STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395398	A. Building B. Wing	12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Somerset Healthcare & Rehabilitation Center	228 Siemon Drive Somerset, PA 15501

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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 31760 Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate comprehensive Minimum Data Set assessments for two of 11 residents reviewed (Residents 2, 10). Findings include: The Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, revealed that Sections H0100 through H0300 were to gather information on the use of bowel and bladder appliances and urinary and bowel continence. Section H0300 was to be coded nine (9), not rated if during the seven-day look-back period the resident had an indwelling bladder catheter (a tube held in the bladder to drain urine), or other types of catheters or no urine output for the entire seven days. Section H0400 (Bowel Continence) was to be coded zero (0) if the resident was always continent, coded one (1) if the resident was occasionally incontinent, coded two (2) if the resident was frequently incontinent, coded three (3) if the resident was always incontinent, and coded nine (9), not rated if during the seven-day look-back period the resident had an ostomy or did not have a bowel movement for the entire seven days. A quarterly MDS assessment for Resident 2, dated October 30, 2024, revealed that Section H0100A was checked, indicating that the resident had an indwelling urinary catheter; however, Section H0300 was coded with a three (3), indicating that the resident was always incontinent of urine, and Section H0400 was coded with a nine (9), indicating that bowel continence that it was not rated. Interview with the Assistant Director of Nursing on December 12, 2024, at 4:08 p.m. confirmed that Resident 2 had an indwelling urinary catheter during the assessment period in October 2024, and that Section H0300 should have been coded with a nine (9) and not a zero (0) and that Section H0400 should not have been coded with a nine (9). The RAI User's Manual, dated October 2024, revealed that Section O0250A influenza (flu) was to be coded with a zero (0) (No) if the resident did not receive the influenza vaccination in this facility for this year's influenza vaccination season, and coded one (1) (Yes) if the resident did receive the influenza vaccination in this facility for this year's influenza vaccination season. (continued on next page)

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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NAME OF PROVIDER OR SUPPLIER Somerset Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 228 Siemon Drive Somerset, PA 15501	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A quarterly MDS assessment for Resident 2, dated October 30, 2024, revealed that Section O0250A was coded with a one (1), indicating that the resident did receive the influenza vaccination in this facility for this year's influenza vaccination season. However, review of Resident 2's clinical record revealed that the resident did not receive the influenza vaccination for this year's influenza vaccination season. Interview with the Assistant Director of Nursing on December 12, 2024, at 4:08 p.m. confirmed that Resident 2 did not receive the influenza vaccination for this year's influenza vaccination season, and that Section O0250A of the quarterly MDS assessment of October 30, 2024, should have been coded with a zero (0) because the resident did not receive this year's influenza vaccination for the current influenza vaccination season. The RAI User's Manual, dated October 2024, revealed that Section O0250A influenza (flu) was to be coded with a zero (0) (No) if the resident did not receive the influenza vaccination in this facility for this year's influenza vaccination season, and coded one (1) (Yes) if the resident did receive the influenza vaccination in this facility for this year's influenza vaccination season. Section O0250C, reason for not receiving the influenza vaccination, was to be coded with a one (1) indicating that the resident was not in this facility during this year's influenza vaccination season, a two (2) indicating that the resident received the vaccine outside of this facility, a three (3) indicating that the resident was not eligible to receive the vaccine due to medical contraindication, a four (4) indicating that the resident was offered and declined the vaccine, a five (5) indicating that the vaccine was not offered, a six (6) indicating the inability to obtain the influenza vaccine due to a declared shortage, and a nine (9) indicating none of the above. A quarterly MDS assessment for Resident 10, dated November 3, 2024, revealed that Section O0250A was coded with a zero (0) indicating that the resident did not receive the influenza vaccination in this facility for this year's influenza vaccination season. Section O0250C was coded with a five (5) indicating that the vaccine was not offered. However, review of Resident 10's clinical record revealed that the resident was offered the influenza vaccination and declined that vaccine. Interview with the Assistant Director of Nursing/Infection Preventionist on December 12, 2024, at 4:15 p.m. confirmed that Resident 10 was offered the influenza vaccination for this year's influenza vaccination season, and that Section O0250C of the quarterly MDS assessment, dated November 3, 2024, should have been coded with a four (4) indicating that the resident was offered and declined the vaccine. 28 Pa. Code 211.5(f) Clinical Records.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 19102 Based on clinical record reviews and staff interviews, it was determined that the facility failed to monitor intake and output for one of 11 residents reviewed (Resident 3) who had an indwelling urinary catheter and failed to follow physician's orders related to bowel protocols for one of 11 residents reviewed (Resident 6). Findings include: An admission nursing note for Resident 3, dated December 4, 2024, at 5:30 p.m. indicated that the resident arrived at the facility via ambulance and had a suprapubic catheter (a flexible tube that drains urine from the bladder through the abdomen). A physician's order for Resident 3, dated December 10, 2024, revealed that the resident had a suprapubic catheter for neurogenic bladder (bladder lacks control due to nerve or muscle problems). A care plan for Resident 3, dated December 6, 2024, revealed that the resident had a suprapubic catheter in place for neurogenic bladder and the facility was to monitor and document intake and output as per facility policy. Review of Resident 3's Medication Administration Record, Treatment Administration Record, and clinical records revealed no documented evidence that the facility measured and recorded the resident's intake and output as per the care plan. Interview with the Director of Nursing on December 12, 2024, at 4:42 p.m. confirmed that there was no documented evidence in Resident 3's clinical record that the facility measured and recorded the resident's intake and output as per the care plan. An admission MDS assessment for Resident 6, dated November 22, 2024, revealed that the resident was cognitively impaired, was frequently incontinent of bowel, and had diagnoses that included dementia. Physician's orders for Resident 6, dated November 15, 2024, included orders for staff to administer 30 milliliters (ml's) of Milk of Magnesia (MOM - an oral laxative) every 72 hours as needed for constipation or no bowel movement in three days, a 10 milligram (mg) Biscolax suppository (a laxative inserted rectally) every 96 hours as needed for constipation or no results from the MOM, and a Fleets enema (a liquid inserted rectally to stimulate a bowel movement) every 96 hours as needed for constipation or if there was no result from the suppository. Resident 6's bowel movement records for November and December 2024 revealed that the resident did not have a bowel movement from November 25 to 29, 2024, (five days) and December 2 to 9, 2024 (eight days). The resident's Medication Administration Records (MAR's) for November and December 2024 revealed no documented evidence that staff administered any of the bowel protocol medications to Resident 6 during the above time period. Interview with the Assistant Director of Nursing on December 12, 2024, at 4:08 p.m. confirmed that Resident 6's physician's orders for bowel medications were not followed. 28 Pa. Code 211.12(d)(5) Nursing Services.

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F 0779 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep signed and dated reports of x-rays and other diagnostic services in the residents record. 31760 Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the resident's clinical record contained signed and dated reports of radiologic and other diagnostic services for one of 11 residents reviewed (Resident 2). Findings include: Physician's orders for Resident 2, dated June 20, 2024, included an order for the resident to have an ultrasound (an imaging test that uses sound waves to make pictures of organs, tissues, and other structures inside your body) of her bilateral breasts as a screening for any abnormal lumps/masses. However, review of Resident 2's clinical record revealed no documented evidence of a signed and dated ultrasound report for the resident that was ordered on June 20, 2024. Interview with the Assistant Director of Nursing on December 12, 2024, at 4:08 p.m. indicated that Resident 2 had the ultrasound completed and confirmed that there was no documented evidence of a signed and dated ultrasound report in the resident's clinical record. 28 Pa. Code 211.5(f) Clinical Records. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 48941 Based on review facility policies, established infection control guidelines, and residents' clinical records, as well as observations and staff and resident interviews, it was determined that the facility failed to follow infection control guidelines from the Centers for Medicare/Medicaid Services (CMS) and the Centers for Disease Control (CDC) to reduce the spread of infections and prevent cross-contamination for two of 11 residents reviewed (Residents 3, 7). Findings include: CDC guidance on Implementation of Personal Protective Equipment (PPE) use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), dated July 12, 2022, indicated that multidrug-resistant organism (MDRO) transmission was common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs. Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. CMS updated its infection prevention and control guidance effective April 1, 2024. The recommendations now include the use of EBP during high-contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their MDRO status, in addition to residents who have an infection or colonization with a CDC-targeted or other epidemiologically important MDRO when contact precautions do not apply. A facility policy related to Enhanced Barrier Precautions, dated February 1, 2024, indicated that EBP are indicated for residents with an infection or colonization with a CDC-targeted MDRO when contact precautions do not apply or with chronic wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO. An admission nursing note for Resident 3, dated December 4, 2024, at 5:30 p.m. indicated that the resident arrived at the facility via ambulance and had a suprapubic catheter (a flexible tube that drains urine from the bladder through the abdomen). A physician's order for Resident 3, dated December 10, 2024, revealed that the resident had a suprapubic catheter for neurogenic bladder (bladder lacks control due to nerve or muscle problems). Observations of Resident 3 on December 12, 2024, at 5:22 p.m. revealed that the resident had no signage at the entrance to her room or in her room to indicate infection control measures for EBP were in place related to her suprapubic catheter. Interview with Resident 3 at the time of the observation revealed that when the staff change her suprapubic catheter and empty her catheter bag, they do not wear gowns. Interview with the Assistant Director of Nursing/Infection Preventionist on December 12, 2024, at 5:35 p.m. confirmed that Resident 3 was not currently on EBP and should have been related to her suprapubic catheter. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A nursing note, dated December 2, 2024, at 5:45 p.m., revealed that the resident was alert and oriented, had a fall from a bench resulting in a fractured cervical vertebrae, and had a peritoneal dialysis catheter (a thin, flexible tube surgically implanted into the abdomen (peritoneum) to facilitate peritoneal dialysis, a treatment for kidney failure) located on her left abdomen. A physcian's order, dated December 3, 2024, included an order for peritoneal dialysis (a treatment for kidney failure that uses the lining of the abdomen to filter blood and remove waste and excess fluid) independently every day shift from 8:00 a.m. to 12:00 p.m. Observations of Resident 7 on December 12, 2024, at 5:17 p.m. revealed that the resident had no signage at the entrance to her room or in her room to indicate infection control measures for EBP were in place related to his chronic wounds. Interview with the Assistant Director of Nursing/Infection Preventionist on December 12, 2024, at 5:35 p.m. confirmed that Resident 7 was not currently on EBP and should have been related to her peritoneal dialysis catheter. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(e)(1) Management. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.