

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395332	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Wayne Center		STREET ADDRESS, CITY, STATE, ZIP CODE 30 West Avenue Wayne, PA 19087	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30934</p> <p>Based on clinical records review and staff interview, it was determined that the facility failed to ensure wound treatment and assessment were completed and recommendation of a wound physician was followed for three of eight residents reviewed (Residents 83, 87, and 242).</p> <p>Findings include:</p> <p>Review of Resident 83's clinical records revealed that the resident was admitted to the facility on [DATE], with a diagnosis of Bladder Cancer and duodenal ulcer with surgical treatment.</p> <p>Review of Resident 83's clinical record revealed resident was admitted with a Stage 2 Pressure Ulcer (Partial-thickness skin loss with exposed dermis) to the lower back with a measurement of 3.7 x 1.2 cms. The wound was treated with normal saline and then covered with an Optifoam (silicone-bordered dressing) dressing every three days.</p> <p>Review of Resident 83's clinical record revealed a wound consult dated June 11, 2024, indicating the lower back/lumbar spine wound was an Unstageable Pressure Ulcer (Obscured full-thickness skin and tissue loss), with a measurement of 1.3 x 0.6 x 0.1 cms. With 100 % slough. The physician recommended cleansing the wound with cleanser, applying Medihoney, and cover with Silicone dressing daily.</p> <p>Review of Resident 83's clinical record revealed the Medihoney treatment recommended by the wound physician was not implemented until June 27, 2024, 16 days after the recommended treatment was made on June 11, 2024. During that time the unstageable wound to the lower back/lumbar spine was treated with Optifoam dressing every three days.</p> <p>Interview with the Director of Nursing (DON) conducted on July 1, 2024, revealed, after a resident is seen by the wound physician, the unit manager was responsible for reviewing the recommendations and notifying the primary physician of the order. The DON reported that the unit manager was not able to relay the wound care treatment recommendation to the primary physician therefore wound treatment was not changed to Medihoney until June 27, 2024.</p> <p>The facility failed to ensure wound physician's recommendation for wound treatment of Resident 83's unstageable wound to the lower back was followed.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 87's Progress Notes revealed a nursing entry dated June 6, 2024 at 7:54 p.m. stating Resident noted with B/L (bilateral-both) heel DTI (Deep Tissue Injury- deep red, purple or maroon areas of intact skin, non-intact skin or blood-filled blisters caused by damage to the underlying soft tissues).</p> <p>Review of Resident 87's clinical record revealed there was no full documentation of the wound discovered on June 6, 2024 other than the above progress note.</p> <p>Review of Resident 87's physician orders and Medication Administration Record for June 2024 revealed there was no treatment to the DTI discovered on June 6, 2024 until June 10, 2024.</p> <p>Review of Resident 87's wound evaluations revealed there was no thorough documentation, including measurements and full description of the wound until June 18, 2024.</p> <p>Interview with the Director of Nursing on July 1, 2024 at 10:30 a.m. confirmed the deep tissue injury found on Resident 87 on June 6, 2024 were not thoroughly assessed until June 18, 2024 or any documented evidence a treatment had been completed until June 10, 2024.</p> <p>Review of Resident 242's wound consult dated June 18, 2024, revealed a Stage 3 Pressure Ulcer (Full thickness skin loss) on the left buttock measuring 1.1. x 1.2 x 0.1 cm., with heavy serous drainage, 100% granulation with no slough. The physician recommended cleansing the wound with a cleanser, applying medical honey, and cover with Silicone bordered foam dressing daily.</p> <p>Review of Resident 242's clinical record review revealed the Medihoney wound treatment recommended by the wound physician was not implemented.</p> <p>Interview with the DON on July 1, 2024, confirmed that the Medihoney treatment recommended by the wound physician was not relayed to the primary physician thus, the order was not implemented.</p> <p>The facility failed to ensure wound physician's recommendation for a Medihoney treatment for Resident 242's left buttock wound was followed.</p> <p>28 Pa. Code 211.12 (c)(d)(1)(5) Nursing services</p> <p>28 Pa Code 211.5(f) Clinical Records</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>41765</p> <p>Based on observation, staff interviews, clinical records, and the facility's policy and procedure review, it was determined that the facility failed to ensure proper care and maintenance of a peripherally inserted central catheter (PICC- medical device that is placed into a vein to allow access to the bloodstream) dressing to one out of one resident reviewed (Resident 243).</p> <p>Findings include:</p> <p>Review of the facility's policy titled Central Vascular Access Device (CVAD) Dressing Change, last revised on June 21, 2021, revealed that sterile dressing changes using standard -ANTT is performed: Upon admission, if the transparent dressing is dated, clean, dry and intact, the admission dressing change may be omitted and scheduled for seven days from the date on the dressing label; At least weekly; and if the integrity of the dressing has been compromised.</p> <p>Review of Resident 243's physician order revealed an order made on June 17, 2024, for Cefazolin Sodium (Antibiotic) two grams intravenously (medication/fluids administered through a needle or tube inserted into a vein) every eight hours for Bacteremia (infection in the blood).</p> <p>Observation conducted on June 26, 2024, at 11:00 a.m., revealed Resident 243 was lying in bed, with a PICC line to the upper arm. The transparent dressing to the PICC line was dated June 18, 2024.</p> <p>Observation conducted July 1, 2024, at 11:10 a.m., in the presence of licensed nurse Employee E3, revealed Resident 243's PICC line transparent dressing was dated June 18, 2024.</p> <p>Interview conducted with Employee E3 on July 1, 2024, confirmed that Resident 243's PICC line transparent dressing had a date of June 18, 2024. Employee E3 reported that the transparent dressing of the PICC line should have been changed weekly.</p> <p>Interview conducted with the Director of Nursing on July 1, 2024, revealed PICC line transparent dressing is changed weekly. The Director of Nursing confirmed the dressing was not done weekly and was last done on June 18, 2024.</p> <p>The facility failed to ensure Resident 243's PICC line transparent dressing was changed weekly to prevent parenteral infusion complications.</p> <p>28 Pa. Code 211.12 (c)(d)(1)(5) Nursing services</p> <p>28 Pa. Code 211.10(c) Resident care policies</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>41765</p> <p>Based on clinical records review and staff interview, it was determined that the facility failed to ensure PRN (as needed) anti-anxiety psychotropic (any drug that affects brain activities associated with mental processes and behavior) medication was administered with appropriate indication for one of five residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>Review of Resident 2's diagnosis list includes Depression (mental health disorder characterized by low mood or loss of interest in activities that last for a long time and can interfere with normal functioning) and anxiety disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities)</p> <p>Review of Resident 2's Physician order (POS) dated June 12, 2024, revealed Alprazolam (anti-anxiety medication) 0.5 mg one tab at bedtime.</p> <p>Review of Resident 2's POS dated June 8, 2024, revealed Alprazolam 0.5 mg two tablets every six hours as needed for anxiety.</p> <p>Review of Resident 2's June 2024, Medication Administration Record revealed that from June 9, 2024, until June 16, 2024, Resident 2 was administered PRN Alprazolam 12 times with no appropriate indication for use.</p> <p>Interview with the Director of Nursing was conducted on July 1, 2024. The facility failed to provide documentation of appropriate indication for administering PRN Alprazolam to Resident 2.</p> <p>The facility failed to ensure Resident 2 was administered with PRN anti-anxiety psychotropic medication with appropriate indications.</p> <p>28 Pa. Code: 211.12(d)(5) Nursing Services</p> <p>28 Pa. Code: 211.12 (d)(1)(3) Nursing Services</p>		