

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Stoneridge Towne Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 7 West Park Avenue Myerstown, PA 17067	

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>43883</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to implement physician's orders for one of 15 sampled residents. (Resident 52)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 52 had diagnoses that included bacteremia (bacteria in the blood), congestive heart failure, and respiratory failure.</p> <p>A physician's order dated June 30, 2024, directed staff to weigh the resident daily and to notify the doctor for a weight gain of two or more pounds (lbs.) in one day. On July 20, 2024, the resident weighed 88.2 lbs. On July 21, 2024, the resident weighed 90.2 lbs., which reflected a weight gain of two lbs. in one day. There was no evidence that staff notified the doctor of the weight change per the order.</p> <p>A review of physician's orders dated July 1 through 9, 2024, and the Medication Administration Record for July 2024, revealed the following:</p> <p>Staff were to change administration tubing with the first dose of ampicillin (an antibiotic) daily. There was no evidence that the tubing was changed as ordered on two occasions.</p> <p>Staff were to administer ceftriaxone sodium (an antibiotic) two grams (g) intravenously (IV) every 12 hours daily. There was no evidence that the medication was administered as ordered on one occasion.</p> <p>Staff were to administer florastor oral capsule 250 milligrams (mg) two times per day. There was no evidence that the medication was administered as ordered on one occasion.</p> <p>Staff were to administer heparin sodium (a blood thinner) five milliliters (ml) via IV. There was no evidence that it was administered on ten occasions.</p> <p>Staff were to administer normal saline 10 ml via IV. There was no evidence to support that it was administered on 19 occasions.</p> <p>Staff were to replace a green antimicrobial cap to each port. There was no evidence that the cap was replaced on 10 occasions.</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>Staff were to administer ampicillin sodium (an antibiotic) 2000 mg via IV three times per day. There was no evidence that the medication was administered as ordered on seven occasions.</p> <p>In an interview on July 25, 2024, at 10:00 a.m. the DON confirmed that there was no evidence staff notified the physician of the weight change or that staff administered the medications or treatments as ordered.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45840</p> <p>Based on review of facility policy, clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that adequate catheter care was provided for one of two sampled residents with an indwelling urinary catheter. (Resident 40)</p> <p>Findings included:</p> <p>Review of the facility policy entitled, Catheter Care, last reviewed July 9, 2024, revealed that when a resident had a urinary catheter, an intervention was to prevent the urine in the tubing and drainage bag from flowing back into the bladder. Staff was to ensure that the urinary drainage bag be located below the level of the bladder, but not on the floor, and covered at all times.</p> <p>Clinical record review revealed that Resident 40 had diagnoses that included chronic obstructive pulmonary disease and congestive heart failure. The Minimum Data Set assessment dated [DATE], indicated that the resident required extensive assistance from staff for activities of daily living and had an indwelling urinary catheter. The current care plan revealed that Resident 40 had an indwelling catheter and was at increased risk for infection. On July 23, 2024, from 11:22 a.m. to 12:13 p.m., and again from 1:50 p.m. to 2:10 p.m., Resident 40 was observed in bed with the catheter drainage bag hanging off the bed, uncovered, and directly touching the floor. On July 24, 2024, from 8:25 a.m. to 8:50 a.m., Resident 40 was observed in bed with the catheter drainage bag hanging off the bed, uncovered, and directly touching the floor.</p> <p>In an interview on July 25, 2024, at 11:22 a.m., the Nursing Home Administrator confirmed that the catheter bag should not be uncovered and on the floor.</p> <p>28 Pa. Code 211.12(d)(1)(2)(5) Nursing services.</p>		