

| | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------|
| 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 09/20/2024 |
| NAME OF PROVIDER OR SUPPLIER Alpine Valley Post Acute and Healthcare Center | | 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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>36935</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to notify the resident's representative(s) of transfer and the reasons for the move in writing for two of five sampled residents who were transferred to the hospital. (Residents 29, 83)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 29 was transferred and admitted to the hospital on July 28, 2024, after a change in condition. There was no evidence that the resident's responsible party was provided with written information regarding the resident's transfer to the hospital.</p> <p>Clinical record review revealed that Resident 83 was transferred and admitted to the hospital on June 28, 2024, after a change in condition. There was no evidence that the resident's responsible party was provided with written information regarding the resident's transfer to the hospital.</p> <p>In an interview on September 20, 2024, at 11:30 a.m., the Administrator confirmed that written transfer information, including the reasons for the move, was not provided to residents' representatives.</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 |
|-----------------------------------------------------------------------|-------|-----------|
|-----------------------------------------------------------------------|-------|-----------|

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------|
| 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 09/20/2024 |
| NAME OF PROVIDER OR SUPPLIER Alpine Valley Post Acute and Healthcare Center | | 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 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>48578</p> <p>Based on clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that physician's orders were implemented for one of 19 sampled residents. (Resident 60)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 60 had diagnoses that included skin cancer and chronic kidney disease. A physician's orders dated June 26, 2024, directed staff to apply a dressing to the resident's chest wound site two times per day. On September 12, 2024, the physician's order was changed to a daily dressing change. A review of the August and September 2024 Treatment Administration Records (TAR) revealed that there was no evidence the treatment was done or refused in the morning of August 3, 2024, and in the evening of September 5, 2024. On September 17, 2024, at 11:35 a.m., observation of Resident 60 revealed his chest wound did not have a dressing covering it, and small amounts of yellow and red drainage could be seen seeping through his white shirt.</p> <p>On September 17, 2024, at 1:01 p.m., in an interview with Licensed Practical Nurse 1, it was confirmed that there was no dressing on the wound. In an interview on September 20, 2024, at 11:48 a.m., the Director of Nursing confirmed that a dressing should have been on the wound, and the dressing should have been changed, as ordered.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p> | | |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------|
| 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 09/20/2024 |
| NAME OF PROVIDER OR SUPPLIER Alpine Valley Post Acute and Healthcare Center | | 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48578</p> <p>Based on clinical record review, observations, and staff interview, it was determined that the facility failed to adequately supervise residents while eating who were at risk for choking and eating non-edible items for two of 19 sampled residents. (Residents 25, 235)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 25 was admitted to the facility on [DATE], with diagnoses that included Alzheimer's disease, dementia, dysphagia, and muscle weakness. Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed that the resident had severe cognitive impairment and required supervision for meals. Review of the care plan revealed the resident was at risk for nutritional problems related to his dementia and dysphagia and staff was to observe for signs and symptoms of dysphagia, such as, choking, pocketing food in his mouth, coughing, etc Review of an incident report dated June 9, 2024, revealed that the resident had a choking episode that required mechanical assistance from staff. A progress note dated June 13, 2024, from the registered dietitian noted that Resident 25 was to eat his meals in the dining room with staff supervision. Observations on September 17, 2024, from 12:30 p.m. to 1:00 p.m., September 18, 2024, from 12:40 p.m. to 1:05 p.m., and September 19, 2024, from 12:40 p.m. to 1:08 p.m., revealed that the resident was eating lunch in his room with no supervision.</p> <p>Clinical record review revealed that Resident 235 was admitted to the facility on [DATE], with diagnoses that included Alzheimer's disease and a cognitive communication deficit. Review of the MDS assessment dated [DATE], revealed that the resident had severe cognitive impairment and required supervision for meals. Review of a nursing admission noted dated September 3, 2024, revealed that the resident had pica (a mental health condition where a person compulsively eats things that are not food). Review of the care plan revealed the resident was at risk for nutritional problems related to a history of pica and staff was to observe for signs or symptoms of dysphagia. Observations on September 17, 2024, from 12:30 p.m. to 1:00 p.m., September 18, 2024, from 12:40 p.m. to 1:05 p.m., and September 19, 2024, from 12:40 p.m. to 1:08 p.m., revealed that the resident was eating lunch in her room with no supervision.</p> <p>In an interview on September 20, 2024, at 12:05 p.m., the Administrator confirmed that the residents should have been supervised with all meals.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p> | | |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------|
| 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 09/20/2024 |
| NAME OF PROVIDER OR SUPPLIER Alpine Valley Post Acute and Healthcare Center | | 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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>36935</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to maintain clinical records that were accurate and complete for one of 19 sampled residents. (Residents 22)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 22 had diagnoses that included heart disease and hypertension. A physician's order dated August 16, 2024, directed staff to administer a blood pressure medication (propranolol) one time a day and staff was to hold the medication if the resident's systolic blood pressure was less than 130 millimeters of mercury (mmHg). In an interview on September 18, 2024, at 11:00 a.m. Resident 22 stated that staff frequently gave her blood pressure medication when her blood pressure was outside of the set parameters. A review of Resident 22's medication administration records for August and September 2024 revealed that staff documented that they administered the blood pressure medication nine times when her blood pressure was less than 130 mmHg.</p> <p>In an interview on September 20, 2024, at 11:25 a.m., the administrator confirmed that staff did not properly document that the medication was held when Resident 22's blood pressure was below the ordered parameters in the clinical record.</p> <p>28 Pa. Code 211.5(f) Medical records.</p> | | |