

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 06/04/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>19102</p> <p>Based on a review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that insulin was administered timely for two of four residents reviewed (Residents 1, 4), and failed to provide medications as ordered by the physician for one of four residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>The facility's policy for medication administration, dated November 30, 2023, revealed that medications were to be administered within one hour of their prescribed time, unless otherwise specified.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated March 9, 2024, indicated that the resident was cognitively intact, received insulin, and had diagnoses that included diabetes.</p> <p>Physician's orders for Resident 1, dated October 3, 2023, included and order for the resident to receive 15 units of Basaglar (insulin) subcutaneously (tissue just beneath the skin) one time a day and at bedtime, and a physician's order, dated May 7, 2024, included an order for the resident to receive 20 units of Basaglar subcutaneously two times a day for diabetes.</p> <p>The resident's Medication Administration Record (MAR) for April and May 2024 revealed that Resident 1 received Basaglar (scheduled for 8:00 a.m.) on April 8 at 9:15 a.m., April 18 at 11:40 a.m., April 30 at 9:54 a.m., May 2 at 10:33 a.m., May 3 at 9:17 a.m., May 6 at 11:26 a.m., May 8 at 10:07 a.m., May 20 at 9:21 a.m., May 24 at 9:18 a.m., and May 30, 2024 at 9:13 a.m., and received Basaglar (scheduled for 8:00 p.m.) on April 8 at 9:38 p.m., April 15 at 9:07 p.m., April 20 at 10:08 p.m., April 26 at 9:58 p.m., April 28 at 9:06 p.m., May 7 at 9:23 p.m., May 28 at 1:46 a.m., and May 30, 2024 at 9:29 p.m.</p> <p>Nursing notes for Resident 1, dated April 27, 2024, at 10:04 p.m. and May 28, 2024, at 7:52 a.m. revealed that Basaglar was not available from the pharmacy.</p> <p>The resident's MAR for May 2024 revealed that Basaglar was not administered on May 27, 2024, at 8:00 p.m. and May 28, 2024, at 8:00 a.m.</p> <p>A quarterly MDS assessment for Resident 4, dated May 2, 2024, indicated that the resident was cognitively intact, received insulin, and had diagnoses that included diabetes.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 395393	If continuation sheet Page 1 of 2

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Physician's orders for Resident 4, dated April 7, 2022, included an order for the resident to receive 35 units of Glargine (insulin) subcutaneously in the evening for diabetes.</p> <p>The resident's Medication Administration Record (MAR) for April and May 2024 revealed that the resident received Glargine (scheduled for 8:00 p.m.) on April 1 at 10:02 p.m., April 5 at 9:38 p.m., April 14 at 9:58 p.m., April 15 at 9:38 p.m., April 20 at 9:48 p.m., April 26 at 9:22 p.m., May 2 at 10:28 p.m., May 10 at 10:56 p.m., May 13, at 9:33 p.m., May 18, at 9:39 p.m., and May 24, at 9:34 p.m.</p> <p>Interview with the Director of Nursing on May 31, 2024, confirmed that Resident 1 and 4 did not receive their insulin timely according to the facility's policy and Resident 1 did not receive Basaglar as ordered on May 27, 2024, at 8:00 p.m. and on May 28, 2024, at 8:00 a.m.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing Services.</p>		