

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2025
NAME OF PROVIDER OR SUPPLIER  Allied Services Meade Street Skilled Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 200 S. Meade Street Wilkes Barre, PA 18702	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48277</b></p> <p>Based on a review of clinical records, observation, and resident and staff interviews, it was determined that the facility failed to provide nursing services consistent with professional standards of practice by not ensuring the consistent application of physician-ordered therapeutic devices and preventative measures for one of ten residents sampled for quality of care (Resident 4).</p> <p>Findings include:</p> <p>A review of the clinical record revealed Resident 4 was admitted to the facility on [DATE], with diagnoses to include Bullous Pemphigoid (a rare skin condition causing large fluid-filled blisters), congestive heart failure (weakness of the heart that leads to build-up of fluid in the lungs and surrounding body tissues), and chronic kidney disease stage 4 (severe kidney damage with the kidneys functioning between 15-29% of their normal capacity).</p> <p>A review of a Quarterly Minimum Data Set assessment (MDS-standardized assessment completed at specific intervals to identify specific resident care needs) dated March 4, 2025, revealed that Resident 4 was cognitively intact with a BIMS score of 13 (Brief Interview for Mental Status, which assesses cognition, a tool to assess the resident's attention, orientation, and ability to register and recall new information, a score of 13-15 indicates intact cognition).</p> <p>Further review of the clinical record revealed the following active physician orders:</p> <p>A physician's order dated March 17, 2025, directed that Geri-sleeves (a lightly padded protective fabric used to prevent skin tears and bruising on fragile skin) be applied to both upper extremities every shift, as tolerated every shift.</p> <p>A physician's order dated April 25, 2025, directed that ace wraps (elastic bandages used to reduce lower extremity swelling and assist with blood clot prevention) be applied in the morning and removed in the evening.</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>Review of the resident's care plan in effect through the survey end date of May 6, 2025, revealed that while the resident was to be encouraged to wear anti-embolic stockings per physician order, the plan of care failed to address the March 17, 2025, order for Geri-sleeves to the upper extremities. As a result, the care plan did not reflect all current interventions related to skin integrity and prevention of injury.</p> <p>Observation of Resident 4 in his room on May 6, 2025, at 11:00 AM revealed he was sitting in his wheelchair watching television. The resident was not wearing Geri-sleeves on either arm as ordered, and ace wraps were not present on either leg.</p> <p>Interview with Resident 4 at that the time of the observation on May 6, 2025, at 11:00 AM reported staff do not consistently apply the physician ordered ace wraps or Geri-sleeves. He stated, it's a 50/50 chance that someone will put them on.</p> <p>An interview with the Director of Nursing (DON) on May 6, 2025, at 1:30 PM confirmed staff had not consistently followed the physician's orders for application of Geri-sleeves for skin protection or ace wraps for blood clot prevention for Resident 4.</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services</p> <p>28 Pa. Code 211.5(f)(ix) Medical records</p>		