

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 02/05/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48276</p> <p>Based on a review of clinical records and resident and staff interviews, it was determined the facility failed to provide pharmaceutical services for acquiring medication to meet the needs of two of the five residents sampled (Residents 1 and 2) and failed to implement procedures to promote accurate accounting of narcotic medications for one of the five residents sampled (Resident 1).</p> <p>Findings include:</p> <p>A clinical record review revealed Resident 1 was admitted to the facility on [DATE], with diagnoses that included osteoarthritis (a chronic joint disease that causes the breakdown of cartilage).</p> <p>A review of an admission Minimum Data Set assessment (MDS-a federally mandated standardized assessment process conducted periodically to plan resident care) dated January 16, 2025, revealed Resident 1 is cognitively intact with a BIMS score of 15 (Brief Interview for Mental Status- a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13-15 indicates cognition is intact).</p> <p>A review of community hospital paperwork revealed Resident 1 was admitted to the facility with a prescription for oxycodone-acetaminophen (Percocet) 5/325 mg oral tablets with direction to take every six hours as needed for severe pain 7 through 10 dated January 9, 2025.</p> <p>A progress note dated January 9, 2025, at 11:30 AM revealed Resident 1 arrived at the facility on January 9, 2025, at 11:31 AM. The note indicated Resident 1 has a history of pain, complaints of left knee pain, and was experiencing a pain scale rating of 8 out of 10 (a score of 8-10 indicates severe pain).</p> <p>A physician's order for Resident 1 to receive oxycodone-acetaminophen (Percocet) 5/325 mg oral tablets with instructions to give two tablets by mouth every six hours as needed for pain rating 7 through 10 was initiated on January 9, 2025, at 2:09 PM.</p> <p>A medication administration record dated January 2025 revealed Resident 1 received oxycodone-acetaminophen (Percocet) 5/325 mg on January 10, 2024, at 12:51 AM.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on February 5, 2025, at 9:25 AM, Resident 1 reported experiencing delays in receiving prescribed medications, including upon admission, and stated that the facility cited pharmacy delivery issues as the reason. The resident expressed concerns about repeated delays in medication availability.</p> <p>During an interview on February 5, 2025, at approximately 12:30 PM, the Nursing Home Administrator (NHA) and Corporate Nurse Consultant (CNC) indicated the pharmacy drops off medications for the facility at approximately 1:00 AM and 1:00 PM Monday through Friday. The CNC explained that medication needs to be ordered prior to 9:30 AM and 10:00 PM to be available for the respective pharmacy medication delivery times. The CNC confirmed Resident 1's oxycodone-acetaminophen (Percocet) 5/325 mg would not have been delivered until the scheduled 1:00 AM drop-off time. The NHA and CNC indicated that oxycodone-acetaminophen (Percocet) 5/325 mg is available in an emergency supply but could not provide documented evidence explaining why Resident 1 did not receive the medication with a reported pain level of 8 out of 10. The DON and CNC confirmed it is the facility's responsibility to ensure pharmaceutical services are in place to meet resident's needs.</p> <p>A review of Resident 1's controlled substance record for oxycodone-acetaminophen (Percocet) 5/325 mg showed that two tablets were signed out by nursing staff on January 11, 2025, at 8:30 PM and January 13, 2025, at 5:00 PM. However, there was no corresponding documentation on the MAR confirming administration of the medication to the resident at those times.</p> <p>A review of Resident 1's controlled substance record for oxycodone-acetaminophen (Percocet) 5/325 mg revealed 2 tablets of oxycodone-acetaminophen (Percocet) 5/325 mg showed that two tablets were signed out by nursing staff on January 11, 2025, at 8:30 PM and January 13, 2025, at 5:00 PM. However, there was no corresponding documentation on the Medication Administration Record confirming administration of the medication to the resident at those times.</p> <p>During an interview on February 5, 2025, at approximately 12:30 PM, the NHA and CNC confirmed the facility failed to ensure procedures were implemented to promote accurate accounting of narcotic medications.</p> <p>A clinical record review revealed Resident 2 was admitted to the facility on [DATE], with diagnoses that included anxiety disorder (a condition in which excessive worry causes clinically significant distress or impairment in social, occupational, or other areas of functioning) and spondylosis (a degenerative condition of the spine that affects the joints and discs).</p> <p>A review of an admission MDS assessment dated [DATE], revealed that Resident 2 was cognitively intact with a BIMS score of 14 (a score of 13-15 indicates cognition is intact).</p> <p>A progress note dated January 28, 2025, revealed Resident 2 was admitted to the facility on [DATE], at 4:00 PM.</p> <p>A review of the community hospital discharge instructions dated January 28, 2025, indicated Resident 2 was prescribed Effexor 300 mg daily. However, a review of the physician's orders showed Effexor 300 mg was not ordered until February 4, 2025, with a start date of February 5, 2025. There was no documentation explaining the delay in ordering the medication, and Resident 2 did not receive Effexor from January 28, 2025, through February 4, 2025.</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>A review of Resident 2's clinical record revealed a physician's orders for the following: trazodone 100 mg (a medication used to treat depression and aid in sleep), clonazepam 0.5 mg (a medication used to treat anxiety), and lamotrigine 200 mg (a medication used to prevent seizures) to begin on January 28, 2025, at 9:00 PM. A review of Resident 2's January 2025 MAR indicated these medications were not administered on January 28, 2025, at 9:00 PM, and there was no documentation explaining why they were held.</p> <p>During an interview on February 5, 2025, at 9:25 AM, Resident 2 reported experiencing delays in receiving prescribed medications upon admission. The resident specifically mentioned delays in receiving Effexor and her nighttime medications.</p> <p>During an interview on February 5, 2025, at approximately 12:30 PM, the NHA and CNC confirmed the facility failed to ensure the timely acquisition and administration of medications necessary to meet residents' needs.</p> <p>The facility failed to ensure pharmaceutical services were provided to meet the needs of residents, resulting in delays in medication administration and improper accounting of controlled substances.</p> <p>28 Pa Code 211.9 (k) Pharmacy services.</p> <p>28 Pa Code 211.10 (c) Resident care policies.</p> <p>28 Pa Code 211.12 (d)(3) Nursing services.</p>