based on facility policies, observations, and staff interviews, it was determined that the facility failed to ensure that ice was prepared and stored under sanitary conditions in one of two ice machines observed, and failed to ensure that food in the main kitchen was stored in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>The facility policy for cleaning the ice machines and ice storage containers, dated [DATE], indicated that all ice machines will be cleaned monthly, at a minimum, with approved sanitizing agent.</p> <p>Observations of the second-floor ice machine on the [DATE], at 8:20 a.m. revealed a dark, removable substance on the inside of the ice machine in the area where water flows and ice is dispensed.</p> <p>Interview with the Assistant Maintenance Director on [DATE], at 1:51 p.m. confirmed that the ice machine had a dark, removable substance inside the ice machine. He stated that he had cleaned the first-floor ice machine at the beginning of the month and that the machine on the second floor was overdue to be cleaned.</p> <p>Cleaning schedules provided by the Assistant Maintenance Director on [DATE], at 2:03 p.m. confirmed that the first-floor ice machine was cleaned on [DATE]. There was no documented evidence to indicate that the second-floor ice machine had been cleaned for the month of May.</p> <p>Interview with the Nursing Home Administrator on [DATE], at 2:33 p.m. confirmed that there was no documented evidence to indicate that the second-floor ice machine had been cleaned for the month of May.</p> <p>The facility policy regarding food storage, dated [DATE], revealed that all foods stored under refrigeration or freezer must be stored in the proper order based on standard Hazard Analysis Critical Control Point (HACCP) guidelines for refrigeration and freezer storage.</p> <p>Observations in the kitchen's main walk-in refrigerator on [DATE], at 9:40 a.m. revealed a large brick of cheese, dated [DATE], that was unsealed and open to air. Observations in the kitchen's main preparation area revealed a large container of brown rice, covered with plastic wrap, dated with an expiration date of February 2022.</p> <p>Interview with the Dietary Manager on [DATE], at the time of observation, confirmed that the cheese should have been sealed and not open to air and that the expired rice should have been discarded.</p> <p>28 Pa. Code 211.6(f) Dietary Services.</p> <p>28 Pa. Code 207.4 Ice Containers and Storage.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>19102</p> <p>Based on facility requirements according to the Affordable Care Act (ACA), review of Payroll Based Journal (PBJ) Staffing Data Reports, and staff interviews, it was determined that the facility failed to electronically submit direct care staffing information for one of four quarters reviewed (fiscal year quarter one 2024).</p> <p>Findings include:</p> <p>Review of Section 6106 of the ACA requires facilities to electronically submit direct care staffing information (including agency and contract staff) based on payroll and other auditable data to the Centers for Medicare and Medicaid Services (CMS). Submission must be received by the end of the 45th calendar day (11:59 p.m. Eastern Standard Time) after the last day of each fiscal quarter to be considered timely.</p> <p>First quarter reporting includes data from October 1st through December 31st and is due by February 14th. Second quarter reporting includes data from January 1st through March 31st and is due by May 15th. Third quarter reporting includes data from April 1st through June 30th and is due by August 14th. Fourth quarter reporting includes July 1st through September 30th and is due by November 14th.</p> <p>Review of PBJ staffing data reports for fiscal year quarter one 2024 (October 1- December 31) revealed that the facility triggered for Failed to Submit Data for the Quarter.</p> <p>Interview with the Nursing Home Administrator on May 21, 2024, at 10:34 a.m. confirmed that the PBJ report for fiscal quarter one for 2024 was not submitted.</p> <p>28 Pa. Code 201.18(b)(3)Management.</p>

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>31760</p> <p>Based on review of the facility's plans of correction and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies.</p> <p>Findings include:</p> <p>The facility's deficiencies and plans of correction for a State Survey and Certification (Department of Health) surveys ending April 27, 2023, and July 21, 2023, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility-maintained compliance with cited nursing home regulations. The results of the current survey ending May 21, 2024, identified repeated deficiencies regarding care plan timing and revision, grooming and personal and oral hygiene, and ensuring that the resident's environment remained free from accident hazards.</p> <p>The facility's plan of correction for a deficiency regarding a failure to update resident care plans, cited during the survey ending April 27, 2023, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F657, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding updating residents' care plans.</p> <p>The facility's plans of correction for deficiencies regarding maintaining grooming and personal and oral hygiene, cited during the survey ending April 27, 2023, revealed that audits would be conducted, and the results of the audits would be brought before the QAPI committee for further monitoring. The results of the current survey, cited under F677, revealed that the QAPI committee was ineffective in maintaining compliance with the regulation regarding grooming and personal and oral hygiene.</p> <p>The facility's plan of correction for a deficiency regarding a failure to ensure that the resident environment remained free from accident hazards, cited during the surveys ending April 27, 2023, and July 21, 2023, revealed that the facility developed a plan that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F689, revealed that the QAPI committee failed to successfully implement their plan to ensure ongoing compliance with the regulations to ensure that the resident's environment remained free from accident hazards.</p> <p>Refer to F657, F677, F689.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p>		