

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395393	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2024
NAME OF PROVIDER OR SUPPLIER Cedarwood Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 951 Washington Avenue Tyrone, PA 16686	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>38012</p> <p>Based on review of facility policies, residents' clinical records, and the facility's investigative documents, as well as resident and staff interviews, it was determined that the facility failed to ensure that a professional (licensed) nurse completed a timely assessment when changes in condition occurred for one of five residents reviewed (Resident 1). This deficiency was cited as past noncompliance.</p> <p>Findings include:</p> <p>The facility's policy regarding change in condition, dated January 25, 2024, indicated that a nurse would make detailed observations and gather relevant and pertinent information for the provider when a change in condition has occurred.</p> <p>The facility's investigation, dated March 8, 2024, indicated that Resident 1 rang for the nurse aide around 1:00 p.m. and asked to see the nurse because she was not feeling well. She told Nurse Aide 2 that she was having chest discomfort and that she felt like she was getting COVID or pneumonia again. Nurse Aide 2 went to Licensed Practical Nurse 1 and told him that Resident 1 was not feeling well, that she was having chest pain, and that she thought it was pneumonia again. At 2:00 p.m. Resident 1 rang her call bell and asked the nurse aide to get the nurse to see her because she was not feeling well. At 3:00 p.m. she again rang her call bell and told Nurse Aide 2 that she still had not seen the nurse and that she would like some Tylenol for chest pain. Nurse Aide 2 informed Licensed Practical Nurse 1 that Resident 1 was still complaining of chest pain and that she would like some Tylenol. Nurse Aide 2 said that Licensed Practical Nurse 5 was standing outside of Resident 1's room at that time and she asked her to assess the resident; however, Licensed Practical Nurse 5 stated that she did not have keys to the medication cart and therefore could not assess the resident. The resident rang her call bell again at 5:00 p.m. and asked Nurse Aide 2 when was a nurse going to come and see her.</p> <p>A written statement by Nurse Aide 4, dated March 8, 2024, indicated that on March 7, 2024, at approximately 1830 she ran into Nurse Aide 2 and was told by Nurse Aide 2 that she had approached Licensed Practical Nurse 1 several times to alert him that Resident 1 was having chest discomfort and wanted to be seen; however, he never went to see her. After Nurse Aide 4 got her work done she went to Registered Nurse 3 and informed her that Resident 1 was complaining of chest pain and that Licensed Practical Nurse 1 failed to assess her or notify the registered nurse that she was having chest pain.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 1 was assessed by the registered nurse and was sent to the hospital for further evaluation and admitted .</p> <p>Interview with the Director of Nursing and Assistant Director of Nursing on March 25, 2024, at 12:08 p.m. confirmed that Licensed Practical Nurse 1 should have assessed Resident 1 within his scope of practice and then called for the registered nurse if the resident needed further assessment.</p> <p>Following the incident on March 7, 2024, the facility's corrective actions included:</p> <p>The Director of Nursing immediately interviewed all interviewable residents to determine if their complaints have been reported to the nurse and that the nurse assessed the resident.</p> <p>The licensed practical nurse was suspended and then terminated.</p> <p>On March 8, 2024, the staff were educated regarding their roles as a mandated reporter regardless of chain of command or fear of retaliation, abuse, and documentation was to occur at the time of the event.</p> <p>The Director of Nursing initiated audits on March 8 daily for five days and then weekly for four weeks to determine if resident complaints have been assessed for the need for further assessment or care. Further audits will be completed as determined by the Quality Assurance Performance Improvement (QAPI) committee.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>		