

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/19/2024
NAME OF PROVIDER OR SUPPLIER  Wecare at Sycamore Rehabilitation and Nursing Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 1445 Sycamore Road Montoursville, PA 17754	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>36798</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to notify the responsible party of a resident's change in condition requiring interventions for one of six residents reviewed (Resident CR1).</p> <p>Findings include:</p> <p>Closed clinical record review for Resident CR1 revealed a progress note dated August 31, 2024, at 10:06 AM indicating that a nurse aide notified the nurse that Resident CR1 had some areas on his toes that she noted when she showered him. The nurse's observation revealed wounds on the right second toe, left great toe, and left second toe that were described as thick, brown/green scabbed-like areas with no drainage. The nurse added Resident CR1 to the wound nurse list and left a communication note for the physician. She then cleansed the areas, applied betadine, and left them open to air. The treatment was to continue until the resident was seen by the wound nurse.</p> <p>There was no documentation in the clinical record indicating that the responsible party was notified of the wounds on Resident CR1's toes, the treatment that was ordered, or that the facility ordered a wound care consult related to the wounds.</p> <p>The responsible party was made aware of the wounds on Resident CR1's toes when he was visiting him on September 3, 2024.</p> <p>Interview with the Director of Nursing and Nursing Home Administrator on October 19, 2024, at 3:30 PM confirmed the above noted findings related to the sores on Resident CR1's toes.</p> <p>The facility failed to notify Resident CR1's responsible party of a change in his condition requiring interventions.</p> <p>28 Pa. Code 211.12(d)(1)(3)(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395379
		If continuation sheet Page 1 of 3

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>36798</p> <p>Based on observations, clinical record review, and staff interview, it was determined that the facility failed to provide the necessary treatment and services consistent with professional standards of practice for the prevention of a pressure ulcer for one of five residents reviewed for pressure ulcers (Resident 3).</p> <p>Findings include:</p> <p>Clinical record review for Resident 3 revealed that the facility admitted her on August 28, 2024, with a diagnosis of a fractured right lower leg.</p> <p>Review of Resident 3's admission MDS (Minimum Data Set, an assessment completed by the facility at intervals to determine care needs), dated September 1, 2024, revealed that she required extensive assistance with bed mobility, transfers, and toilet use. The MDS also indicated that she was at risk for pressure ulcer development but currently did not have any pressure ulcers.</p> <p>A nursing progress note dated September 23, 2024, at 11:04 AM revealed that Resident 3 had some openings on her bilateral buttocks, and she will not lay in bed to get off the areas. The note indicated that she denied pain and that she had a ROHO cushion (a cushion used to prevent pressure) on her chair and a gel cushion on her wheelchair. There was no description of the open areas, and no assessment was documented.</p> <p>A wound note date September 24, 2024, at 3:28 PM revealed that the wound nurse was alerted to open areas on Resident 3's bilateral buttocks. The wound nurse and the physician's assistant observed the area and noted that Resident 3 had Stage 3 pressure ulcers (a deep wound that involves full thickness tissue loss, but does not expose bone tendon or muscle) to both the left and right buttock. The note also indicated that both the areas were new open areas. The measurement of the right open area was 0.6 centimeters (cm) x 2.0 cm x 0.2 cm and the left measured 3.5 cm x 4.0 cm x 0.2 cm. The note indicated Resident 3 would be added to the list to be seen by the wound care consultant this week for an evaluation.</p> <p>A wound note dated September 26, 2024, at 12:37 PM revealed that the wound consultant evaluated the two new Stage 3 pressure ulcer injuries on Resident 3's left and right buttock. The measurements were unchanged. The current treatment order was to cleanse with normal saline solution, apply hydrogel, and cover with bordered gauze daily and as needed for soilage or dislodgement. Pressure relieving cushions were in place to seating areas.</p> <p>Review of the wound consulting progress note dated September 26, 2024, at 4:54 PM revealed that Resident 3 had a new Stage 3 pressure ulcer on her right buttock that measured 2 cm x 2.5 cm x 0.2 cm. The wound base was 100% granulation (tissue that indicates the wound is healing). The wound exudate (the fluid that is secreted from the wound) was a moderate amount of serosanguineous (drainage consisting of serum and blood) drainage. The left buttock had a new Stage 3 pressure ulcer that measured 2 cm x 4.5 cm x 0.2 cm. The wound base was 100% granulation. The wound exudate was a moderate amount of serosanguinous drainage.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A wound progress note date October 9, 2024, at 7:53 AM revealed that the Stage 3 pressure ulcer injury on Resident 3's left buttock was resolved and the right buttock measured 0.3 cm x 1.0 cm x 0.2 cm and was improving.</p> <p>A wound progress note dated October 15, 2024, at 1:00 PM revealed that the Stage 3 pressure ulcer injury on Resident 3's right buttock was resolved.</p> <p>There was no documentation in the clinical record to indicate that Resident 3's pressure ulcers on her left and right buttock were noted by staff at a Stage 1 (the skin is red but unbroken), even though she required staff assistance with her activities of daily living.</p> <p>Interview with the Director of Nursing and the Nursing Home Administrator on October 19, 2024, at 3:30 PM confirmed the above noted findings that there was no evidence in Resident 3's clinical record that her pressure ulcers on her left and right buttocks were discovered by staff at a Stage 1.</p> <p>The facility failed to identify Resident 3's pressure ulcers on her left and right buttocks at an earlier stage resulting in Stage 3 pressure ulcers to both.</p> <p>483.25(b)(1)(i)(ii) Treatment/svcs to Prevent/heal Pressure Ulcer</p> <p>Previously cited deficiency 3/15/2024</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p> <p>28 Pa. Code 211.10(a)(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing care services</p>		