

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 09/17/2024
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>43856</p> <p>Based on review of Pennsylvania's Nursing Practice Act and clinical records, as well as staff interviews, it was determined that the facility failed to clarify physician's orders for one of six residents reviewed (Resident 5).</p> <p>Findings include:</p> <p>The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.11 (a)(1)(2)(4) indicated that the registered nurse was to collect complete and ongoing data to determine nursing care needs, analyze the health status of individuals and compare the data with the norm when determining nursing care needs, and carry out nursing care actions that promote, maintain, and restore the well-being of individuals.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated June 26, 2024, indicated that the resident was cognitively intact, required substantial assistance from staff with personal hygiene care, and had diagnoses that included peripheral vascular disease (a medical condition where blood vessels become blocked, reducing blood flow to the body).</p> <p>Physician's orders for Resident 5, dated January 25, 2024, included an order to cleanse the right upper thigh with normal saline, pat dry, apply skin prep to the area, remove the stump shrinker every shift to monitor, and this was to be completed every day shift for moisture-associated skin damage.</p> <p>A review of the treatment administration record (TAR) for Resident 5 for July, August, and September 2024 revealed that the treatment for the resident's right upper thigh was being completed daily at 7:00 a.m.</p> <p>Interview with the Director of Nursing on September 17, 2024, at 11:28 a.m. confirmed that the physician's order stated the treatment should be completed every shift, every day, and it should have been clarified to reflect that the treatment was to be completed every shift.</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
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