

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Lakewood Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 147 Old Newport Street Nanticoke, PA 18634	

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 - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26142</p> <p>Based on clinical record review, staff interviews, and review of facility documentation, the facility failed to provide quality care by not timely responding to Resident 1's change in condition, including the failure to implement appropriate interventions or timely transfer the resident to a higher level of care for one of 5 residents reviewed. (Resident 1).</p> <p>Findings include:</p> <p>Clinical record review revealed Resident 1 was admitted to the facility on [DATE], with diagnoses including muscle weakness and hypertension. The resident was her own responsible party, as documented on admission, with no designated representative or power of attorney.</p> <p>A Quarterly Minimum Data Set assessment (Minimum Data Set - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated [DATE], revealed a BIMS score of 10 (Brief Interview for Mental Status (BIMS) calculator checks the resident cognitive impairment, a score of , d+[DATE] indicates moderate, cognitive impairment) and required assistance with activities of daily living.</p> <p>On [DATE], at 10:15 P.M., nursing documentation noted that the resident had not urinated since 2:00 P.M., had poor oral intake, a blood pressure of ,d+[DATE] mmHg, a heart rate of 113, and oxygen saturation of 94%. A call was placed to the attending physician; however, no interventions were documented at that time.</p> <p>Laboratory results on [DATE], revealed significant abnormalities, including:</p> <p>Elevated BUN (24 mg/dL; normal ,d+[DATE])</p> <p>Elevated creatinine (1.9 mg/dL; normal 0XXX,d+[DATE].0)</p> <p>Low estimated glomerular filtration rate (28 mL/min; normal ?60)</p> <p>Hyponatremia (sodium 132 mmol/L; normal ,d+[DATE])</p> <p>Hyperkalemia (potassium 5.8 mmol/L; normal 3XXX,d+[DATE].1)</p> <p>Low CO2 levels (19 mmol/L; normal ,d+[DATE]).</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>These results indicated acute kidney injury and metabolic abnormalities, warranting immediate intervention.</p> <p>Despite a documented change in condition, the facility failed to conduct timely or frequent monitoring of the resident's vital signs and symptoms. Vital sign documentation was limited to:</p> <p>[DATE]: BP ,d+[DATE] mmHg (baseline)</p> <p>[DATE]: BP ,d+[DATE] mmHg</p> <p>[DATE]: BP ,d+[DATE] mmHg at 8:45 A.M.; unable to obtain BP at 8:44 P.M. and 11:49 P.M.</p> <p>On [DATE], at 9:03 P.M., documentation revealed the interim Director of Nursing initiated intravenous fluids following a physician's order. The resident's emergency contact expressed a preference to avoid hospitalization unless necessary, but there was no documentation indicating the resident's input as the resident was her own responsible party.</p> <p>On [DATE], at 11:49 P.M., the resident was lethargic, diaphoretic, pale, and exhibited continued poor oral intake. No blood pressure could be obtained, yet there was no documented escalation of care or transfer to the hospital.</p> <p>On [DATE], at 12:59 A.M., the resident was found unresponsive without breath. A code was called, and emergency services-initiated CPR, but the resident was pronounced deceased at 1:34 A.M.</p> <p>An interview with the corporate nurse on [DATE], confirmed the facility was aware of the resident's change in condition but failed to explain why the resident was not sent to the hospital for evaluation and treatment.</p> <p>The facility failed to implement effective interventions or escalate care in response to Resident 1's documented change in condition. This failure to provide timely and appropriate care resulted in a missed opportunity to address the resident's acute medical needs.</p> <p>28 Pa Code 211.12 (1)(3)(5) Nursing Services</p>		