

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  York South Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Pauline Drive York, PA 17402	

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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care by qualified persons according to each resident's written plan of care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37116</b></p> <p>Based on review of facility investigation documentation and job descriptions, review of online nurse aide registry information, as well as staff interview, it was determined that the facility failed to ensure that services provided to residents were provided by staff with the appropriate skills, experience, and qualifications to provide such services for two of two residents reviewed (Residents 20 and 21).</p> <p>Findings include:</p> <p>Review of facility Certified Nursing Assistant job description, revised November 23, 2020, revealed, He/she will function within the standards of practice as accorded by his/her Certification.</p> <p>Review of online Nurse Aide Registry information revealed that Employee 3 (Nurse Aide [NA]) was currently actively registered as a certified NA in Pennsylvania, with an effective date of January 31, 2023, and an expiration date of February 7, 2025.</p> <p>Review of facility electronic event report submission and related investigation documentation revealed that on July 10, 2024, nursing administration was made aware that Employee 3 had assisted Employee 4 (Licensed Practical Nurse) by passing medications, obtaining blood sugar readings using a glucometer (medical device used to measure the amount of sugar in the blood), and turning off alarming IV pumps (medical device which is used to deliver fluids, medications, or nutrient solutions into a patient 's body).</p> <p>Review of Employee 3's witness statement, dated July 11, 2024, revealed, This past weekend 3-11 [Employee 4] asks me to help her. We travel together with the med cart. She pops the meds and then hands them to me. We go in together. I've done finger sticks for her. I turn off IV pumps when it beeps. I don't flush or connect them. I've never given narcotics. I've never gone into the medication cart.</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:  395309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  York South Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Pauline Drive York, PA 17402	
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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Employee 5's (NA) witness statement dated July 10, 2024, revealed that on Sunday July 7, 2024, [Employee 7] brought to his attention that Employee 3 was helping to pass medications, flush IVs, and hang IV medications. Employee 4 told Employee 5 that Employee 3 was helping give medications and flush IVs. Further review of the witness statement revealed, I then said you better be careful someone may over hear you talking about it. She said [with] a smile &amp; shrugged shoulders said whatever.</p> <p>Review of Employee 6's (NA) witness statement dated July 11, 2024, revealed, in part, On Sunday July 7 2024 I walked over to rehab to talk to [Employee 4] about something .when I went to talk to her about something I saw [Employee 4] hand [Employee 3] a cup of crushed meds in a cup to give to the resident in [room #]. He continued to take the cup of meds and walked into the [resident room] to give it to them.</p> <p>Review of Employee 7's (NA) witness statement dated July 10, 2024, revealed, On multiple occasions I did see a CNA [Certified Nurse Aide] [Employee 3] doing out of scope practice things and pass medications to residents. The LPN [Licensed Practical Nurse] in question [Employee 4] verbally said that she loves when he works and requests him because she can get done the med pass a lot faster because he helps so much with medication, IVs, and blood sugars. I have not personally witnessed all of that but I have seen him pass medication.</p> <p>Review of Employee 8's (NA) witness statement dated July 10, 2024, revealed, I was told by the LPN [Employee 4] that she likes when [Employee 3] works with her cause he helps her get her medpass done early which consists of passing pills to residents after she pops them out and puts them in a cup, he would do her blood sugars, and flush IV sites. I never saw with my own eyes that this happened but she [Employee 4] told me from her own mouth that this happened.</p> <p>Review of Resident 20's witness statement dated July 11, 2024, revealed, Yes, he's [Employee 3] given me medications. Probably just this past Sunday. He checked my sugar 2 or 3 different days. He's handed me medications in a cup. Nobody else was in the room. [Employee 4] was the nurse.</p> <p>Review of Resident 21's witness statement dated July 11, 2024, revealed, On the weekends, [Employee 3] gives me my medications because the girl nurse tells him to. He checks my blood sugar and tells the nurse what it is.</p> <p>Review of Resident 22's witness statement dated July 11, 2024, revealed, I have seen that CNA give my roommate her medications. He stands at the medication cart. I think he's trying to help her do her job.</p> <p>Further review of facility electronic event report submission revealed that no adverse outcome was identified as a result of Employee 3 acting outside of the scope of his practice, that Employee 3 was terminated from the facility, and that Employee 4 (agency staff) was not permitted to return to the facility.</p> <p>During an interview with the Nursing Home Administrator and Director of Nursing on July 31, 2024, at 4:35 PM, they revealed the expectation that Employee 3 should not have acted outside of his scope of practice.</p> <p>28 Pa. Code 201.3 Definitions</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  York South Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Pauline Drive York, PA 17402	

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)
F 0659  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	28 Pa. Code 201.14(a) Responsibility of licensee  28 Pa. Code 201.18(b)(1)(3)(e)(1) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  York South Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Pauline Drive York, PA 17402	
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>37116</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure care and services were provided in accordance with professional standards of practice to meet each resident's physical, mental, and psychosocial needs for four of five residents reviewed with wound care orders (Residents 15, 17, 18, and 19).</p> <p>Findings Include:</p> <p>Review of Resident 15's clinical record revealed diagnoses that included severe protein-calorie malnutrition (insufficient protein intake or protein deficiency) and congestive heart failure (CHF-weakness of the heart that leads to buildup of fluid in the lungs and surrounding body tissues).</p> <p>Review of Resident 15's July 2024 TAR (Treatment Administration Record - form used to document physician orders as well as when and how treatments are administered to a resident) revealed the following orders: Cleanse open area on buttocks with wound cleanser. Apply therahoney (promotes wound closure) and cover with 4x4 foam border (type of dressing) for protection every day shift, starting July 6, 2024, and ending July 19, 2024; Cleanse medial (middle) buttocks with mild soap and water, gently removing all old paste. Apply a thin layer of zinc paste (treats or prevents skin irritation) and leave open to air every shift, starting July 19, 2024; Cleanse wound on right forearm with wound cleanser. Apply hydrocortisone cream (topical steroid that works by decreasing inflammation in your skin) to wound bed. Cover with 3x3 foam border every day shift for wound care, starting July 6, 2024, and ending July 19, 2024; Cleanse right forearm wound with NSS (normal saline solution). Apply therahoney and calcium alginate with silver (type of wound dressing) to wound. Cover with foam border every day shift, starting July 20, 2024; Cleanse skin tear on left shin with wound cleanser. Apply therahoney and cover with foam border every day shift for wound care, starting July 6, 2024, and ending July 19, 2024; Cleanse scabbed area on residents right shin with NSS. Apply therahoney and calcium alginate with silver over wound and secure with 4x4 foam border every day shift for wound care, starting July 20, 2024; Cleanse wound on left ankle with wound cleanser. Apply therahoney and cover with foam border every day shift for wound care, starting July 6, 2024, and ending July 19, 2024; Cleanse wound on left ankle with NSS. Apply therahoney and calcium alginate with silver to wound and secure with 3x3 foam border every day shift for wound care, starting July 20, 2024, and ending July 25, 2024; Cleanse wound on left upper leg with NSS. Apply therahoney gel and calcium alginate with silver to wound and secure with 4x4 foam border every day shift for wound care, starting July 20, 2024, and ending July 25, 2024; Cleanse wounds on medial back with NSS. Apply therahoney and calcium alginate with silver to wound and cover with foam border every day shift for wound care, starting July 20, 2024, and ending July 25, 2024; Paint wound on right heel with betadine. Leave open to air each day shift for wound care, starting July 3, 2024, and ending July 19, 2024; Paint right heel with betadine (topical antiseptic and germicide) every day shift for wound care, starting July 20, 2024, and ending July 25, 2024; Paint skin tear on right shin with betadine. Leave open to air each day shift for wound care, starting July 3, 2024, and ending July 19, 2024.</p> <p>Further review of Resident 15's July 2024 TAR revealed that there was no evidence that the treatments were completed on the following dates: July 15, 17, 18, 19, 20, 22, and 24, 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  York South Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Pauline Drive York, PA 17402	
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>Review of Resident 17's clinical record revealed diagnoses that included peripheral vascular disease (circulation disorder that affects blood vessels outside of the heart and brain, often those that supply the arms and legs) and CHF.</p> <p>Review of Resident 17's July 2024 TAR revealed the following orders: Cleanse buttocks with soap and water. Apply triad paste (helps to maintain wound healing environment) to surround wound, buttocks and scrotum. Leave open to air each shift for wound care, starting July 26, 2024, and ending July 31, 2024; Cleanse open area on right posterior (back of) thigh with wound cleanser, gently remove any old paste. Apply a thin layer of zinc paste over entire area. Leave open to air every day and evening shift for wound care. Keep buttocks clean and dry at all times. Change draw sheet when soiled, starting June 29, 2024, and ending July 16, 2024; Cleanse wound on left buttocks with Vashe (wound cleanser that helps to fight bacteria and prevent infection). Loosely fill wound with Vashe soaked 1/4 inch packing. Cover with foam border every evening for wound care, starting July 26, 2024, and ending July 31, 2024; Cleanse wound on left buttocks with NSS. Gently pack salt sheet (stimulates wound cleansing by absorbing fluid, bacteria, and dead material) into wound. Cover with foam border every day shift for wound care, starting June 29, 2024, and ending July 16, 2024.</p> <p>Further review of Resident 17's July 2024 TAR revealed that there was no evidence that treatment to his buttocks wound was completed on July 27 or 28, 2024, night shift.</p> <p>Review of Resident 17's nursing progress notes dated July 9, 2024, revealed that treatments to Resident 17's posterior thigh and left buttocks were unable to be completed during the daylight shift (7 AM to 3 PM).</p> <p>Review of nursing progress note dated July 28, 2024, revealed that Resident 17's left buttocks wound treatment was not completed on evening shift because time did not allot.</p> <p>Review of Resident 18's clinical record revealed diagnoses that includes malignant neoplasm of colon (colon cancer) and sarcopenia (progressive and generalized skeletal muscle disorder involving the accelerated loss of muscle mass and function that is associated with increased adverse outcomes including falls, functional decline, frailty, and mortality).</p> <p>Review of Resident 18's July 2024 TAR revealed the following order: apply Calazime skin protectant (used to prevent skin irritation) every shift to posterior scrotum for skin abrasion, starting April 21, 2024.</p> <p>Further review of Resident 18's TAR revealed that there was no evidence that the treatment was completed on July 10 and 19, 2024 evening shifts.</p> <p>Review of Resident 19's clinical record revealed diagnoses that included peripheral vascular disease and diabetes mellitus (impairment in the way the body regulates and uses sugar [glucose] as a fuel resulting in too much sugar circulating in the bloodstream).</p> <p>Review of Resident 19's July 2024 TAR revealed the following orders: Mupirocin ointment (antibiotic ointment) to left fifth toe wound every day shift, starting June 22, 2024, and ending July 11, 2024; Cleanse wound on left foot with NSS. Apply therahoney and calcium alginate to wound. Cover with foam dressing every day shift for wound care, starting July 1, 2024, and ending July 30, 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  York South Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Pauline Drive York, PA 17402	

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>Further review of Resident 19's July 2024 TAR revealed that there was no evidence that Resident 19's left toe treatment was completed on July 1, 2024, or that his left foot treatment was completed on July 17, 2024.</p> <p>During an interview with the Director of Nursing on July 31, 2024, at 4:55 PM, she revealed that she had no additional information regarding the aforementioned missing documentation of wound treatments/care.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>