

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 05/03/2024
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21738</p> <p>Based on clinical record review and resident and staff interview it was determined that the facility failed to demonstrate that residents are consistently afforded the right to participate in their treatment plans to include the resident's preferences for diabetes management for one resident out of 25 sampled (Resident 36).</p> <p>Findings included:</p> <p>A review of the clinical record review revealed that Resident 36 was admitted to the facility on [DATE], with diagnoses that included type 2 diabetes mellitus (a condition where the body is unable to produce enough of the hormone insulin to maintain normal blood sugar levels) and dementia (a condition characterized by the loss of cognitive functioning such as thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities).</p> <p>The resident had a current physician's order, initially dated August 28, 2022, for NovoLog Solution 100 unit/ml (Insulin Aspart) with instructions for Resident 36 to receive this insulin per a sliding scale based on the resident's blood glucose level as follows if the resident's blood sugar ranged 151 - 200 = administer 1 unit of Novolog insulin; 201 - 250 = 2; 251 - 300 = 3; 301 - 350 = 4; 351 - 400 = 5; 401+ = 6 401 or greater, give 6 units and notify the physician(subcutaneously before meals for diabetes).</p> <p>A review of the resident's Medication Administration Record from October 1, 2023, through December 31, 2023, revealed zero instances of Resident 36 refusing to allow staff to perform blood glucose (blood sugar) monitoring.</p> <p>A review of the Medication Administration Record from February 1, 2024, through April 30, 2024, revealed that on 46 occasions during these months, Resident 36 refused to allow the facility staff to perform a blood glucose (blood sugar) check and to administer NovoLog Solution 100 units/ml, if applicable, on the following dates and times:</p> <p>February 1, 2024 at 11:30 AM</p> <p>February 3 at 11:30 AM</p> <p>February 7 at 8:00 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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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	March 6 at 7:30 AM March 11 at 11:30 AM March 11 at 4:30 PM March 12 at 7:30 AM March 14 at 7:30 AM March 14 at 11:30 AM March 18 at 11:30 AM March 19 at 4:30 PM March 22 at 11:30 AM March 22 at 4:30 PM March 23 at 7:30 AM March 25 at 4:30 PM March 27 at 11:30 AM March 28 at 11:30 AM March 28 at 4:30 PM March 29 at 4:30 PM April 3 at 11:30 AM April 6 at 11:30 AM April 6 at 4:30 PM April 4 at 7:30 AM April 7 at 11:30 AM April 9 at 11:30 AM April 10 at 7:30 AM April 11 at 11:30 AM (continued on next page)

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on May 2, 2024, at approximately 2:00 PM, the Director of Nursing (DON) was unable to provide evidence that the facility attempted to discover the reason for the resident's refusal to have staff perform blood sugar monitoring that began during February 2024, that was necessary to administer NovoLog Solution 100 units/ml (Insulin Aspart) when applicable. The DON stated that the facility was able to utilize a different needle for Resident 36's blood sugar monitoring following surveyor inquiry during the survey ending May 3, 2024.</p> <p>28 Pa. Code 211.12 (c)(d)(5) Nursing services</p> <p>28 Pa. Code 201.29 (a) Resident rights</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>48277</p> <p>Based on observation, review of select facility policy and clinical records and staff and resident interview, it was determined that the facility failed to determine a resident's capability to self-administer medication (saline nasal spray solution) for one of 25 residents reviewed (Resident 26).</p> <p>Findings include:</p> <p>A review of facility policy titled Procedure for Medication Administration, and Self Administration of Medications, last reviewed by the facility October 2, 2023, indicated it is the policy to safely administer medications to the resident as ordered by the physician. Medications are not to be left bedside.</p> <p>A review of the facility policy titled Self Administration of Medications, last reviewed October 2, 2023, indicated it is the policy to promote the right of the resident to self-administer drugs unless the interdisciplinary team (IDT) has determined that this practice would be unsafe. If the resident wishes to self-administer medications, the IDT will review the nursing assessment, resident's cognitive, physical, and visual ability to carry out this responsibility. If it is determined by the IDT that the resident is able to exercise this right, it will be documented on the Annual Status of Resident Self Administration of Medications form, and the charge nurse will establish a plan to instruct the resident regarding his/her medications. This plan will be documented in the residents care plan. The resident may begin self-administration after the instructions and understanding of the instructions has been demonstrated. This will be documented in the nursing notes. Medications must be locked in a cabinet or drawer.</p> <p>Review of Resident 26's clinical record revealed admission on January 18, 2024, with diagnoses to include Chronic obstructive pulmonary disease (COPD-lung disease that blocks airflow and makes it difficult to breathe) and chronic respiratory failure (condition that occurs when lungs cannot get enough oxygen into the blood or eliminate enough carbon dioxide from the body resulting in trouble breathing). The resident was assessed as cognitively intact with a BIMS score of 14 (Brief Interview for Mental Status - a tool to assess cognitive function - a score of 13-15 indicates cognitively intact).</p> <p>A physician's order dated January 26, 2024, was noted for Saline Nasal Spray Solution: one spray in each nostril every 2 hours as needed for congestion. The physician order was discontinued on March 28, 2024.</p> <p>During observation and interview with Resident 26 in her room on April 30, 2024, at 7:45 PM, an opened saline nasal spray solution bottle was observed on the resident's bedside table next to her personal items. During the interview, the resident stated that nursing staff left the bottle of saline nasal spray for her to self-administer. She reported that she has been using the saline nasal spray bottle has at the bedside for approximately 2 months.</p> <p>A second observation of Resident 26 on May 1, 2024, at 9:12 AM, revealed the saline nasal spray bottle remained on the resident's bedside table next to personal items.</p> <p>(continued on next page)</p>

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A third observation of the resident on May 2, 2024, at 1:25 PM, in the presence of Employee 1 (licensed practical nurse) confirmed that the saline nasal spray solution bottle was on the resident's bedside table next to personal items. Employee 1 confirmed that Resident 26 does self-administer the saline nasal spray and the physician order for the resident's use was discontinued on March 28, 2024.</p> <p>During an interview on May 2, 2024, at approximately 1:30 PM, with Employee 1, she confirmed that the resident's clinical record contained no physician order for Resident 26 to continue to use, and self-administer the saline nasal spray, no self-administration assessment of the resident's ability to self-administer, and no care plan indicating that the resident does self-administer the product. Employee 1 further confirmed that the physician's order for the resident's use of the saline nasal spray was discontinued on March 28, 2024, but that the saline nasal spray provided by the facility remained at the resident's bedside for the resident's use.</p> <p>28 Pa. Code: 211.9(a)(1) Pharmacy services.</p> <p>28 Pa Code 211.10 (c)(d) Resident care policies</p> <p>28 Pa Code 211.12 (d)(3)(5) Nursing services</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>21738</p> <p>Based on observation, clinical record review, and staff interviews it was determined the facility repeatedly failed to implement a resident's care plan for pressure relieving measures for one resident out of 25 sampled (Resident 85).</p> <p>Findings include:</p> <p>Review of Resident 85's clinical record revealed that the resident was admitted to the facility March 7, 2024, with diagnoses to include right femur (thigh) fracture and diabetes.</p> <p>Review of Resident 85's current comprehensive care plan initially dated March 8, 2024, indicated that the resident has potential for skin breakdown related to alteration in mobility. Review of the planned interventions failed to indicate that the resident's heels were to be floated over a pillow in bed.</p> <p>Observation on May 2, 2024, at 8:50 AM revealed that the resident was sleeping in bed with his heels directly on the mattress.</p> <p>A second observation on May 2, 2024, at 12:15 PM revealed the resident's heels again were directly on the mattress.</p> <p>Review of the resident's March 2024 through May 2, 2024 Task Report revealed an intervention that staff were to position the resident's heels over a pillow while the resident was in bed.</p> <p>Interview with Employee 5 (nurse aide) on May 2, 2024, at 12:20 PM confirmed that Resident 85's heels were directly on the mattress despite the resident's Task Report and care plan indicating that his heels should be floated over a pillow.</p> <p>Interview with the director of nursing (DON) on May 2, 2024, at 12:45 PM confirmed that Resident 85's heels were to be floated over a pillow while in bed.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing services.</p>

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21738</p> <p>Based on a review of clinical records, and resident and staff interviews, it was determined the facility failed to provide person-centered care consistent with professional standards of practice by failing to follow physician orders for medication administration for four residents (Residents 69, 85, 90 and 100) out of 25 sampled</p> <p>Findings included:</p> <p>A clinical record review revealed that Resident 100 was admitted to the facility on [DATE], with diagnoses that included heart failure (a condition that develops when the heart doesn't pump enough blood to meet the body's needs) and hypertension (a condition where the body's blood pressure is higher than normal).</p> <p>The resident had a physician order to receive Metoprolol Tartrate Tablet 50 MG with instructions to give 50 mg by mouth two times a day related to hypertension and to hold the medication if the resident's systolic blood pressure is less than 110 mmHg or her heart rate is less than 60 beats per minute was initiated on July 10, 2023, and discontinued on July 29, 2023.</p> <p>A review of the Medication Administration Record (MAR) from July 1, 2023, through July 29, 2023 revealed that staff administered Metoprolol Tartrate to Resident 100 on four occasions for blood pressure readings lower than the physician prescribed parameters (July 15, 2023 at 8:00 AM 104/66 mmHg; July 12, 2023, at 8:00 PM 106/56 mmHg; July 21, 2023, at 8:00 PM 90/54 mmHg and July 28, 2023 at 8:00 AM 100/68 mmHg</p> <p>During an interview on May 2, 2024, at approximately 2:00 PM, the DON confirmed that it is the facility's responsibility to provide care consistent with professional standards of practice, including administering medication within the parameters of a physician's orders.</p> <p>A review of the clinical record revealed that Resident 85 had diagnoses that included hypotension (low blood pressure).</p> <p>The resident had a physician order dated March 16, 2024, for Midodrine (works by causing blood vessels to tighten which increase blood pressure) 5 mg one tablet by mouth daily for a diagnosis of low blood pressure. Hold the medication if systolic blood pressure ([SBP] top number- the maximum pressure the heart exerts while beating) is greater than 130. (Blood pressure is measured in units of millimeters of mercury (mmHg). The readings are always given in pairs, with the upper (systolic) value first, followed by the lower (diastolic - [DBP]) value). The resident also had physician order dated March 8, 2024, for staff to obtain vital signs (which included a blood pressure) daily on the evening shift.</p> <p>Review of Resident 85's March 2024 MAR from March 16, 2024, through March 31, 2024, revealed that nursing staff administered Midodrine 5 mg was administered daily at 8:00 AM without documented evidence that staff obtained the resident's blood pressure prior to administration to assure necessity of administration according to the physician prescribed parameters.</p> <p>(continued on next page)</p>		

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<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 85's April 2024 MAR revealed that on April 1, 2024, staff were unable to administer Midodrine 5 mg as the facility was awaiting delivery of the medication. Review of April 2 through April 30, 2024, revealed that nursing staff administered Midodrine 5 mg was administered daily at 8:00 AM without documented evidence that staff obtained the resident's blood pressure prior to administration to assure necessity of administration according to the physician prescribed parameters.</p> <p>Review of Resident 85's May 1 through 3, 2024 MAR revealed that nursing staff administered Midodrine 5 mg was administered daily at 8:00 AM without documented evidence that staff obtained the resident's blood pressure prior to administration to assure necessity of administration according to the physician prescribed parameters.</p> <p>A review of the clinical record revealed that Resident 69 was admitted to the facility on [DATE], with diagnoses that included epileptic seizures and dependence on supplemental oxygen. heart failure (a condition that develops when the heart doesn't pump enough blood to meet the body's needs) and hypertension (a condition where the body's blood pressure is higher than normal).</p> <p>A physician's order dated January 26, 2024, at 10:20 AM was noted for the resident to receive Midodrine HCL 2.5 milligram (mg) by mouth three times a day for hypotension with parameters to hold the medication if systolic blood pressure (SBP) is greater than 120.</p> <p>The resident's MARs for the months of February 2024, March 2024 and April 2024 revealed that nursing staff administered the Midodrine HCL 2.5 mg for blood pressure readings above the physician prescribed paramaters on the following dates at times:</p> <p>February 5th, 2024 at 3:30 PM, 128/68</p> <p>February 16th at 12:00 PM, 122/78</p> <p>February 21st at 12:00 PM, 123/70</p> <p>March 6th, at 3:30 PM, 141/56</p> <p>March 29th at 12:00 PM, 122/74</p> <p>April 17th at 6:00 AM, 122/70</p> <p>April 17th at 12:00 PM, 122/70</p> <p>April 18th, 2024 at 12:00 PM, 124/68</p> <p>A review of the resident's February 2024 revealed that nursing staff held the medication on the following dates despite the resident's systolic blood pressure reading being below 120:</p> <p>February 24th at 12:00 PM, 107/68</p> <p>February 26th at 12:00 PM, 101/64</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A clinical record review revealed that Resident 90 was admitted to the facility on [DATE], with diagnoses that included chronic diastolic (the pressure of the blood against the artery walls while the heart is resting between beats) congested heart failure, chronic atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat), and hypotension.</p> <p>A physician's order dated November 18, 2023, at 4:52 PM indicated Metoprolol Tartrate 12.5 milligrams (mg) by mouth two times a day related to hypertension with parameters to hold the medication if the resident's systolic blood pressure (SBP) is less than 100, diastolic blood pressure is less than 60, or heart rate is less than 55 beats per minute.</p> <p>A review of the resident's medication administration records and clinical record from November 2023, through April 2024, revealed no evidence that staff obtained the resident's heart rate prior to administration of the Metoprolol Tartrate 12.5 mg.</p> <p>The resident also had a physician order dated November 18, 2023, at 4:52 PM for Midodrine HCL 5 mg by mouth related to hypotension with parameters to hold if the resident's BP is greater than 130/90.</p> <p>A review of MAR for February 2024, March 2024 and April 2024 revealed that staff administered the medication to the resident on the following occasions for blood pressure readings greater than 130/90</p> <p>February 2nd at 10:00 AM, 131/78</p> <p>February 3rd at 6:00 PM, 134/84</p> <p>February 4th at 6:00 PM, 139/61</p> <p>February 8th at 6:00 PM, 182/80</p> <p>February 13th at 6:00 PM, 134/85</p> <p>February 14th at 6:00 PM, 145/74</p> <p>February 17th at 6:00 PM, 145/74</p> <p>February 20th at 6:00 PM, 157/78</p> <p>February 22nd at 2:00 PM, 134/90</p> <p>February 26th at 6:00 PM, 157/65</p> <p>February 27th at 6:00 PM, 157/73</p> <p>February 29th at 2:00 PM, 133/87</p> <p>March 3rd at 6:00 PM, 156/90</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>April 16th at 2:00 PM, 138/88</p> <p>April 17th at 6:00 PM, 139/86</p> <p>April 18th at 2:00 PM, 134/78 and at 6:00 PM, 132/77</p> <p>April 21st at 10:00 AM, 132/78</p> <p>April 22nd at 2:00 PM, 133/72 and at 6:00 PM, 131/80</p> <p>April 23rd at 2:00 PM, 133/72 and at 6:00 PM, 137/71</p> <p>April 24th at 10:00 AM, 127/70</p> <p>April 25th at 2:00 PM, 133/72 and at 6:00 PM, 133/75</p> <p>April 27th at 2:00 PM, 137/92</p> <p>April 28th at 2:00 PM, 131/74 and at 6:00 PM, 134/82</p> <p>April 29th at 2:00 PM, 132/74 and at 6:00 PM, 138/74</p> <p>April 30th at 6:00 PM, 151/72</p> <p>During an interview on May 2, 2024, at 9:00 AM with Resident 90 the resident stated that the nurses don't always check her blood pressure or heart rate before giving her medications.</p> <p>During an interview on May 3, 2024, at approximately 12:00 PM the DON confirmed that the expectation was for staff to measure a resident's BP and heart rate prior to administering a medication with specific physician prescribed parameters.</p> <p>28 Pa Code 211.12 (d)(1)(3)(5) Nursing services</p> <p>28 Pa. Code 211.5 (f) Medical records</p>		

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 05/03/2024
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	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48276</p> <p>Based on a review of clinical records and staff interview, it was determined that the facility failed to provided individualized care for a resident with a diagnosis of PTSD for one out of the 25 residents sampled (Resident 21).</p> <p>Findings include:</p> <p>A clinical record review revealed that Resident 21 was admitted to the facility on [DATE], with diagnoses that included Post-Traumatic Stress Disorder (PTSD- a mental health condition that develops after experiencing a terrifying event, causing symptoms such as flashbacks, nightmares, and severe anxiety).</p> <p>The resident's care noted the resident's diagnosis of PTSD with a history of trauma related to a past car accident, implemented on April 15, 2020, with interventions of enlisting family as needed, offering a change of scenery, reminiscing about past events such as work and family life, offering time to verbalize her feelings and concerns, using social services to follow up as needed or requested, and having a psych consultation in place as needed or requested.</p> <p>A clinical record review revealed an outside provider medication management note dated May 3, 2023, indicating that Resident 21 had a history of anxiety, depression, and PTSD due to an abusive relationship with her husband. The note indicated that the resident received services from an outside counseling service prior to her admission to the facility, she experienced overwhelming feelings and distressful memories during attempts to reduce her medications in the past.</p> <p>A review of an outside provider medication management note dated May 17, 2023, indicated that Resident 21 admitted to feeling more anxiety and worry lately and did not sleep well after experiencing a nightmare.</p> <p>During an interview on May 2, 2024, at approximately 2:00 PM, the Director of Nursing (DON) was unable to explain the discrepancy between Resident 21's medication management notes indicating the resident's PTSD was related to a history of abuse and the resident's care plan indicating PTSD related to a car accident. The DON was unable to provide evidence that Resident 21 was accurately assessed for a risk of re-traumatization or screened for triggers that may cause re-traumatization.</p> <p>28 Pa Code 211.12 (d)(3)(5) Nursing services</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21738</p> <p>Based on observation, a review of clinical records, and staff and resident interviews it was determined that the facility failed to provide and/or efficiently deploy sufficient nursing staff to consistently provide timely and quality of care to residents, including timely provision of assistance to residents requiring the assistance of two nursing staff members for activities of daily living as evidenced by four out of 25 sampled residents (Residents 78, 80, 94 and 161).</p> <p>Findings include:</p> <p>An observation on April 30, 2024 at 6:30 PM revealed that the resident in resident room [ROOM NUMBER]-B was ringing their call bell for assistance for 26 minutes. At 6:56 PM the surveyor informed Employee 7, Licensed Practical Nurse (LPN) and Employee 8, LPN, who were observed seated in the nursing station while the resident's call bell was ringing, that the resident's call bell was ringing and that Resident 26 was requesting a drink of water and for their meal tray to be removed from their bedside so that they could go to sleep.</p> <p>During an interview on April 30, 2024, at approximately 6:45 PM, Employee 4, Nurse Aide, stated that when there are four nurse aides working on the unit, there is enough help to assist the patients with their needs. Employee 4, Nurse Aide, explained that when there are less than four nurse aides, they are not able to promptly address the needs of the residents. Employee 4, Nurse Aide, confirmed the surveyor's observations, that the Licensed Practical Nurses (LPN) do not assist with direct resident care duties that are assigned to the nurse aide. Employee 4, Nurse Aide, explained that LPNs do not assist the nurse aides when the facility is short on staff or when the LPNs are assigned to work as nurse aides to meet staffing ratios.</p> <p>A review of the clinical record revealed that Resident 78 was admitted to the facility on [DATE], and had diagnoses that include hemiplegia (paralysis of one side) and hemiparesis (muscular weakness or partial paralysis restricted to one side) following cerebral infarction ([stroke] a process that results in an area of necrotic [death of most or all cells] tissue in the brain) and osteoarthritis ([OA] long term degenerative joint condition when the tissue and parts of the joint gradually deteriorate).</p> <p>A quarterly Minimum Data Set assessment (MDS - a federally mandated standardized assessment process completed at specific intervals to plan resident care) dated March 14, 2024, indicated that the resident was cognitively intact with a BIMS [Brief Interview of Mental Status-a tool to assess cognitive function] score of 15 (a score of 13-15 indicates intact cognition), and requires extensive assistance from staff with activities of daily living (transfers, dressing, toileting).</p> <p>During an interview with Resident 78 on May 1, 2024, at 9:50 AM the resident stated that she has had to wait extended periods of time for nursing staff to answer her call bell and assist her to the toilet. The resident stated that she has waited over 45 minutes and became upset because she cannot transfer independently and requires staff to assist her.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the clinical record revealed that Resident 80 was admitted to the facility on [DATE], and had diagnoses that include other abnormalities of gait and mobility, unsteadiness on feet, difficulty walking, and muscle weakness.</p> <p>A quarterly MDS dated [DATE], indicated that the resident was moderately cognitively impaired with a BIMS of 10, and requires extensive assistance from staff with activities of daily living (transfers, dressing, toileting).</p> <p>During an interview with Resident 80 on May 1, 2024, at 9:03 AM the resident stated that she has waited an entire morning for nursing staff to answer her call and most of the afternoon, stating it was approximately 5.5 hours. The resident stated that nursing staff assisted her roommate but continued to ignore her call bell. She said she was calling for assistance to get dressed and get out of bed.</p> <p>A review of the clinical record revealed that Resident 94 was admitted to the facility on [DATE], with diagnoses that included a right femur (thigh bone) fracture.</p> <p>An admission MDS assessment dated [DATE], indicated that the resident was cognitively intact with a BIMS score of 15. Review of the resident's care plan initially dated April 19, 2024, indicated that the resident required the assistance of one staff for transfers and toileting.</p> <p>During interview with Resident 94 on May 1, 2024, at 12:05 PM the resident stated that even though she would like and needs the help of staff, that at times she transfers herself to the toilet because she can't wait 45 minutes for nursing staff to answer her call bell when she needs to go to the bathroom. Resident 94 stated that it often takes longer than 15 minutes for the call bell to be answered which is a long time when you have to use the toilet.</p> <p>Review of the clinical record revealed that Resident 161 was admitted to the facility on [DATE], with diagnoses that included third lumbar vertebra fracture (fracture of the spine).</p> <p>An admission Minimum Data Set assessment dated [DATE], indicated that the resident was cognitively intact with a BIMS score of 14 and required the assistance of two staff for bed mobility, transfers, and toileting.</p> <p>During interview with Resident 161 on May 3, 2024, at 9:00 AM the resident stated that the other night she had to yell for help because no one was answering her call bell. Resident 61 stated at times that she had to wait a long time for the call bell to be answered.</p> <p>The facility failed to provide and/or efficiently deploy sufficient nursing staff to provide timely care and assistance to residents as assessed including providing care to meet the needs of Residents 78, 80, 94, and 161 in a timely manner to promote the residents' mental and physical well-being.</p> <p>Interview with the Director of Nursing (DON) on May 3, 2024, at approximately 11:30 AM, confirmed that call bells were to answered promptly and that sufficient nursing staff were to be deployed in a manner to ensure residents' needs are timely met.</p> <p>28 Pa. Code 211.12(c)(d)(1)(3)(4)(5) Nursing services</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>28 Pa. Code 201.18(e)(1) Management</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21738</p> <p>Based on a review of clinical records and staff interviews it was determined that the facility failed to ensure that a resident's drug regimen was free of unnecessary antibiotic drugs for one out of 25 residents sampled (Resident 61).</p> <p>Findings included:</p> <p>A review of the clinical record revealed that Resident 61 was admitted to the facility on [DATE], and had diagnoses that include unspecified abnormalities of gait and mobility and muscle weakness.</p> <p>Review of nursing progress note dated February 13, 2024, at 2:35 AM revealed that the resident's urine was cranberry in color. Resident's abdomen was not distended, no pain noted upon palpation (touch). The resident denies pain when urinating. Physician notified new orders for UA and C&S, and representative notified. No vital signs were documented.</p> <p>SBAR Suspected Infections - V6 documentation dated February 15, 2024, revealed that new orders were received from the provider that included a UA/C&S and antibiotic therapy.</p> <p>A physician's order dated February 14, 2024, at 12:38 PM was noted for Ciprofloxacin HCL([Cipro] antibiotic medication) 500 mg by mouth twice daily for UTI.</p> <p>The urine culture results dated February 16, 2024, at 2:15 PM revealed abnormal results of greater than 100,000 colonies/ml enterococcus species, but Cipro was not indicated on the susceptibility panel.</p> <p>A nursing progress note dated February 16, 2024, at 8:39 PM revealed UA/C&S results were received at this time, call placed to Physician with new orders to discontinue Cipro and start Macrobid 100 mg by mouth twice daily for UTI, resident representative aware.</p> <p>A physician's order dated February 16, 2024, at 8:42 PM was noted for Nitrofurantoin Monohyd Macro Capsule (Macrobid - antibiotic medication) 100 mg by mouth twice daily for seven days related to UTI.</p> <p>A review of the resident's MAR for the month of February 2024, revealed that the resident received five unnecessary doses of Cipro.</p> <p>SBAR Suspected Infections - V6 documentation dated February 26, 2024, revealed new orders received from the provider UA/C&S and notify provider if symptoms worsen or are unresolved.</p> <p>A nursing progress note dated February 27, 2024, at 8:11 PM revealed a new order to repeat UA, C&S.</p> <p>A review of a laboratory report for a urinalysis dated February 28, 2024, at 9:18 PM revealed the results as abnormal with the color to be noted as yellow and cloudy, a small amount of blood, large amount of esterase, 30-49 RBCs, 50+ white blood cells (WBCs), bacteria and WBC clumps in present.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician's order dated February 29, 2024, at 6:37 PM was noted for Cipro 500 mg by mouth every 12 hours for UTI for 7 days.</p> <p>The urine culture results dated March 1, 2024, at 8:07 AM revealed abnormal results of greater than 100,000 colonies/ml enterococcus species and Cipro was not indicated on the susceptibility panel.</p> <p>A physician's order dated March 1, 2024, at 2:50 PM was noted for Ampicillin 500 mg by mouth four times daily for UTI for 10 days.</p> <p>A review of the MAR for the month of February 2024 revealed the resident received two unnecessary doses of Cipro.</p> <p>During an interview on May 3, 2024, at 1:29 PM, with the Director of Nursing (DON) confirmed that Residents 61 was not free from unnecessary antibiotic medications.</p> <p>Refer 881</p> <p>28 Pa. Code 211.2(d)(3)(5) Medical Director</p> <p>28 Pa. Code 211.5 (f) Medical records</p>

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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21738</p> <p>Based on a review of select facility policy and clinical records and staff interviews it was determined that the facility failed to timely notify the physician of abnormal lab results for one resident out of 25 sampled (Resident 54).</p> <p>Findings included:</p> <p>A review of facility policy entitled Change in Resident's Condition: Resident, Physician and Resident Representative Notification last reviewed October 2, 2023, indicated that nursing will assess the resident and make proper documentation as to the resident's condition. Critical and sub-therapeutic lab values along with abnormal diagnostic studies require physician notification and response this can be done via fax or phone message.</p> <p>A review of the clinical record revealed that Resident 54 was admitted to the facility on [DATE], and had diagnoses that include urinary tract infection ([UTI] an infection of the urinary system), urinary incontinence (involuntary urination) and chronic kidney disease stage three (classified in five stages depending on the amount of permanent damage the kidney has sustained that will include symptoms including frequent urination and changes to the color of the urine).</p> <p>A review of nursing progress notes dated October 16, 2023, at 10:35 AM that the Certified Registered Nurse Practitioner (CRNP) was in to see resident and a new order was noted to obtain UA/C&S laboratory work on October 17, 2023.</p> <p>Further review of urine culture results dated October 21, 2023, at 3:44 PM revealed abnormal results of greater than 100,000 colonies/milliliter (ml) Klebsiella pneumoniae (a bacteria that normally lives in your intestines and feces that causes infection in the urinary tract and also has a high tendency to become antibiotic resistant) ESBL (extended-spectrum beta-lactamase - a type of enzyme produced by certain bacteria that makes them resistant to commonly used antibiotics) producing organism. This resident may require isolation (precautions taken to prevent the spread of an infectious agent from an infected or colonized person to susceptible persons). Ceftriaxone, the antibiotic medication the resident was currently receiving, showed to be resistant (the antibiotic medication cannot kill the pathogen and stop their growth).</p> <p>A review of nursing progress notes revealed that nursing staff did not notify the physician of the abnormal results of the C & S until October 22, 2023, at 6:44 PM, and the resistance to prescribed ceftriaxone along with the resident's behaviors and poor intake of food, fluids, and medications. New orders were received at that time to send the resident to the Emergency Department (ED) for evaluation.</p> <p>During an interview with the Director of Nursing (DON) on May 2, 2024, at approximately 1:15 PM the DON stated that the laboratory results are sent to nursing and the physician, and that the timeframe for addressing abnormal lab results should not exceed 24 hours, confirming that the C&S results were not addressed with the physician in a timely manner.</p> <p>(continued on next page)</p>		

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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.12 (d)(3)(5) Nursing services</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48277</p> <p>Based on observation, review of the clinical record, and resident and staff interview, it was determined that the facility failed to provide a nutritional supplement that accommodated a resident's preferences for one resident of 25 residents reviewed (Resident 91).</p> <p>Findings include:</p> <p>A review of the clinical record revealed that Resident 91 was admitted to the facility on [DATE], with diagnoses to include achalasia of cardia (rare disorder making it difficult for food and liquid to pass from the esophagus into the stomach), and dystonia (a movement disorder that causes the muscles to contract involuntarily).</p> <p>Review of a nutrition progress dated March 18, 2024, at 8:56 AM indicated that the house supplement 2.0 at 120 ml BID (twice a day) was ordered for the resident. Documentation indicated that the resident consumed 50% intake of the supplement, with multiple refusals also noted.</p> <p>Review of an administration progress note dated March 21, 2024, at 12:53 PM indicated that, at the request of the resident, the house supplement 2.0 was to be discontinued and a Boost supplement was to be added BID with her breakfast and dinner tray for increased nutritional support.</p> <p>During interview with Resident 91 on May 1, 2024, at 12:45 PM, the resident stated that she had a conversation with a woman from dietary about a month ago regarding substituting the house nutritional supplement for something better tasting. She said she was told that a Boost nutritional supplement would be added to her breakfast and dinner meal trays but that she had not received the Boost supplement or any supplement since then and feels as though she needs additional nutritional support.</p> <p>Observation of the resident in her room during breakfast on May 2, 2024, at 8:30 AM revealed that the resident did not have a Boost nutritional supplement on her breakfast tray. Review of her meal tray ticket revealed no indication that the resident that a Boost supplement was ordered.</p> <p>Interview with Employee 3 (registered dietitian) on May 2, 2024, at 11:35 AM, confirmed that the house supplement 2.0 was discontinued on March 21, 2024, but that the Boost nutritional supplement was not ordered in its place. She confirmed that there was no current order for the Boost, the Boost supplement was not noted on the resident's meal tray ticket, and that Resident 91 did not receive the Boost supplement as discussed and planned.</p> <p>28 Pa. Code 211.12 (d)(3)(5) Nursing services</p>

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>21738</p> <p>Based on observation, review of the minutes from Resident Council Meetings, scheduled facility mealtimes, and select facility policy, and resident and staff interviews it was determined that the facility failed to ensure the provision of a nourishing (satisfying to the resident) evening snack when greater than 14 hours elapsed from the supper meal to breakfast the next day for residents including eight residents of 25 sampled (Resident 7, 10, 57, 61, 64, 78, 90 and 104).</p> <p>Findings include:</p> <p>Review of the facility's policy titled Snacks Policy, last reviewed October 2, 2023, indicated that a variety of snacks are available on the units throughout the day. Residents able to consume oral feedings will be offered a nutritious bedtime snack.</p> <p>Review of the facility's scheduled meal times revealed 15 hours between the evening meal and the next day's breakfast meal.</p> <p>Review of Resident Council Meeting minutes dated from February 21, 2024, March 28, 2024, and April 24, 2024, revealed that a meeting topic of snacks was discussed during these meetings. When asked if the residents were being offered a snack after dinner in the evening, most residents responded no, and some that they did not want a snack.</p> <p>During a tour of the facility, observations on April 30, 2024, at 7:24 PM revealed on the fourth floor, Hallway D (resident rooms 428 - 434) snacks were not observed to have been provided to the residents that evening.</p> <p>During an interview with Resident 57 on April 30, 2024, at 7:29 PM the resident stated that the resident does not receive bedtime snacks nor is a snack offered in the evening.</p> <p>During an interview with Resident 104 on April 30, 2024, at 7:33 PM the resident stated that if you want a snack you have to ask the staff, because they do not just automatically bring one or offer one.</p> <p>During an interview with Employee 6, nurse aide, on April 30, 2024, at 7:34 PM Employee 6 stated that if the resident snacks came up from dietary, they would be in the nurse's station. Residents receive snacks from dietary or from the pantry on the floor if requested.</p> <p>Observations at that time revealed no evidence of snacks being delivered to the fourth floor.</p> <p>During an interview with Resident 61 on April 30, 2024, at 9:00 AM the resident stated that the resident has never been offered a bedtime snack.</p> <p>During an interview with Resident 7 on April 30, 2024, at 9:23 AM the resident stated the resident had never been offered a snack in the evening.</p> <p>(continued on next page)</p>

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with Resident 78 on April 30, 2024, at 9:50 AM the resident stated that they have to ask for a snack before bedtime if they want one.</p> <p>During a group interview with five alert and oriented residents on May 2, 2024, at 10:00 AM, three of the five residents (Residents 64, 10, and 90) in attendance stated that snacks are not routinely offered to them in the evenings. The residents stated they would like to receive an evening/bedtime snack. Resident 10 reported that when he has requested a snack, one is provided for him.</p> <p>Interview with the foodservice director (FSD) on May 3, 2024, at 12:30 PM confirmed that there was greater than 14 hours between supper and breakfast the next day. The FSD confirmed that bedtime snacks were to be offered to residents.</p> <p>28 Pa. Code 211.12 (d)(3)(5) Nursing Services</p>		

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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	
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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21738</p> <p>Based on a review of clinical records, facility policy, and the facility's infection assessment tool, and staff interview it was determined that the facility failed to consistently implement its antibiotic stewardship protocols for initiating antibiotic use for two residents out of 25 sampled. (Resident 54 and 61)</p> <p>Findings included:</p> <p>Review of a facility policy entitled Antibiotic Stewardship last reviewed October 2, 2023, indicated improving the use of antibiotics in healthcare to protect patients and reduce the threat of antibiotic resistance is a national priority. Education - provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use. Cultures are ordered when indicated and microbiology reports are received by the unit, the pharmacy and the infection control office directly from the contracted laboratory. These are monitored for appropriate antibiotic selection. Minimum criteria for initiation of antibiotics is based on the McGeer criteria.</p> <p>Review of a facility policy entitled Surveillance, Infection Control and Prevention last reviewed October 2, 2023, indicated the goal of the facility is to do surveillance of infections to prevent the spread among residents. The infection preventionist or designee will do surveillance of infections among residents by reviewing culture reports and other pertinent lab data, chart review, review of 24-hour report and physician consultation. Documentation is maintained on a line listing of resident's infections. SBAR used to identify infections using McGeer criteria.</p> <p>Review of McGeer Criteria for urinary tract infection ([UTI] an infection of the urinary system), surveillance indicates that UTI without indwelling catheter must fulfill both one and two under criteria which is listed as the following: One: at least one of the following sign or symptoms; acute dysuria (painful urination) or pain, swelling, or tenderness of testes, epididymis, or prostate. Fever or leukocytosis, and one or more of the following: acute costovertebral angle pain or tenderness, suprapubic pain, gross hematuria (blood in urine), new or marked increased incontinence (involuntary urination), urgency, or frequency. If no fever or leukocytosis, then two or more of the following: suprapubic pain, gross hematuria, new or marked increase in incontinence, urgency, or frequency. Two: at least one of the following microbiologic criteria; greater than or equal to 10⁵ CFU (colony-forming-unit the estimated number of microbial cells)/milliliter (ml) of no more than two species of organisms in a voided urine sample or 10² CFU/ml of any organism(s) in a specimen collected by an in-and-out catheter. Urine specimens for culture should be processed as soon as possible preferably within one to two hours, if the specimen is not processed within 30 minutes of collection they should be refrigerated and used for culture within 24 hours.</p> <p>A review of the clinical record revealed that Resident 54 was admitted to the facility on [DATE], and had diagnoses that include urinary tract infection ([UTI] an infection of the urinary system), urinary incontinence (involuntary urination) and chronic kidney disease stage three (classified in five stages depending on the amount of permanent damage the kidney has sustained that will include symptoms including frequent urination and changes to the color of the urine).</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A facility communication tool, SBAR (situation-background-assessment-recommendation) Suspected Infections - V6 documentation dated October 17, 2023, (no time) revealed that resident had a suspected infection of UTI, the date the symptoms were identified were October 16, 2023. The most recent vital signs documented included: blood pressure 118/76 on October 13, 2023, at 1:17 PM, temperature 97.8 degrees on October 15, 2023, at 12:59 AM, pulse 76 on June 23, 2023, at 10:12 AM, respiration 17 on October 23, 2023, at 10:12 AM, oxygen saturation 97 % on room air on August 6, 2023, at 11:56 PM. Comments or related information the resident is incontinent the incontinence is new or worsening, the resident does not have an indwelling catheter. Protocol criteria not met resident does not need an immediate prescription for an antibiotic but may need additional observation. New orders received from the provider for urinalysis ([UA] is an analysis that includes various tests to examine the urine contents for any abnormalities that indicate a disease condition or infection), culture and sensitivity ([C & S] identifies the organisms create infections and illnesses. Sensitivity tests to identify the most effective medications to treat the illnesses or infections).</p> <p>A review of a laboratory report for a urinalysis dated October 17, 2023, at 10:33 AM revealed abnormal results, with clarity turbid, small amount of blood, large esterase, 10-19 red blood cells (RBC), WBC (white blood cell) clumps present.</p> <p>A physician's order dated October 17, 2023, at 5:21 PM was noted for Ceftriaxone Sodium Solution reconstituted one gram; inject one gram intramuscularly (IM) one time a day for U/A results (follow-up with end date when C&S results obtained) for administration mix with Lidocaine 1% 2.1 ml.</p> <p>A review of physician's progress note dated October 17, 2023, at 7:25 PM revealed pending UA/C&S report would start resident on Rocephin (Ceftriaxone) one gram IM daily since her mental status change might be to UTI. After cultures come back antibiotic would be changed if necessary.</p> <p>Further review of urine culture results dated October 21, 2023, at 3:44 PM revealed abnormal results of greater than 100,000 colonies/milliliter (ml) Klebsiella pneumoniae (a bacteria that normally lives in your intestines and feces that causes infection in the urinary tract and also has a high tendency to become antibiotic resistant) ESBL (extended-spectrum beta-lactamase - a type of enzyme produced by certain bacteria that makes them resistant to commonly used antibiotics) producing organism. This resident may require isolation (precautions taken to prevent the spread of an infectious agent from an infected or colonized person to susceptible persons). Greater than 10,000 - 100,000 colonies/ml proteus mirabilis (a gram-negative bacteria found in human intestinal tract causes UTI) and 10,000 - 100,000 colonies/ml enterococcus species (a bacteria that causes infections in humans). Ceftriaxone (antibiotic medication) showed to be resistant (the antibiotic medication cannot kill the pathogen and stop their growth).</p> <p>A review of nursing progress notes dated October 22, 2023, at 6:44 PM revealed the physician was called regarding the C&S results and resistance to ceftriaxone and the resident's behaviors and poor intake of food, fluids, and medications. New orders to send the resident to the Emergency Department (ED) for evaluation.</p> <p>A review of nursing progress notes dated October 23, 2023, at 2:36 AM revealed the resident returned from the ED.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A physician's order dated October 23, 2023, at 1:10 PM indicated Ertapenem (antibiotic medication) Sodium Injection Solution reconstituted inject 500 mg intramuscularly (IM) one time a day for UTI infection for five days.</p> <p>A review of the Medication Administration Record (MAR) for the month of October 2023, revealed that the resident received five unnecessary doses of Ceftriaxone one gm IM.</p> <p>There was no documented evidence that the facility McGeer Assessment Tool referenced in the facility Antibiotic Stewardship policy for a Urinary Tract Infection was completed and applied to Resident 54 to prevent use of an unnecessary antibiotic use.</p> <p>An interview with the director of nursing on May 3, 2024, at 1:29 PM failed to provide documented evidence that the facility's chosen McGeer Assessment Tool for a Urinary Tract Infection was used to ensure the administration of Ceftriaxone was clinically indicated and the clinical necessity of initiating the antibiotic prior to and based on the urinalysis C&S results.</p> <p>A review of the clinical record revealed that Resident 61 was admitted to the facility on [DATE], and had diagnoses that include unspecified abnormalities of gait and mobility and muscle weakness.</p> <p>Review of nursing progress note dated February 13, 2024, at 2:35 AM revealed the nurse was called to the resident's room to observe the resident's urine which was cranberry in color. Resident's abdomen was not distended, no pain noted upon palpation (touch). The resident denies pain when urinating. Physician notified new orders for UA and C&S, and representative notified. No vital signs were documented.</p> <p>SBAR Suspected Infections - V6 documentation dated February 15, 2024, (no time) revealed the resident had a suspected infection of UTI, the date the symptoms were identified were February 13, 2024. The most recent vital signs documented included: blood pressure 120/60 on December 28, 2023, at 2:09 PM, temperature 97 degrees on February 12, 2024, at 10:28 AM, pulse 84 on December 28, 2023, at 2:09 PM, respiration 16, on December 28, 2023, at 2:09 PM, oxygen saturation 95 % on room air on February 12, 2024, at 10:28 AM. The resident does not have an indwelling catheter is not incontinent or on dialysis. The resident does not have a fever, but two or more of the symptoms below including urgency (sudden and frequent strong urges to pass urine) and gross hematuria (blood in urine). Protocol criteria met resident may require UA/C&S or an antibiotic. New orders received from the provider that include UA/C&S and antibiotic therapy.</p> <p>A physician's order dated February 14, 2024, at 12:38 PM indicates Ciprofloxacin HCL([Cipro] antibiotic medication) 500 mg by mouth twice daily for UTI.</p> <p>Further review of urine culture results dated February 16, 2024, at 2:15 PM revealed abnormal results of greater than 100,000 colonies/ml enterococcus species. Cipro was not indicated on the susceptibility panel.</p> <p>A nursing progress note dated February 16, 2024, at 8:39 PM revealed UA/C&S results received at this time, call placed to Physician with new orders to discontinue Cipro and start Macrobid 100 mg by mouth twice daily for UTI, resident representative aware.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A physician's order dated February 16, 2024, at 8:42 PM indicated Nitrofurantoin Monohyd Macro Capsule (Macrobid - antibiotic medication) 100 mg by mouth twice daily for seven days related to UTI.</p> <p>A review of MAR for the month of February 2024, revealed that the resident received five unnecessary doses of Cipro.</p> <p>There was no documented evidence that the facility McGeer Assessment Tool referenced in the facility Antibiotic stewardship policy for a Urinary Tract Infection was completed and applied to Resident 61 to prevent use of an unnecessary antibiotic use.</p> <p>SBAR Suspected Infections - V6 documentation for Resident 61 dated February 26, 2024, (no time) revealed the resident had a suspected infection of UTI, the date the symptoms were identified were February 27, 2024. The most recent vital signs documented included: blood pressure 107/54 on March 20, 2024, at 9:07 PM, temperature 97.8 degrees on March 26, 2024, at 8:08 AM, pulse 88 on March 12, 2024, at 6:45 PM, respiration 20, on March 12, 2024, at 6:45 PM, oxygen saturation 97 % on room air on March 26, 2024, at 8:08 AM. The resident is not incontinent or on dialysis. The resident does not have a fever but two or more of the symptoms below that include gross hematuria. The documentation only indicates one not two symptoms. Protocol criteria met resident may require UA/C&S or an antibiotic. Interventions included a UA, C&S and notify the provider if symptoms worsen or are unresolved. New orders received from the provider UA/C&S and notify provider if symptoms worsen or are unresolved.</p> <p>A nursing progress note dated February 27, 2024, at 8:11 PM revealed new order to repeat UA, C&S.</p> <p>A review of a laboratory report for a urinalysis dated February 28, 2024, at 9:18 PM revealed the results as abnormal with the color to be noted as yellow and cloudy, a small amount of blood, large amount of esterase, 30-49 RBCs, 50+ white blood cells (WBCs), bacteria and WBC clumps in present.</p> <p>A physician's order dated February 29, 2024, at 6:37 PM indicated Cipro 500 mg by mouth every 12 hours for UTI for 7 days.</p> <p>A nursing progress note dated February 29, 2024, at 7:39 PM revealed UA results sent to physician for review new order via fax for Cipro 500 mg by mouth twice daily for seven days and follow-up with final C&S for new medication if medication is not listed as sensitive.</p> <p>Further review of urine culture results dated March 1, 2024, at 8:07 AM revealed abnormal results of greater than 100,000 colonies/ml enterococcus species. Cipro was not indicated on the susceptibility panel.</p> <p>A physician's order dated March 1, 2024, at 2:50 PM indicated Ampicillin 500 mg by mouth four times daily for UTI for 10 days.</p> <p>A review of the MAR for the month of February 2024 revealed the resident received two unnecessary doses of Cipro.</p> <p>There was no documented evidence that the facility McGeer Assessment Tool referenced in the facility Antibiotic Stewardship policy for a Urinary Tract Infection was completed and applied to Resident 61 to prevent use of an unnecessary antibiotic.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with the director of nursing on May 3, 2024, at 1:29 PM failed to provide documented evidence that the facility's chosen McGeer Assessment Tool for a Urinary Tract Infection was used to ensure the administration of Cipro for Resident 61 was clinically indicated prior to receiving the urinalysis C&S results.</p> <p>There was no evidence that the facility consistently followed McGeer Criteria prior to initiating antibiotic therapy for Resident 54 and Resident 61 failing to follow its Antibiotic Stewardship policy to improve antibiotic prescribing, administration, and management practices to reduce inappropriate use to ensure that residents receive the right antibiotic for the right indication, dose, and duration.</p> <p>Refer F757</p> <p>28 Pa. Code 211.10(a)(d) Resident care policies</p> <p>28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing services</p>		