

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395365	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Spang Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 945 Duke Street Lebanon, PA 17042	

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 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** 36935</p> <p>Based on clinical record review, policy review, and staff interview, it was determined that the facility failed to assess bladder incontinence and provide services to restore bladder function as much as possible for one of five sampled residents. (Resident CL1)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Resident Bladder/Bowel Program, last reviewed April 28, 2023, revealed that facility staff was to complete an incontinence assessment within seven days of admission using the admission nursing assessment, incontinence risk assessment, and a three day bowel/bladder pattern record. After completion of the bladder/bowel incontinence assessment and the three day bowel/bladder pattern record, an assessment would be completed to determine if there was a pattern present, what type of incontinence, and then determine which incontinence program would be appropriate. The program was to be documented on the care plan.</p> <p>Clinical record review revealed that Resident CL1 was admitted to the facility on [DATE], with diagnoses that included dementia and hypertension. According to the Minimum Data Set assessment, dated February 10, 2024, the resident needed assistance from staff for toileting. The assessment further indicated that the resident was incontinent of urine and was not on a toileting program. Review of the current care plan revealed that Resident CL1's type of urinary incontinence was not identified and there were no specific interventions developed to address CL1's urinary incontinence. There was no documented evidence that an incontinence risk assessment, and an assessment to determine the type of incontinence and an appropriate incontinence program were ever completed.</p> <p>In an interview on March 14, 2024, at 1:52 p.m., the Nursing Home Administrator confirmed that there was no documented evidence that Resident CL1's urinary incontinence had been assessed per facility policy.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</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
---	-------	-----------