STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395316	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Luke's Rehabilitation and Nursing Center	360 West Ruddle Street Coaldale, PA 18218

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. (continued on next page)

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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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on a review of clinical records, facility policies, professional guidelines, staff interviews, and wound care documentation, it was determined that the facility failed to implement appropriate interventions consistent with professional standards of practice to prevent the development of a pressure injury for one resident (Resident 47) out of 25 residents reviewed.Findings include: According to the US Department of Health and Human Services, Agency for Healthcare Research & Quality, the pressure ulcer best practice bundle incorporates three critical components in preventing pressure ulcers: Comprehensive skin assessment, Standardized pressure ulcer risk assessment, and care planning and implementation to address the areas of risk. The American College of Physicians (ACP) is a national organization of internists who specialize in the diagnosis, treatment, and care of adults. Clinical Practice Guidelines indicate that the treatment of pressure ulcers should involve multiple tactics aimed at alleviating the conditions contributing to ulcer development (i.e., support surfaces, repositioning, and nutritional support); protecting the wound from contamination and creating and maintaining a clean wound environment; promoting tissue healing via local wound applications, debridement, and wound cleansing; using adjunctive therapies; and considering possible surgical repair. A review of facility policy titled Pressure Injury Prevention and Management, last reviewed by the facility on February 18, 2025, revealed the facility is committed to the prevention of avoidable pressure injuries and the promotion of healing of existing pressure injuries. Avoidable means that the resident developed a pressure ulcer/injury and that the facility did not do one or more of the following: evaluate the resident's clinical condition and risk factors; define and implement interventions that are consistent with resident needs, resident goals, and professional standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate. A review of Resident 47's clinical record revealed admission to the facility on July 31, 2025, as a transfer resident from a sister facility that was closing, with diagnosis which included vascular dementia (a decline in thinking skills caused by conditions that block or reduce blood flow to parts of the brain, depriving them of oxygen and nutrients), cerebral infarction (stroke), osteoporosis (a degenerative joint disease that occurs when tissues that cushion the ends of bones within the joints break down), and kyphosis of the thoracic spine (excessive forward curvature of the upper back, causing a hunchback appearance). The resident's admission Minimum Data Set assessment (MDS-a federally mandated standardized assessment process conducted periodically to plan resident care) dated August 6, 2025, documented severe cognitive impairment, total dependence on staff for activities of daily living (ADLs), bed mobility, and transfers, and identified the resident as at high risk for pressure injury development. The initial plan of care dated August 1, 2025, identified skin integrity risks due to ecchymotic (bruising) areas and fragile skin. Interventions included the use of an alternating air mattress (mattress with air chambers that inflate and deflate to reduce pressure), incontinence care, pressure redistribution gel cushions when out of bed, weekly skin evaluations during bathing, and Braden Scale risk assessments (a tool used to measure pressure ulcer risk). The goal was to maintain intact skin.On August 13, 2025, after a pressure injury developed on the mid-back, the plan of care was revised to include wound cleansing with Vashe solution (a wound cleanser), application of Santyl ointment (a topical agent to remove dead tissue), calcium alginate dressings (a gel-forming dressing derived from seaweed), covered with foam dressing, changed daily or as needed use of an EHOB cushion (a specialized pressure relief cushion) on the Broda chair (a specialty wheelchair with positioning supports), repositioning side to side in bed, limiting time out of bed to meals only, and use of a P500 pressure redistribution mattress. The resident's care goal remained unchanged.A Braden Scale for Predicting Pressure Sore Risk form on admission dated July 31, 2025, identified Resident 47 as high risk for pressure injury development. A review of physician orders transferred from the previous facility of July 31, 2025, included an order dated May 30, 2025, to cleanse the thoracic spine area with soap and water and apply bordered foam dressing every three days and as needed, ensuring dressing placement every shift and replacement if soiled. Additional transferred orders specified out-of-bed use with a pressure redistribution wedge cushion to the Broda chair (specialty chair) and gel cushion to the back of the Broda chair, with repositioning every 1-2 hours while seated out of bed. However, the facility's admission physician orders dated July 31, 2025, failed to include these wound care orders, representing a transcription error. A review of an admission facility skin assessment titled Skin Observation Tool on admission dated July 31, 2025, documented a reddened area on the upper-mid thoracic vertebrae. Cavilon (barrier cream to prevent skin breakdown) and foam dressing were applied to the mid-back for

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, select facility policy, observations, and staff interview, it was determined the facility failed to follow physician orders for oxygen therapy for one out of 15 residents sampled (Resident 2).Findings include: A review of the facility's policy titled Oxygen Administration, last reviewed on February 18, 2025, indicated that oxygen is to be administered in accordance with professional standards of practice, the comprehensive person-centered care plans, and resident goals and preferences. The policy further states that oxygen must be administered per a physician's order. Review of Resident 2's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses to include respiratory failure (not enough oxygen passes from the lungs to the blood, making it difficult to breath), and congestive heart failure (weakness of the heart that leads to build-up of fluid in the lungs and surrounding body tissues). A physician's order dated March 14, 2025, directed continuous oxygen therapy via nasal cannula (flexible plastic tubing with small prongs inserted into the nostrils to deliver supplemental oxygen) at three (3) liters per minute. Review of Resident 2's care plan initiated on March 15, 2025, identified altered respiratory status/difficulty breathing due to acute or chronic respiratory failure with hypoxia (absence of enough oxygen in the tissues to sustain bodily functions) and hypercapnia (carbon dioxide retention). Interventions included oxygen therapy at 3 liters per minute via nasal cannula, consistent with the physician's order. However, observation conducted on August 19, 2025, at 11:30 AM revealed that Resident 2 was seated in a wheelchair with supplemental oxygen delivered via nasal cannula from an oxygen tank (oxygen cylinders which contain oxygen under pressure) with the flow rate set at 2 liters per minute. Additional observations on August 20, 2025, at 10:00 AM and 1:10 PM again showed the resident receiving oxygen at 2 liters per minute, despite the physician order specifying 3 liters per minute. During an interview conducted on August 20, 2025, at 1:10 PM, the Director of Nursing confirmed that Resident 2 had a current physician order for continuous oxygen at 3 liters per minute and acknowledged that the resident was receiving only 2 liters per minute at the time of observation.28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services. 28 Pa. Code 211.10 (c)(d) Resident Care Policies.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on review of clinical records, select facility policy and controlled drug records, and staff interview, it was determined the facility failed to implement procedures to promote accurate accounting and administration of controlled medications for one out of 15 residents sampled (Resident 47). Finding include: Review of the facility policy titled Controlled Substance Administration & Accountability last reviewed by the facility on February 18, 2025, indicated that the facility is to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances (medications with the potential for abuse or harm). The policy states the facility shall implement safeguards to prevent loss, diversion, or accidental exposure to controlled substances. Per facility policy, all controlled substances obtained from a non-automated medication cart or cabinet are recorded on the designated usage form. The policy further specifies that the dosage recorded on the usage form must match the dosage documented in the Medication Administration Record (MAR), Controlled Drug Record, or other facility-specified form, which must be retained in the resident's medical record. A review of Resident 47's clinical record revealed admission to the facility on July 31, 2025, with diagnosis which included vascular dementia (a decline in thinking skills caused by conditions that block or reduce blood flow to parts of the brain, depriving them of oxygen and nutrients), chronic obstructive pulmonary disease (lung disease that blocks airflow and makes it difficult to breathe), osteoporosis (a degenerative joint disease that occurs when tissues that cushion the ends of bones within the joints break down), and cerebral infarction (stroke). A physician order dated July 31, 2025, indicated that Resident 47 was to receive Level 4 Comfort Care, defined as the provision of comfort measures only for residents with terminal medical conditions who decline or are not candidates for aggressive therapy. The order also advised consideration of a hospice referral and to allow natural death. Further review of physician orders revealed an order dated July 31, 2025, for Morphine Sulfate Solution 20 mg/mL (an opioid pain medication used to treat moderate to severe pain. Morphine Sulfate is a Schedule II controlled substance, classified as having a high potential for abuse), with instructions to administer 0.25 mL by mouth every two hours as needed for pain. A review of the controlled substance record for Resident 47's Morphine Sulfate Solution 20 mL showed that nursing staff documented signed-out doses of the medication on the following dates and times:August 15, 2025, at 5:00 AMAugust 15, 2025, at 9:30 AMAugust 17, 2025, at 2:40 PM However, a review of Resident 47's Medication Administration Record (MAR) revealed there was no documentation indicating that the medication was administered to the resident on these dates and times. This discrepancy between the controlled substance record and the MAR constitutes a failure to ensure accurate documentation of medication administration and to reconcile narcotic records, as required under the facility's policy. During an interview on August 21, 2025, at 10:50 AM, the Director of Nursing confirmed the discrepancies in the accounting and administration of opioid pain medication for Resident 47.28 Pa Code 211.5 (f)(xi) Medical records28 Pa Code 211.10 (c)(d) Resident care policies 28 Pa Code 211.12 (d)(1)(3)(5) Nursing services28 Pa Code 211.9(a)(1)(k) Pharmacy services