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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395313 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/30/2024 |
| NAME OF PROVIDER OR SUPPLIER Scenery Hill Healthcare and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 680 Lions Health Camp Rd Indiana, PA 15701 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| <p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>31760</p> <p>Based on review of policies, clinical records, and investigation documents, as well as staff interviews, it was determined that the facility failed to complete a Nurse Aide Registry verification for one of five nurse aides reviewed upon hire (Nurse Aide 1).</p> <p>Findings include:</p> <p>The facility's abuse policy, dated February 15, 2024, revealed that the facility will not employ or otherwise engage individuals who have had a finding entered into the state Nurse Aide Registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property.</p> <p>The personnel file for Nurse Aide 1 revealed that she was hired May 10, 2024. However, there was no documented evidence until May 28, 2024, at 9:41 a.m. that the nurse aide's standing on the Pennsylvania Nurse Aide Registry was verified.</p> <p>Interview with the Human Resources Director on May 30, 2024, at 12:57 p.m. confirmed that there was no documented evidence until May 28, 2024, that Nurse Aide 1's standing on the Pennsylvania Nurse Aide Registry was verified.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>42079</p> <p>Based on review of clinical records and staff interviews, it was determined that the facility failed to notify the resident's representative in writing regarding the reason for hospitalization for one of 18 residents reviewed (Resident 29).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 39, dated March 11, 2024, indicated that the resident was cognitively intact, required assistance from staff for her daily care needs, had diagnoses that included heart failure and kidney failure, and was on hemodialysis (a process for removing excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally).</p> <p>Resident 29's niece was listed in the clinical record as the responsible party and first emergency contact.</p> <p>Nursing notes for Resident 29 on December 25 and 30, 2023; January 25, 2024; March 1, 2024; and May 26, 2024, indicated that the resident was transferred to the hospital for further evaluation, treatment and admission.</p> <p>MDS discharge assessments for Resident 29, dated December 25 and 30, 2023; January 25, 2024; March 1, 2024; and May 26, 2024, revealed that the resident was admitted to the hospital on those dates.</p> <p>There was no documented evidence in Resident 29's clinical record to indicate that the resident's representative was notified in writing of the purpose for the resident's transfers and admissions to the hospital from December 2023 through May 2024.</p> <p>Interview with the Social Services Director on May 30, 2024, at 4:10 p.m. confirmed that there was no documentation that the resident's representative was notified in writing of Resident 29's transfers and hospitalizations from December 2023 through May 2024, because the facility makes verbal notification only.</p> <p>Interview with the Director of Nursing on May 30, 2024, at 4:22 p.m. confirmed that there was no documentation that the resident's representative was notified in writing of Resident 29's transfers and hospitalizations from December 2023 through May 2024.</p> <p>28 Pa. Code 201.25 Discharge Policy.</p> <p>28 Pa. Code 201.29(f)(g) Resident Rights.</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>19102</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 ensure that the resident environment was a free of accident hazards as is possible, by failing to complete safety assessments for air mattress use for three of 18 residents reviewed (Residents 20, 44, 47).</p> <p>Findings include:</p> <p>The facility's policy regarding air mattresses, dated February 15, 2024, indicated that the facility would provide residents with a bed that met their needs and was comfortable, and air mattresses were reserved for residents with pressure ulcers.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 20, dated May 15, 2024, revealed that the resident was cognitively intact, had limited range of motion of the lower extremities, and had a pressure ulcer.</p> <p>Physician's orders for Resident 20, dated February 23, 2024, included an order for the resident's bed to be equipped with a low air loss mattress (designed to distribute the patient's body weight over a broad surface area and help prevent skin breakdown.) for a Stage III pressure ulcer (full thickness tissue loss, subcutaneous fat may be visible, but bone, tendon, or muscle is not exposed). The resident's care plan, dated February 26, 2024, revealed that the resident had a pressure sore and used an air mattress. There was no documented evidence that the use of an air mattress was assessed for potential safety hazards prior to the air mattress being placed on Resident 20's bed.</p> <p>Observations on May 29, 2024, at 8:19 a.m. and 11:53 a.m. revealed that Resident 20 was in bed with an air mattress in place.</p> <p>An admission MDS assessment for Resident 44, dated March 1, 2024, revealed that the resident was cognitively intact, had limited range of motion of the upper and lower extremities, and had one Stage II pressure ulcer, two Stage III pressure ulcers, and six venous and arterial ulcers present on admission.</p> <p>Physician's orders for Resident 44, dated March 21, 2024, included an order for the resident's bed to be equipped with a low air loss mattress. There was no documented evidence that the use of an air mattress was assessed for potential safety hazards prior to the air mattress being placed on Resident 44's bed.</p> <p>Observations on May 28, 2024, at 11:20 a.m. revealed that Resident 44 was in bed with an air mattress in place.</p> <p>An admission MDS assessment for Resident 47, dated May 1, 2024, revealed that the resident was cognitively intact, had limited range of motion of the upper and lower extremities, and had diagnoses that included a stroke.</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 - Some</p> | <p>Physician's orders for Resident 47, dated May 9, 2024, included an order for the resident's bed to be equipped with a low air loss mattress with bolsters (raised edges). The resident's care plan, dated April 26, 2024, revealed that the resident used an air mattress. was no documented evidence that the use of an air mattress was assessed for potential safety hazards prior to the air mattress being placed on Resident 47's bed.</p> <p>Observations on May 30, 2024, at 11:43 a.m. revealed that Resident 47 was in bed with an air mattress in place.</p> <p>Interview with the Director of Nursing on May 30, 2024, at 10:30 a.m. confirmed that there were no specific assessments completed to ensure that the use of an air mattress was safe for Residents 20, 44, and 47.</p> <p>28 Pa. Code 211.10(c)(d) Resident Care Policies.</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 three of 18 residents reviewed (Residents 6, 28, 47).</p> <p>Findings include:</p> <p>The facility's policy regarding controlled substances, dated February 15, 2024, indicated that the nurse administering the medication is responsible for recording the name of the resident receiving the medication; name, strength, and dose of the medication; time of administration; method of administration; quantity of the medication remaining; and signature of the nurse administering the medication.</p> <p>The facility's policy regarding medication administration, dated February 15, 2024, indicated that the resident's Medication Administration Record (MAR) is initialed by the person administering the medication, in the space provided under the date, and on the line for that specific medication dose administration.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 6, dated March 14, 2024, revealed that the resident was usually understood, could understand others, had pain occasionally, received pain medication as needed, and received an opioid (a controlled pain medication).</p> <p>Physician's orders for Resident 6, dated December 28, 2023, included an order for the resident to receive one 2.5 milligram (mg) tablet of oxycodone (narcotic pain reliever) every four hours as needed for severe pain (pain scale 7-10 out of 10).</p> <p>Resident 6's controlled drug record (a form that accounts for each dose of a controlled drug) for May 2024 indicated that one dose of oxycodone was signed out for administration to the resident on May 27, 2024, at 5:00 a.m. However, the resident's clinical record, including the MARs and nursing notes, contained no documented evidence that the signed-out dose of oxycodone was actually administered to the resident on this date and time.</p> <p>Interview with the Director of Nursing on May 30, 2024, at 9:25 a.m. confirmed that there was no documented evidence that staff administered the signed-out dose of oxycodone to Resident 6 on the above date and time.</p> <p>A significant change MDS assessment for Resident 28, dated May 16, 2024, revealed that the resident was understood, understands others, was cognitively intact, had hospice services, received pain medication as needed, and received an opioid medication.</p> <p>Physician's orders for Resident 28, dated May 16, 2024, included an order for the resident to receive one 5-325 mg tablet of hydrocodone-acetaminophen (narcotic pain reliever) every six hours as needed for severe pain (pain scale 7-10 out of 10) for chronic pain.</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>Resident 28's controlled drug record for May 2024 indicated that one dose of hydrocodone-acetaminophen was signed out for administration to the resident on May 24, 2024, at 8:49 p.m. However, the resident's clinical record, including the MARs and nursing notes, contained no documented evidence that the signed-out doses of hydrocodone-acetaminophen were actually administered to the resident on this date and time.</p> <p>Interview with the Director of Nursing on May 30, 2024, at 10:27 a.m. confirmed that there was no documented evidence that staff administered the signed-out dose of hydrocodone-acetaminophen to Resident 28 on the above dates and times.</p> <p>An admission MDS assessment for Resident 47, dated May 1, 2024, revealed that the resident was cognitively intact, had pain frequently, received pain medication as needed, and received an opioid.</p> <p>Physician's orders for Resident 47, dated April 25 and May 11, 2024, included an order for the resident to receive 5 mg of oxycodone every four hours as needed for severe pain (pain scale 7-10 out of 10).</p> <p>Resident 47's controlled drug record for April and May 2024 indicated that one dose of oxycodone was signed out for administration to the resident on April 26 at 4:00 p.m., May 5 at 9:51 p.m., May 10 at 9:01 p.m., and May 13, 2024, at 5:30 p.m. However, the resident's clinical record, including the MAR and nursing notes, contained no documented evidence that the signed-out doses of oxycodone were actually administered to the resident on these dates and times.</p> <p>Interview with the Director of Nursing on May 30, 2024, at 10:29 a.m. confirmed that there was no documented evidence that staff administered the signed-out doses of oxycodone to Resident 47 on the above dates and times.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy Services.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 ensure that medications were stored in a secure manner, and failed to securely store medications for one of 18 residents reviewed (Resident 28).</p> <p>Findings include:</p> <p>The facility's policy regarding medication administration, dated February 15, 2024, indicated that residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications. During administration of medications, no medications are kept on top of the cart. Medications and biologicals were to be stored safely, securely, and properly. Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications were allowed access to medications.</p> <p>Observations on May 29, 2024, at 7:32 a.m. revealed that there was an unattended medication cart sitting in the hallway between resident rooms [ROOM NUMBERS] with a medication souffle cup that contained medications in applesauce. Licensed Practical Nurse 2 came down the hallway, took the medication souffle cup, and went into resident room [ROOM NUMBER].</p> <p>Interview with Licensed Practical Nurse 2 on May 29, 2024, at 7:54 a.m. confirmed that the medication souffle cup containing the medications should not have been left on top of the medication cart. She indicated that she got called to an emergency.</p> <p>Interview with the Director of Nursing on May 29, 2024, at 11:40 a.m. confirmed that the medications should not have been left on the medication cart when the medication cart was unattended.</p> <p>A significant change MDS assessment for Resident 28, dated May 16, 2024, revealed that the resident was understood, could understand others, was cognitively intact, required assistance for daily care needs, and had diagnoses that included chronic obstructive pulmonary disease (COPD - inflammatory lung disease).</p> <p>Physician's orders for Resident 28, dated May 10, 2024, included an order for the resident to receive two sprays of Flonase (allergy relief nasal spray) every morning for allergies and one puff of Trelegy Ellipta Inhalation Aerosol Powder Breath 200-62.5-25 micrograms for COPD.</p> <p>Observations of Resident 28 on May 29, 2024, at 11:33 a.m. revealed that she was in bed eating lunch, and there were two medications (a brown bottle of Flonase nasal spray and a Trelegy Ellipta inhaler) on the overbed table. Resident 28 said the nurse forgot to take the medications back. Interview with Licensed Practical Nurse 2 at 11:39 a.m. revealed that she forgot to take the medications.</p> <p>Interview with the Director of Nursing on May 30, 2024, at 1:51 p.m. confirmed that Resident 28's medications should have been returned and secured in the medication cart after administration and not kept at bedside.</p> <p>(continued on next page)</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>28 Pa. Code 211.9(a)(1) Pharmacy 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>42079</p> <p>Based on review of policies, as well as observations and staff interviews, it was determined that the facility failed to store food and wash dishes in accordance with professional standards for food service safety, by failing to ensure that food was discarded in a timely manner and that the dishwasher had an appropriate washing cycle temperature.</p> <p>Findings include:</p> <p>The facility's dietary policy regarding food storage, dated February 15, 2024, revealed that food was stored in a manner that complied with safe food handling practices.</p> <p>Observations in the kitchen on May 28, 2024, at 9:02 a.m. revealed that there was a plastic container of pizza sauce that was dated May 19, 2024. Interview with the Dietary Manager on May 28, 2024, at 9:13 a.m. revealed that the sauce should have been discarded after seven days.</p> <p>Manufacturer's instructions for the Ecolab ES-2000 Dish machine, dated 2009, indicated that the washing operational temperature was to be 120 degrees Fahrenheit (F).</p> <p>Observations of the dishwasher on May 30, 2024, at 12:32 p.m. revealed that the wash cycle of the dish machine only reached a washing temperature of 100 degrees F. The Dietary Manager indicated that she did not have any temperature concerns that morning.</p> <p>Interview with the Nursing Home Administrator on May 30, 2024, at 1:03 p.m. confirmed that the manufacturer's instructions indicated that the dish machine's operational temperature was to be 120 degrees F.</p> <p>28 Pa. Code 211.6(f) Dietary Services.</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>19102</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that clinical records were complete and accurately documented for three of 18 residents reviewed (Residents 6, 20, 28).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 6, dated March 14, 2024, revealed that the resident was usually understood, could understand others, had pain occasionally, received pain medication as needed, and received an opioid (a controlled pain medication).</p> <p>Physician's orders for Resident 6, dated December 28, 2023, included an order for the resident to receive one 2.5 milligram (mg) tablet of oxycodone (narcotic pain reliever) every four hours as needed for severe pain (pain scale 7-10 out of 10).</p> <p>Resident 6's controlled drug record (a form that accounts for each dose of a controlled drug) for May 2024 indicated that one dose of oxycodone was signed out for administration to the resident on May 9, 2024, at 2:27 a.m. However, the resident's clinical record, including the Medication Administration Record (MAR) and nursing notes, contained no documented evidence that the signed-out dose of oxycodone was actually administered to the resident on this date and time.</p> <p>Resident 6's MAR for May 2024 indicated that one dose of oxycodone was administered to the resident on May 10, 2024, at 2:32 a.m. However, the resident's controlled drug record contained no documented evidence that the oxycodone was signed out to be administered to the resident on this date and time.</p> <p>Interview with the Director of Nursing on May 30, 2024, at 9:25 a.m. confirmed that Resident 6's MAR was not documented accurately. She indicated that the nurse was working night shift and that the administration of the oxycodone on May 10, 2024, at 2:32 a.m. on the resident's MAR should have been documented as being administered on May 9, 2024, at 2:27 a.m.</p> <p>A quarterly MDS assessment for Resident 20, dated May 15, 2024, indicated that the resident was alert and oriented and had diagnoses that included diabetes.</p> <p>Physician's orders for Resident 20, dated February 10, 2024, included an order for the resident to receive 2 liters per minute of oxygen using nasal cannula (tubes inserted into the nostrils to deliver oxygen) as needed for shortness of breath. The resident's care plan, dated March 26, 2024, indicated that 2 liters of oxygen was to be administered as needed for shortness of breath.</p> <p>Observations on May 28 at 10:28 a.m. and May 29, 2024, at 11:53 a.m. revealed that Resident 20 was in bed with oxygen on at 2 liters per minute. However, the resident's MAR for May 2024 revealed that there was no documented evidence that Resident 20 received oxygen on May 28 or 29, 2024.</p> <p>(continued on next page)</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Interview with the Director of Nursing on May 30, 2024, at 11:58 a.m. confirmed that Resident 20's oxygen use on May 28 and 29, 2024, was not documented in the resident's clinical record.</p> <p>A significant change MDS assessment for Resident 28, dated May 16, 2024, revealed that the resident was understood, could understand others, was cognitively intact, had hospice services, received pain medication as needed, and received an opioid medication.</p> <p>Physician's orders for Resident 28, dated May 23, 2024, included an order for the resident to receive 10 mg of Morphine Sulfate (narcotic pain reliever) every four hours as needed for pain.</p> <p>Resident 28's MAR for May 2024 indicated that one dose of Morphine Sulfate was administered to the resident on May 25, 2024, at 9:04 a.m. However, the resident's controlled drug record contained no documented evidence that the oxycodone was signed-out to be administered to the resident on this date and time.</p> <p>Interview with the Director of Nursing on May 30, 2024, at 10:27 a.m. confirmed that Resident 28's MAR was not accurately documented.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395313 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/30/2024 |
| NAME OF PROVIDER OR SUPPLIER Scenery Hill Healthcare and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 680 Lions Health Camp Rd Indiana, PA 15701 | |
| 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 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>19102</p> <p>Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to maintain compliance with nursing home regulations 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 State Survey and Certification (Department of Health) survey ending June 22, 2024, revealed that the facility developed plans of correction that included quality assurance systems with audits to ensure that the facility maintained compliance with cited nursing home regulations. The results of the audits were to be reported to the QAPI committee for review. The results of the current survey, ending May 30, 2024, identified repeated deficiencies regarding ensuring that the resident's environment was free of accident hazards, preventing issues with the accountability of controlled medications (drugs with the potential to be abused), and ensuring that clinical records were complete and accurately documented.</p> <p>The facility's plans of correction for deficiencies regarding ensuring that the resident environment was free of accident hazards, cited during the survey ending on June 22, 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 F689, revealed that the QAPI committee was ineffective in maintaining compliance with the regulation regarding ensuring that the environment was free of accident hazards.</p> <p>The facility's plan of correction for a deficiency regarding the failure to account for controlled medications, cited during the survey ending June 22, 2023, revealed that the facility would complete audits and the results would be reviewed as part of quality assurance. The results of the current survey, cited under F755, revealed that the facility's QAPI committee was ineffective in correcting deficient practices related to the accountability of controlled medications.</p> <p>The facility's plans of correction for deficiencies regarding complete medical record documentation, cited during the surveys ending on June 22, 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 F842, revealed that the QAPI committee was ineffective in maintaining compliance with the regulation regarding complete medical records.</p> <p>Refer to F689, F755, F842.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> | | |