

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395398	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Somerset Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>31760</p> <p>Based on review of policies, personnel files, and education records, as well as staff interviews, it was determined that the facility failed to implement its written abuse prevention policies by failing to ensure that the status of nursing licenses were checked with the State Board of Nursing for three of three newly hired nurses reviewed (Registered Nurse 2, Registered Nurse 3, Licensed Practical Nurse 4), failed to complete a nurse aide registry verification for one of one nurse aides reviewed upon hire (Nurse Aide 5), failed to ensure that criminal background checks were completed prior to hire for one of five employee files reviewed (Nurse Aide 5), failed to ensure that reference checks were obtained prior to hire for four of five employee files reviewed (Registered Nurse 2, Registered Nurse 3, Licensed Practical Nurse 4, Nurse Aide 5), and failed to ensure that staff received annual abuse training for three of six staff reviewed (Registered Nurse 6, Licensed Practical Nurse 7, Licensed Practical Nurse 8).</p> <p>Findings include:</p> <p>The facility's policy regarding abuse, neglect, exploitation, and misappropriation, dated March 19, 2024, indicated that persons applying for employment with the facility will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. This includes but is not limited to: employment history, criminal background check, abuse check with appropriate licensing board and registries prior to hire; sworn disclosure statement prior to hire; license or registration verification prior to hire; documentation of status of any disciplinary actions from licensing or registration boards and other registries; and information from former employers. Employees of the facility will receive education and training on resident rights, resident abuse, and abuse reporting during orientation and annually thereafter. Additional education and training will be provided as deemed necessary.</p> <p>The personnel file for Registered Nurse 2 revealed a hire date of March 4, 2024. However, there was no documented evidence until April 23, 2024, that her license was checked with the State Board, and there was no documented evidence that reference checks from previous or current employers were obtained prior to the employees' start date.</p> <p>The personnel file for Registered Nurse 3 revealed a hire date of January 15, 2024. However, there was no documented evidence that her license was checked with the State Board prior to her working, and there was no documented evidence that reference checks from previous or current employers were obtained prior to the employees' start date.</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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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The personnel file for Licensed Practical Nurse 4 revealed a hire date of January 12, 2024. However, there was no documented evidence until April 23, 2024, that her license was checked with the State Board, and there was no documented evidence that reference checks from previous or current employers were obtained prior to the employees' start date.</p> <p>The personnel file for Nurse Aide 5 revealed a hire date of January 20, 2024. However, there was no documented evidence that the nurse aide's standing on the Pennsylvania Nurse Aide Registry was verified, there was no documented evidence that the nurse aide's criminal background check was completed prior to hire, and there was no documented evidence that reference checks from previous or current employers were obtained prior to the employees' start date.</p> <p>Interview with the Human Resources/Scheduler on April 24, 2024, at 4:23 p.m. confirmed that there was no documented evidence that Registered Nurse 2 and Licensed Practical Nurse 4's licenses were checked with the State Board until April 23, 2024; no documented evidence that Registered Nurse 3's license was checked with the State Board prior to her working; no documented evidence that Nurse Aide 5's standing on the Pennsylvania Nurse Aide Registry was verified or that a criminal background check was completed prior to hire; and no documented evidence that reference checks from previous or current employers were obtained prior to the start date for Registered Nurse 2, Registered Nurse 3, Licensed Practical Nurse 4, and Nurse Aide 5.</p> <p>Education records for Registered Nurse 6 revealed a hire date of February 27, 2020. However, there was no documented evidence that he received the facility's resident abuse and abuse reporting training during the time period of February 27, 2023, through February 27, 2024.</p> <p>Education records for Licensed Practical Nurse 7 revealed a hire date of February 1, 2022. However, there was no documented evidence that she received the facility's resident abuse and abuse reporting training during the time period of February 1, 2023, through February 1, 2024.</p> <p>Education records for Licensed Practical Nurse 8 revealed a hire date of April 12, 2021. However, there was no documented evidence that she received the facility's resident abuse and abuse reporting training during the time period of April 12, 2023, through April 12, 2024.</p> <p>Interview with the Assistant Director of Nursing/Infection Control Preventionist on April 25, 2024, at 3:02 p.m. confirmed that there was no documented evidence that Registered Nurse 6, Licensed Practical Nurse 7, or Licensed Practical Nurse 8 received the facility's annual resident abuse and abuse reporting training.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>19102</p> <p>Based on a 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 Minimum Data Set assessments for five of 36 residents reviewed (Residents 3, 14, 29, 35, 70).</p> <p>Findings include:</p> <p>The Long Term Care Facility 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 2023, revealed that Section N0415F (Antibiotic - medications) was to be checked if the resident was taking any medications by pharmaceutical classification, not how it was used, during the last seven days, or since admission/entry or reentry if less than seven days.</p> <p>Current physician's orders for Resident 3 included orders for the resident to receive 1 Gram of Methenamine Hippurate (antibiotic medication) two times a day.</p> <p>Medication Administration Record's (MAR's) for Resident 3, dated February, 2024, revealed that the resident received antibiotic medications from February 1 to February 29, 2024. However, Section N0410F of Resident 3's admission MDS assessment, dated February 4, 2024, was coded to indicate that the resident did not receive antibiotic medications during the seven days of the assessment period (daily).</p> <p>The RAI User's Manual, dated October 2023, revealed that if a resident used oxygen, then Section O0110C was to be checked if it applied.</p> <p>Physician's orders for Resident 14, dated August 4, 2023, included an order for the resident to receive 2 liters of oxygen per minute every shift.</p> <p>Review of Resident 14's MAR for March 2024 revealed that she received 2 liters of oxygen every shift from March 1 to 31, 2024. However, a quarterly MDS assessment, dated March 28, 2024, revealed that Section O0110C was not checked, indicating that the resident did not receive oxygen during the review period.</p> <p>The RAI User's Manual, dated October 2023 revealed that Section N was to record the number of days during the last seven days (or since admission/entry or reentry if less than seven days) that specific types of medications were received by the resident. Section N0415F was to indicate how many days the resident received an antibiotic during the seven-day review period.</p> <p>Physician's orders for Resident 29, dated April 2, 2024, included an order for the resident to receive one drop of (10000-0.1 units/milliliter) Polytrim ophthalmic solution in each eye four times a day for conjunctivitis (inflammation or infection of the outer membrane of the eyeball and the inner eyelid). Review of the resident's MAR for April 2024 revealed that she received the Polytrim daily from April 2 to 9, 2024. However, Section N0415F of Resident 29's quarterly MDS assessment, dated April 9, 2024, was coded to indicate that the resident did not receive antibiotic medications during the seven days of the assessment period.</p> <p>(continued on next page)</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The RAI User's Manual, dated October 2023, revealed that Section N0415J (Hypoglycemic Medications - medications that lower blood sugars) was to be checked if the resident was taking any medications by pharmacological classification, not how it was used, during the last seven days, or since admission/entry or reentry if less than seven days.</p> <p>Physician's orders for Resident 29, dated March 21, 2024, included orders for the resident to receive 500 milligrams (mg) of Metformin HCl (hypoglycemic medication) one time a day for diabetes, and the resident's MAR for April 2024 revealed that she received Metformin HCl daily from April 1 to 23, 2024. However, Section N0415J of Resident 29's quarterly MDS assessment, dated April 9, 2024, was coded to indicate that the resident did not receive hypoglycemic medications during the seven days of the assessment period.</p> <p>The RAI User's Manual, dated October 2023, revealed that Section N was to record the number of days during the last seven days (or since admission/entry or reentry if less than seven days) that specific types of medications were received by the resident. Section N0450A was to indicate if the resident received antipsychotic medications on a routine or as needed basis. Section N0450B was to indicate if the resident had a gradual dose reduction (GDR) attempted. Section N0450C was to indicate the date of the last GDR.</p> <p>A monthly record review by the consultant pharmacist for Resident 35, dated October 12, 2023, revealed that a GDR of Seroquel (antipsychotic medication) was recommended, and the physician agreed to decrease the dose from 50 milligrams (mg) twice a day to 25 mg in the evening.</p> <p>Physician's orders for Resident 35, dated October 21, 2023, included orders for the resident to receive 25 (mg) of Seroquel one time a day for schizophrenia (serious mental illness that affects how a person thinks, feels, and behaves). However, Section N0450B of Resident 35's quarterly MDS assessment, dated March 17, 2024, was coded to indicate that the resident did not receive a GDR, and there was no date documented on section N0450C.</p> <p>The RAI User's Manual, dated October 2023, revealed that Section A2105 (Discharge Status) was to be coded one (1) through thirteen (13) depending on the location of the resident's discharge. If the resident was discharged to home/community(private home/apt, board/care, assisted living, group home, transitional living, other residential care arrangements), then Section A2105 was to be coded one (1), and if the resident was discharged to a short-term general hospital (acute hospital), then Section A2105 was to be coded four (4).</p> <p>A nursing note for Resident 70, dated February 2, 2024, at 12:51 p.m., revealed that the resident was discharged home with her son.</p> <p>A discharge MDS assessment for Resident 70, dated February 2, 2024, revealed that Section A2105 was coded four (4), indicating that the resident was discharged to an acute care hospital.</p> <p>Interview with the Registered Nurse Assessment Coordinator (RNAC - a registered nurse who is responsible for the completion of MDS assessments) on April 25, 2024, at 9:05 a.m and 2:10 p.m. confirmed that the assessments mentioned above were coded incorrectly.</p> <p>28 Pa. Code 211.5(f) Clinical Records.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>19102</p> <p>Based on review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident's care plan was updated/revised to reflect the resident's specific care needs for six of 36 residents reviewed (Residents 5, 10, 28, 41, 43, 55).</p> <p>Findings include:</p> <p>The facility's policy regarding care plans, dated March 19, 2024, indicated that the interdisciplinary team would review and update the care plan when there was a significant change in the resident's condition; when the desired outcome was not met; when the resident had been readmitted to the facility from a hospital stay; and at least quarterly in conjunction with the required quarterly MDS assessment.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated February 22, 2024, revealed that the resident was usually understood and could usually understand others. A care plan for the resident, dated November 19, 2023, revealed that the resident has impaired visual function related to the need to wear glasses. Staff was to remind the resident to wear his glasses when he was up and ensure the resident was wearing glasses, which are clean, free from scratches, and in good repair, as well as report any damage to the nurse/family.</p> <p>Interview with Registered Nurse 2 on April 23, 2024, at 11:15 a.m. revealed that Resident 5 does not have glasses.</p> <p>However, there was no documented evidence that Resident 5's care plan was updated/revised to reflect that the resident did not have glasses.</p> <p>An admission MDS assessment for Resident 10, dated February 2, 2024, indicated that the resident was moderately cognitively impaired, had a feeding tube, used oxygen, and had diagnoses that included malnutrition and respiratory failure. Physician's orders for Resident 10, dated January 26 and February 12, 2024, included orders for the resident to receive 3 liters of oxygen every shift for hypoxia (low levels of oxygen) and to receive 300 cubic centimeters (cc's) of Jevity 1.5 (tube feeding) four times a day via a feeding tube (tube in the abdomen used to provide nutrition).</p> <p>A review of Resident 10's Treatment Administration Record (TAR) for February 2024 revealed the resident's oxygen was discontinued on February 20, 2024. A nursing note, dated March 7, 2024, at 10:25 a.m. revealed that Resident 10's feeding tube was lying on the bedside table. When asked by staff if he pulled it out himself he stated yes and it's not going back in!</p> <p>Observations of Resident 10 on April 25, 2024, at 10:30 a.m. revealed the resident was lying in bed and did not have a feeding tube and was not using oxygen.</p> <p>Resident 10's current care plan included interventions for a feeding tube and oxygen therapy.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with the Director of Nursing on April 24, 2024, at 2:56 p.m. confirmed that Resident 10's care plan was not updated to reflect that the feeding tube and oxygen therapy were discontinued.</p> <p>A quarterly MDS assessment for Resident 28, dated April 19, 2024, revealed that the resident was understood, and could understand others. A care plan for the resident, dated March 1, 2024, revealed that the resident has a pressure area to left gluteus (located in the buttocks) related to fragile skin.</p> <p>A nursing note for Resident 28, dated March 8, 2024, revealed that the resident's wounds were reviewed at the meeting with the Interdisciplinary Team and that the Stage 1 pressure injury (superficial reddening of the skin) to left gluteus was resolved.</p> <p>However, there was no documented evidence that Resident 28's care plan was updated/revised to reflect that the resident did not have a Stage 1 pressure injury to his left gluteus.</p> <p>Interview with the Director of Nursing on April 24, 2024, at 2:56 p.m. confirmed that there was no documented evidence that Resident 28's care plan was updated/revised to reflect that the resident did not have a Stage 1 pressure injury to his left gluteus.</p> <p>An admission MDS for Resident 41, dated March 21, 2024, revealed that the resident had cognitive deficits, was usually understood, could usually understand, required assistance with care needs, had a Stage 2 pressure ulcer (pressure wound with superficial skin loss) to the bilateral buttocks, an unstageable pressure ulcer (full-thickness pressure injuries in which the base is obscured by slough and/or eschar) to the right heel, and was taking an anticoagulant. Review of current care plans revealed that Resident 41 had an open wound to his bilateral buttocks and that he was receiving an anticoagulant medication.</p> <p>A skin and wound note for Resident 41, dated March 26, 2024, at 9:05 a.m., revealed that his Stage 2 pressure ulcer to his bilateral buttocks was resolved. A weekly wound note for Resident 41, dated March 29, 2024, at 10:49 a.m., revealed that his Stage 2 pressure ulcer to his bilateral buttocks was resolved.</p> <p>There was no documented evidence that Resident 41's care plan was revised to reflect that the resident's Stage 2 pressure ulcer to his bilateral buttocks was resolved.</p> <p>Review of Resident 41's clinical record revealed that there was no documented evidence that he was receiving anticoagulant therapy.</p> <p>Interview with the Director of Nursing on April 25, 2024, at 3:20 p.m. confirmed that Resident 41's care plans were not revised to reflect that the Stage 2 pressure ulcer to his bilateral buttocks was resolved or that he was not on anticoagulation therapy.</p> <p>A quarterly MDS assessment for Resident 43, dated February 25, 2024, revealed that the resident was cognitively intact, was understood and could understand, was independent with care needs, had moderate difficulty hearing, and used a hearing aid. A care plan for Resident 43, dated April 10, 2022, indicated that the resident had a communication problem related to hearing.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with Resident 43 on April 22, 2024, at 12:07 p.m. revealed that he was hard of hearing and that his hearing aid was not working, but he had an appointment to get it checked very soon.</p> <p>An Ear, Nose and Throat (ENT) consult, dated January 31, 2024, indicated that Resident 43 wears a hearing aide in his right ear, was deaf in the left ear, and had Meniere's disease (disorder that affects balance and hearing).</p> <p>There was no documented evidence to indicate that Resident 43's care plan was updated to reflect the use of a hearing aid in the right ear or that he was deaf in the left ear.</p> <p>Interview with the Director of Nursing on April 25, 2024, at 12:59 p.m. revealed that she could not confirm that Resident 43's care plan needed updated.</p> <p>A quarterly MDS assessment for Resident 55, dated January 31, 2024, revealed that the resident was usually understood, could understand, and had a diagnosis of Cerebral Vascular Accident (CVA - commonly referred to as a stroke) with hemiplegia (paralysis on one side of the body).</p> <p>A nursing note for Resident 55, dated January 22, 2024, revealed that the writer was called to the resident's room to assess the resident. It was reported by nursing staff that the resident spilled her breakfast tray on herself while she was eating in bed and that her coffee spilled down the left side of her back causing her skin to be reddened. The resident had a recent stroke and can feed herself but is adapting to only utilizing her right hand. Staff was to utilize a sippy cup for all liquids including coffee.</p> <p>A safe swallowing strategy for Resident 55, dated January 26, 2024, revealed that the consistency of her food and drinks were to be minced meats and thin liquids; she was to use a two-handled spouted cup (sippy cup) per nurse discretion; sit fully upright; if able, receive Zofran (a medication to treat nausea) 30 minutes before the meal; take small mouthfuls/sips; alternate mouthfuls of food and drink; use a cup with a spout/straw for drinking; stop eating if there was ongoing coughing, choking, gurgly voice or pooling of food in the mouth; and be supervised during meals.</p> <p>Observations of Resident 55 on April 23, 2024, at 12:42 p.m.; April 24, 2024, at 12:26 p.m.; and April 25, 2024, at 8:31 a.m. revealed that the resident had two sippy cups on her over-the-bed table that contained coffee and water.</p> <p>Observations on April 24, 2024, at 12:20 p.m. revealed that Nurse Aide 9 took Resident 55 her lunch tray. She then came out of the resident's room and told other staff that she was going to the kitchen to get a sippy cup for the resident because there was none on her tray.</p> <p>Interview with Nurse Aide 9 on April 25, 2024, at 8:34 a.m. revealed that she noticed that Resident 55 did not have a sippy cup on her breakfast tray, so she went to get one from the kitchen. She indicated that the resident had spilled coffee on herself in the past, and because of that, the intervention was put into place for the resident to have a sippy cup.</p> <p>However, there was no documented evidence that Resident 55's care plan was updated/revised to reflect individualized intervention for a sippy cup after the incident.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>19102</p> <p>Based on review of the Pennsylvania Nurse Practice Act and residents' clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders were clarified for two of 36 residents reviewed (Residents 14, 28).</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>Physician's orders for Resident 14, dated July 21, 2023, included orders for the resident to have blood sugar checks one time a day on Monday, Wednesday and Friday, and to receive 24 units of 100 unit/milliliters of Lantus Solostar Solution one time a day for diabetes. The medication was to be held if the resident's blood sugar was less than 100 milligrams/deciliter (mg/dL). A care plan, dated April 9, 2021, indicated that diabetic medications were to be administered as ordered by the physician.</p> <p>Resident 14's Medications Administration Record (MAR) for February, March, and April 2024 revealed that the resident received Lantus daily and her blood sugar was checked every Monday, Wednesday, and Friday. There was no documented evidence that staff clarified the order with the physician to see if the resident's blood sugars should be checked on Tuesday, Thursday, Saturday and Sunday to determine if her blood sugar was below 100 mg/dL for the Lantus to be held.</p> <p>Interview with the Director of Nursing on April 24, 2024, at 9:00 a.m. confirmed that the Lantus and blood sugar check orders should have been clarified with the physician.</p> <p>A quarterly MDS assessment for Resident 28, dated April 19, 2024, revealed that the resident was understood, could understand others, and had a diagnosis which included a Stage 4 pressure ulcer (full-thickness tissue loss with exposed bone, tendon, or muscle) of the sacral region (the portion of your spine between your lower back and tailbone).</p> <p>Physician's orders for Resident 28, dated November 17, 2022, included an order for staff to cleanse the sacral wound with normal sterile saline (NSS - a sterile solution used for the moistening of wound dressings and wound debridement), then apply betadine soaked Kerlix (a type of bandage), cover with an ABD pad (a gauze dressing that absorbs fluid from large or heavily draining wounds), secure with gentle tape every two days, and then off for two days. Then staff was to cleanse the sacral wound with NSS, apply acetic acid (an acid used for wound care) soaked Kerlix, cover with an ABD, and secure with gentle tape every two days and then off for two days.</p> <p>Physician's orders for Resident 28, dated March 21, 2024, included an order for the resident to have a wound vac (a wound vacuum device that removes pressure over the area of the wound to help a wound heal) to his sacral wound at 125 millimeters of mercury (mmHg) (when wound vac becomes available). Staff were to continue rotating the dressings until the wound vac was available.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A nursing note for Resident 28, dated March 23, 2023, revealed that the wound vac was received and applied to the resident's sacral pressure ulcer per the wound clinic orders. Orders were received to apply the wound vac, change the wound vac dressings every Monday, Wednesday, Friday, and as needed; maintain the wound vac pressure at 125 mmHg continuously; check the pressure setting on the wound vac; and check for leaks every shift.</p> <p>There was no documented evidence that Resident 28's physician was contacted to clarify orders for the wound vac to his sacral wound, or to clarify if the order to continue rotating the dressings until the wound vac was available should have been discontinued.</p> <p>Interview with the Director of Nursing on April 24, 2024, at 2:25 p.m. confirmed that there was no documented evidence that Resident 28's physician was contacted to clarify orders for the wound vac to his sacral wound, or to clarify if the order to continue rotating the dressings until the wound vac was available should have been discontinued.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>

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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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>19102</p> <p>Based on review of facility policy and clinical record reviews, as well as staff interviews, it was determined that the facility failed to follow recommendations from a neurologist (a medical doctor with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system) for a follow-up appointment for one of 36 residents reviewed (Resident 5), and failed to follow physician's orders for three of 36 residents reviewed (Residents 29, 34, 43).</p> <p>Findings include:</p> <p>The facility's medication administration policy, dated March 19, 2024, indicated that procedures were in place to provide guidelines for the safe administration of medications, and staff were to verify that there was a physician's order for the medication.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated February 22, 2024, revealed that the resident was usually understood, could usually understand others, and had a diagnosis of Parkinson's disease.</p> <p>A neurology consult for Resident 5, dated January 25, 2024, revealed that the resident was a follow up in three months.</p> <p>A nursing note for Resident 5, dated January 25, 2024, revealed that the new orders recommended by the neurologist were confirmed by the resident's physician to follow up with neurology in three months. The resident's wife was notified.</p> <p>A social services note for Resident 5, dated January 26, 2024, revealed that the interdisciplinary team met for a care plan review for the resident. The care plan meeting was held with resident's wife. The resident's wife noted that at his neurology appointment on January 25, 2024, he may be receiving a diagnosis of Parkinson's disease. Future needs and appointments were discussed; however, there was no documented evidence that Resident 5 was scheduled for a follow-up neurology appointment.</p> <p>Interview with Resident 5's wife on April 24, 2024, at 3:30 p.m. revealed that he was to be at a neurology appointment today, and that she drove from home to the neurologist's office to be with him at the appointment; however, he never showed up.</p> <p>Interview with Registered Nurse 2 on April 24, 2024, at 4:10 p.m. revealed that when a resident comes back from an outside appointment and there is a recommendation for the resident to follow up, they will place a physician's order for the follow up appointment, as well as place it in an appointment/transport book, so that the scheduler can schedule the appointment and make arrangements for transportation to the appointment. She confirmed that there were no orders in Resident 5's clinical record, and it was not in the appointment/transport book for the resident to follow up in three months with neurology.</p> <p>(continued on next page)</p>		

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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>Interview with the Scheduler on April 25, 2024, at 10:00 a.m. revealed that she was not made aware of a three-month follow-up appointment for Resident 5 and that she called the neurology office yesterday and was trying to reschedule it. She was told by the neurology office that the resident's wife made the appointment; however, the scheduler did not receive the appointment card or the physician's order for the follow-up appointment.</p> <p>Physician's orders for Resident 29, dated December 22, 2023, included an order for the resident to receive a 2.5 mg of Midodrine HCl three times a day for orthostatic hypotension (form of low blood pressure that happens when standing up from sitting or lying down), and the medication was to be held if her systolic blood pressure (the top number of a blood pressure reading) was greater than 130 millimeters of mercury (mmHg).</p> <p>Resident 29's Medication Administration Record (MAR) for January, February, March, and April 2024 revealed that the resident's systolic blood pressure was greater than 130 mmHg at 3:00 p.m. on January 3; at 5:00 p.m. on April 18; and at 9:00 p.m. on January 1, 5, 10, 14, 31, and February 2, 13, 16, 23, 26, 27, and March 7 and 18, 2024. However, there was no documented evidence that the resident's Midrodine was held.</p> <p>Interview with the Director of Nursing on April 25, 2024, at 1:00 p.m. revealed that she could not confirm that physician's orders for Resident 29's blood pressure medications were followed on the above dates/times.</p> <p>An annual MDS assessment for Resident 34, dated February 29, 2024, revealed that the resident was cognitively impaired, was usually understood and usually understands, receives psychotropic medications, and had diagnoses that included schizophrenia (a serious mental disorder that affects how people interpret reality), anxiety and depression.</p> <p>Physician's orders for Resident 34, dated June 23, 2023, included an order for the resident to receive Haldol Decanoate Solution one milliliter (ml) intramuscularly (medication delivery that delivers medication into the muscle) at bedtime every three weeks on Fridays.</p> <p>Review of Resident 34's Medication Administration Record (MAR) for December 8, 2023, revealed no documented evidence that the Haldol was administered as ordered.</p> <p>Interview with the Director of Nursing on April 25, 2024, at 3:20 p.m. confirmed that there was no documented evidence that Resident 34's Haldol was administered as ordered on December 8, 2023.</p> <p>A facility policy regarding insulin administration, March 19, 2024, revealed that the type of insulin, dosage requirements, strength, and method of administration must be verified before administration to ensure that it corresponds with the order on the medication sheet and the physician's order.</p> <p>A quarterly MDS assessment for Resident 43, dated February 25, 2024, revealed that the resident was cognitively intact, was understood and understands, independent with care needs, and had diagnoses that included diabetes (a disease that interferes with blood sugar control), and received insulin. A care plan for Resident 43, dated March 21, 2022, indicated that the resident had diabetes mellitus and was to have his medication administered as the physician ordered and follow the sliding scale as ordered.</p> <p>(continued on next page)</p>		

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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 43, dated November 28, 2023, and discontinued on April 17, 2024, included an order for the resident to receive units of Lispro insulin subcutaneously (injected just under the skin) before meals per sliding scale. Resident 43 was to receive four units of Lispro for a blood sugar between 200-250 mg/dl, eight units for a blood sugar between 251-300 mg/dl, ten units for a blood sugar of 301-350 mg/dl, 12 units for a blood sugar of 351-400 mg/dl, and 14 units for a blood sugar of 401-450 mg/dl and to call the physician.</p> <p>A review of the Medication Administration Records (MAR's) for Resident 43, dated December 2023 and February through April 2024, revealed that on December 14, 2023, at 11:30 a.m. the resident's blood sugar was 424 mg/dl; on February 4, 2024, at 7:30 a.m. the resident's blood sugar was 409 mg/dl; on February 5 2024, at 11:30 a.m. the resident's blood sugar was 450 mg/dl; on February 6, 2024, at 11:30 a.m. the resident's blood sugar was 430 mg/dl; on March 9, 2024, at 4:30 p.m. the resident's blood sugar was 408 mg/dl; on March 30, 2024, at 4:30 p.m. the resident's blood sugar was 424 mg/dl; April 1, 2024, at 11:30 a.m. the resident's blood sugar was 442 mg/dl; and April 12, 2024, at 4:30 p.m. the resident's blood sugar was 401 mg/dl. There was no documented evidence that the physician was notified of these elevated blood sugars as ordered.</p> <p>Interview with the Director of Nursing on April 25, 2024, at 1:00 p.m. revealed that she was unable to confirm that the physician was not notified of Residents 43's elevated blood sugars mentioned above.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>42079</p> <p>Based on review of facility policy, clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that a resident's respiratory status was properly monitored for one of 36 residents reviewed (Resident 43).</p> <p>Findings include:</p> <p>The facility's policy regarding oxygen administration, dated March 19, 2024, indicated that the facility would verify the physician's order and review facility protocol for oxygen administration.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 43, dated February 25, 2024, revealed that the resident was understood and could understand, was independent with care needs, and was on oxygen therapy.</p> <p>Physician's orders for Resident 43, dated August 25, 2023, included an order for the resident to receive oxygen at a flow rate of 4 liters per minute via nasal cannula (tubes placed in the nostrils to deliver oxygen) to keep the resident's oxygen saturation (the percentage of oxygen in the blood) greater than 88 percent every shift.</p> <p>A care plan for Resident 43, dated August 25, 2023, indicated that the resident was to have oxygen administered continuously at four liters per minute to maintain an oxygen saturation (the percentage of oxygen in the blood) above 88 percent, with pulse oximeter (a machine that measures the saturation of oxygen in the blood) checks every shift.</p> <p>A review of Resident 43's clinical record revealed no documented evidence that pulse oximetry checks were obtained every shift as ordered from August 25, 2023, until April 14, 2024, to determine if the resident needed supplemental oxygen.</p> <p>An interview with the Director of Nursing on April 24, 2024, at 9:02 a.m. confirmed that pulse oximetry checks for Resident 43 were not obtained every shift as ordered from August 25, 2023, until April 14, 2024.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>42079</p> <p>Based on clinical record reviews, as well as observations and staff interviews, it was determined that the facility failed to ensure that physician's orders were obtained for dialysis per facility policy for one of 36 residents reviewed (Resident 42).</p> <p>Findings include:</p> <p>The facility's policy regarding dialysis care, dated March 19, 2024, indicated that the facility would require an order from the resident's primary care physician for dialysis treatments.</p> <p>An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 42, dated February 1, 2024, indicated that the resident was cognitively intact and required hemodialysis (a process of cleaning the blood of toxins and returning it into the body). A care plan for the resident, dated June 29, 2023, revealed that the resident required hemodialysis related to end-stage renal disease.</p> <p>A nursing note for Resident 42, dated April 10, 2024, indicated that the dialysis center reported that the resident had cough and congestion, and that he coughed once or twice at dialysis.</p> <p>A review of the clinical record for Resident 42 revealed no documented evidence that a physician's order was obtained for dialysis treatments, appointment locations, dates, or times.</p> <p>Interview with the Director of Nursing on April 24, 2024, at 2:25 p.m. confirmed that there was no documented evidence that a physician's order was obtained for Resident 42's dialysis treatments, and there should have been per facility policy.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>19102</p> <p>Based on clinical records and staff interviews, it was determined that the facility failed to ensure the accountability of controlled medications (drugs with the potential to be abused) for three of 36 residents reviewed (Residents 15, 33, 43).</p> <p>Findings include:</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 15, dated February 13, 2024, revealed that the resident was cognitively intact, was understood and understands, required assistance with care needs, had an unstageable deep tissue injury (pressure injury that affects the underlying soft tissues and may not be visible until advanced), and had diagnoses that included diabetes with diabetic neuropathy (nerve damage that affects people with diabetes).</p> <p>Physician's orders for Resident 15, dated February 20, 2024, included and order for the resident to receive hydrocodone-acetaminophen 7.5-325 milligrams (mg) one tablet every six hours as needed for moderate to severe pain.</p> <p>Review of the controlled drug record (a form that accounts for each tablet/pill/dose of a controlled drug) for Resident 15 for March 2024 revealed that staff signed out a dose of hydrocodone-acetaminophen for administration to the resident on March 24 at 8:00 p.m. However, there was no documented evidence in the resident's clinical record, including on the Medication Administration Record (MAR) and nursing notes, that the hydrocodone-acetaminophen was administered to the resident on the above listed date and time.</p> <p>Interview with the Director of Nursing on April 25, 2024, at 3:20 p.m. confirmed that there was no documented evidence in Resident 15's clinical records to indicate that the signed-out dose of hydrocodone-acetaminophen was administered to the resident on the above-mentioned date and time.</p> <p>A quarterly MDS assessment for Resident 33, dated March 21, 2024, revealed that the resident was cognitively intact and received an opioid (a controlled pain medication). Physician's orders, dated February 6, 2024, included orders for the resident to receive 1.5 tablets of 5 milligrams (mg) of Oxycodone (a narcotic pain medication) every six hours as needed for a pain rating of 7 to 10 (on a scale of 1 to 10, where 10 is the worst pain).</p> <p>Resident 33's controlled substance records for March and April 2024 revealed that staff signed out doses of Oxycodone for administration to the resident on March 9 and 10 at 9:00 p.m., April 15 and 16 at 8:30 p.m., and April 20 and 21 at 9:00 p.m. However, there was no documented evidence in the resident's clinical record, including on the MAR and nursing notes, that the Oxycodone was actually administered to the resident at the above-listed dates and times.</p> <p>Interview with the Director of Nursing on April 25, 2024, at 3:27 p.m. confirmed that there was no documented evidence that the staff administered the Oxycodone that was signed out on the controlled drug record on the above dates and times.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An quarterly MDS assessment for Resident 43, dated February 25, 2024, revealed that the resident was cognitively intact, was understood and understands, was independent with care needs, and received opioid medication. A care plan for Resident 43, dated March 23, 2022, revealed the resident had pain and to administer pain medication as ordered.</p> <p>Physician's order for Resident 43, dated November 23, 2023, included an order for the resident to receive Oxycodone 5 mg one tablet every eight hours as needed for moderate pain.</p> <p>Review of the controlled drug records for Resident 43 for January through April 2024 revealed that staff signed out a dose of Oxycodone for administration to the resident on January 18 at 7:58 p.m., January 20 at 8:00 p.m., January 22 at 10:30 p.m., January 23 at 8:40 p.m., January 28 at 9:00 p.m., February 10 at 8:40 p.m., March 6 at 8:00 p.m., March 13 at 8:00 p.m., March 19 at 8:00 p.m., March 31 at 8:30 p.m., April 1 at 8:40 p.m., April 2 at 8:00 p.m., April 4 at 7:30 p.m., April 6 at 8:10 p.m., and April 7 at 8:00 p.m. However, there was no documented evidence in the resident's clinical record, including on the MAR and nursing notes, that the Oxycodone was administered to the resident on the above-listed dates and times.</p> <p>Interview with the Director of Nursing on April 24, 2024, at 11:19 a.m. confirmed that there was no documented evidence in Resident 43's clinical records to indicate that the signed-out doses of Oxycodone were administered to the resident on the above-mentioned dates and times.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy Services.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>19102</p> <p>Based on resident interviews, observations, and staff interviews, it was determined that the facility failed to serve food that was palatable to residents.</p> <p>Findings include:</p> <p>During interviews with Residents 3, 14, 33, and 36 on April 22, 2024, at 10:30 a.m., 11:51 a.m., and 2:22 p.m., the residents stated that the food served to them was disgusting and lousy. Interview with Resident 28 on April 22, 2024, at 11:58 a.m. revealed that the potatoes were not peeled when served.</p> <p>Observations in the kitchen on April 23, 2024, at 11:24 a.m. revealed that the lunch meal consisted of chicken breast covered with gravy, oven-browned potatoes, corn, and sliced pears. These items were placed on a test tray, and the meal cart containing the test tray left the kitchen at 11:42 a.m. and arrived on the nursing unit at 11:43 a.m. The last resident was served and eating at 11:52 a.m. At 12:00 p.m. the test tray was tasted, and the oven-browned potatoes were dry, bland and had the skin intact.</p> <p>The recipe for oven-browned potatoes, undated, indicated that the potatoes were to be peeled and diced, and seasoned with garlic powder, paprika, and salt.</p> <p>Interview with the Dietary Manager on April 23, 2024, at 12:34 p.m. confirmed that the potatoes were to be served with the skins removed and seasoned with garlic powder, paprika, and salt.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>19102</p> <p>Based on review of facility policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that food was served under sanitary conditions.</p> <p>Findings include:</p> <p>The facility's policy regarding meal distribution, dated March 19, 2024, revealed that staff were to use proper food handling techniques to prevent contamination and that temperature maintenance controls will be used for point-of-service dining.</p> <p>Observations in the main kitchen on April 22, 2024, at 8:42 a.m. and 11:06 a.m. revealed that four air vents on the right side of kitchen, on the upper wall, had a thick accumulation of dust and debris and six air vents on the left side of the kitchen, on the upper wall, had an accumulation of dust and debris.</p> <p>A review of the maintenance kitchen vent cleaning log, undated, revealed that the kitchen vents were last cleaned on January 10, 2024.</p> <p>Interview with the Dietary Manager on April 23, 2024, at 9:52 a.m. confirmed that there was an accumulation of dust and debris on the air vents and the maintenance department was to clean them.</p> <p>An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 49, dated February 3, 2024, indicated that the resident was cognitively intact, was usually understood and could usually understand, and required supervision or touching assistance with eating. A care plan regarding activities of daily living for the resident, dated April 6, 2022, revealed that the resident required set-up help from staff to eat.</p> <p>Observations of the lunch meal tray delivery to resident rooms on April 22, 2024, at 11:47 a.m. revealed that Nurse Aide 13 picked up the bun of a cheese burger and added mayo, then pressed the bun down with a bare hand. Interview with Nurse Aide 13 at 11:51 a.m. confirmed that staff are not to touch resident food with their bare hands, and that she did not know what she was thinking.</p> <p>Interview with the Dietary Manager and the Nursing Home Administrator on April 23, 2024, at 9:53 a.m. confirmed that staff should not be touching food with their bare hands.</p> <p>28 Pa. Code 211.6(f) Dietary Services.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>19102</p> <p>Based on review of the facility's plans of correction and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies.</p> <p>Findings include:</p> <p>The facility's deficiencies and plans of correction for a State Survey and Certification (Department of Health) survey ending May 18 and November 17, 2023, and February 22, 2024, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending April 25, 2024, identified repeated deficiencies related to a failure to complete accurate Minimum Data Set (MDS) assessments (mandated assessments of residents' abilities and care needs), revising residents' care plans to include current care needs and interventions, to follow physician's orders, issues with oxygen therapy, medication accountability, and following proper infection control practices.</p> <p>The facility's plan of correction for a deficiency regarding completing accurate MDS assessments, cited during the survey ending May 18, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F641, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding completing accurate MDS assessments.</p> <p>The facility's plan of correction for a deficiency regarding revising residents' care plans to include current care needs, cited during the surveys ending May 18, 2023, and February 22, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F657, revealed that the facility's QAPI committee was ineffective with maintaining compliance with the regulation regarding revising residents' care plans to include current care needs.</p> <p>The facility's plan of correction for a deficiency regarding following physician's orders, cited during surveys ending May 18 and November 17, 2023, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F684, revealed that the QAPI committee was ineffective in correcting deficient practices related to following physician's orders.</p> <p>The facility's plan of correction for a deficiency regarding a failure to provide oxygen therapy as ordered by the physician, cited during the survey ending May 18, 2023, revealed that the facility would complete audits and the results would be reviewed as part of quality assurance. The results of the current survey, cited under F695, revealed that the facility's QAPI committee was ineffective in maintaining compliance with the regulation regarding providing oxygen therapy as ordered by the physician.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's plan of correction for a deficiency regarding the accountability of medications, cited during the survey ending May 18, 2023, revealed that the facility would complete audits and the results would be reviewed as part of quality assurance. The results of the current survey, cited under F755, revealed that the facility's QAPI committee was ineffective in maintaining compliance with the regulation regarding the accountability of medications.</p> <p>The facility's plans of correction for deficiencies regarding following infection control practices, cited during the surveys ending May 18 and November 17, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F880, revealed that the facility's QAPI committee was ineffective in maintaining compliance with the regulation regarding following infection control practices.</p> <p>Refer to F641, F657, F684, F695, F755, F880.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>19102</p> <p>Based on review of established infection control guidelines, facility policies, documents, residents' clinical records, and employee files, as well as observations and staff 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 seven of 36 residents reviewed (Residents 14, 18, 28, 34, 41, 42, 68), and failed to ensure that proper infection control practices and techniques were followed after the hiring of two of five employees reviewed (Registered Nurse 2, Nurse Aide 5).</p> <p>Findings include:</p> <p>CDC guidance on isolation precautions for MRSA residents contained in 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 is 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</p> <p>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.</p> <p>An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 14, dated March 28, 2024, revealed that the resident was cognitively intact, had a venous ulcer (wound caused by poor circulation in the legs), and received a treatment to the wound. A care plan for the resident, dated October 12, 2023, revealed that the resident had a venous ulcer wound to the right outer calf.</p> <p>Physician's orders for Resident 14, dated March 26, 2024, included an order for the right lateral calf venous ulcer to be cleansed with wound cleanser, collagen applied to the wound bed, covered with a dressing, wrapped with gauze and Tubigrip (supportive wraps to reduce swelling), and applied three times a week.</p> <p>Observations of Resident 14 on April 22, 2024, at 10:30 a.m. and 12:00 p.m. revealed that the resident was in her room, and there was no infection control sign posted at the entrance to the resident's room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An annual MDS assessment for Resident 18, dated February 1, 2024, revealed that the resident was cognitively intact, was clearly understood and could clearly understand others, required assistance with care needs, had two chronic venous ulcers (ulcers caused by problems with blood flow in the leg veins) to the right and left lower legs, and had diagnoses that included venous insufficiency (a disease causing poor blood circulation to lower limbs) and protein-calorie malnutrition (lack of dietary protein). A care plan, dated May 30, 2023, revealed that the resident had venous ulcers to his left circumferential lower leg and right lower extremity.</p> <p>Physician's orders for Resident 18, dated April 15, 2024, included an order for staff to cleanse the resident's left and right circumferential lower legs with soap and water, rinse with normal saline (a sterile solution used for the moistening of wound dressings and wound debridement), pat dry, moisturize dry skin with ammonium lactate 2 percent lotion, paint all wounds with betadine (an solution used to treat and prevent infection), and allow to dry. Apply adaptic dressing (dressing used to absorb and retain drainage) over wounds after the betadine dries and cover with an abdominal dressing (ABD) then with 4 centimeter (cm) by 4 cm dry gauze and secure with Kerlix (bandage wrap) and tape every day shift and as needed for soilage and dislodgement. Use a single layer Tubigrip (a support bandage) size D as tolerated every day and as needed for soilage and dislodgement.</p> <p>Observations of Resident 18 on April 22, 2024, at 10:53 a.m. and April 24, 2024, at 12:10 p.m. revealed that the resident had no signage at the entrance to his room to indicate infection control measures for EBP related to his chronic wounds.</p> <p>A quarterly MDS assessment for Resident 28, dated April 19, 2024, revealed that the resident was understood, could understand others, had a indwelling catheter (a tube inserted into the bladder to drain urine), and had a diagnosis which included a Stage 4 pressure ulcer (full thickness tissue loss with exposed bone, tendon, or muscle) of the sacral region (the portion of your spine between the lower back and tailbone). A care plan for the resident, dated April 14, 2024, revealed that the resident has an indwelling catheter. A care plan, dated October 20, 2023, revealed that the resident has a surgical wound to his perianal area (area around the anus) related to a fissure (a tear in the inside lining of the anus). A care plan, dated February 16, 2024, revealed that the resident has a pressure ulcer to his coccyx (tailbone area).</p> <p>Physician's orders for Resident 28, dated May 9, 2022, included an order for staff to perform catheter care every shift and as needed.</p> <p>Physician's orders for Resident 28, dated May 9, 2022, included an order for staff to change the catheter bag as needed.</p> <p>Physician's orders for Resident 28, dated May 10, 2022, included an order for staff to change the catheter as needed when clogged and/or leaking.</p> <p>Physician's orders for Resident 28, dated October 19, 202, included an order to for staff to cleanse the perianal fissure wound with normal sterile saline (NSS - a sterile solution used for the moistening of wound dressings and wound debridement), pat dry, dust with stoma powder (used to absorb moisture from broken skin around the stoma), and then lightly pack with calcium alginate (a type of wound dressing) twice a day and as needed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Physician's orders for Resident 28, dated March 30, 2024, included an order for staff to change the wound vac dressings every Tuesday, Thursday, and Saturdays and as needed every day shift.</p> <p>Observations of Resident 28 on April 22, 2024, at 11:50 a.m.; April 23, 2024, at 1:15 p.m.; and April 24, 2024, at 8:20 a.m. revealed that the resident was in his room, and there was no infection control sign posted at the entrance to the resident's room.</p> <p>An annual MDS assessment for Resident 34, dated February 29, 2024, revealed that the resident had cognitive deficits, was usually understood and usually understands, had an indwelling catheter, and had a diagnosis that included neurogenic bladder (bladder lacks control due to nerve or muscle problems). A care plan, dated April 11, 2022, revealed that the resident had a suprapubic indwelling catheter (a flexible tube that drains urine from the bladder through the abdomen).</p> <p>Physician's orders for Resident 34, dated April 8, 2022, included orders for the catheter bag to be changed as needed, catheter care every shift and as needed, and irrigate the catheter for blockage and/or leakage with 5 to 10 cubic centimeters (cc) of normal saline as needed.</p> <p>Physician's orders for Resident 34, dated July 23, 2022, included an order to change the catheter as needed for blockage.</p> <p>Physician's orders for Resident 34, dated August 23, 2022, included an order to cleanse the suprapubic catheter site with normal saline, apply bacitracin, and apply a T-drain sponge (a pre-cut bandage used to fit snug around catheters) every shift.</p> <p>Special instructions in Resident 34's electronic health record indicated that he was on contact isolation for proteus species in the urine. There was no documented evidence that contact precautions or EBP were in place for this resident.</p> <p>Observations of Resident 34 on April 22, 2024, at 11:15 a.m. and on April 23, 2024, at 10:46 a.m. revealed that the resident had no signage at the entrance to his room to indicate infection control measures for contact precautions or EBP were in place related to his indwelling catheter and documented proteus species in his urine.</p> <p>An admission MDS for Resident 41, dated March 21, 2024, revealed that the resident had cognitive deficits, was usually understood and usually understands, required assistance with care needs, and had a Stage 2 pressure ulcer (pressure wound with superficial skin loss) to the bilateral buttocks (resolved March 26, 2024) and an unstageable pressure ulcer (full-thickness pressure injuries in which the base is obscured by slough and/or eschar) to the right heel. A care plan, dated April 17, 2024, revealed that the resident had an open wound to his right heel.</p> <p>Physician's orders for Resident 41, dated April 16, 2024, included an order to cleanse the right heel with wound cleanser, pat dry, paint with Betadine, cover with collagen alginate, then ABD pad, and wrap with Kerlix three times per week every day shift every Tuesday, Thursday, Saturday and as needed for soiling or dislodging.</p> <p>Observations of Resident 41 on April 22, 2024, at 11:32 a.m. revealed that the resident had no signage at the entrance to his room to indicate infection control measures for EBP related to his right heel wound.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An annual MDS for Resident 42, dated February 1, 2024, indicated that the resident was cognitively intact, requires assistance from staff for his care needs, had an indwelling catheter, and had a diagnosis of a neurogenic bladder.</p> <p>Physician's orders for Resident 42, dated September 9, 2022, included an order for staff to perform catheter care every shift and as needed, and included an order for a catheter bag change as needed and for facility staff to monitor the catheter for patency and drainage.</p> <p>Physician's orders for Resident 42, dated February 20, 2023, included an order for facility staff to irrigate the catheter for blockage and leakage with 60 milliliters (ml) of sterile water for lack in drainage, and if greater than two weeks change the Foley catheter prior to irrigation and reevaluate as needed.</p> <p>Physician's orders for Resident 42, dated October 11, 2023, included an order for the resident to have a Foley catheter sized 18 French and 30 cc balloon size for a diagnosis of neurogenic bladder.</p> <p>Observations of Resident 42 on April 22, 2024, at 12:13 p.m.; April 24, 2024, at 1:46 p.m.; and April 25, 2024, at 8:53 a.m. revealed that the resident had no signage at the entrance to his room to indicate infection control measures for contact precautions or EBP were in place related to his indwelling catheter. On April 25, 2024, at 8:53 a.m. Resident 42 was lying in bed with his catheter bag attached to the left side of his bed.</p> <p>An admission MDS assessment for Resident 68, dated March 5, 2024, revealed that the resident was understood, could understand others, had an indwelling catheter, had a diagnosis which included multidrug resistant organism (MDRO - a germ that is resistant to many antibiotics), had one Stage 2 pressure injury (a break in the top two layers of skin) that was present upon admission, and had one unstageable pressure injury (a term that refers to an ulcer that has full thickness tissue loss) that was present upon admission. A care plan for the resident, dated February 29, 2024, revealed that the resident has a indwelling catheter. A care plan, dated March 5, 2024, revealed that the resident has a wound to his right gluteal crease. A care plan, dated March 10, 2024, revealed that the resident has an open area to his coccyx.</p> <p>Physician's orders for Resident 68, dated February 29, 2024, included an order for staff to perform catheter care every shift and as needed.</p> <p>Physician's orders for Resident 68, dated March 10, 2024, included an order for staff to cleanse his coccyx wound with NSS, pat dry, apply Medihoney (a medical-grade honey intended for wound care), and cover with a dry dressing daily and as needed.</p> <p>Physician's orders for Resident 68, dated March 10, 2024, included an order for staff to cleanse his right ischium wound with NSS, pat dry, apply Medihoney (a medical-grade honey intended for wound care), and cover with a dry dressing daily and as needed.</p> <p>Observations of Resident 68 on April 22, 2024, at 12:09 p.m.; April 23, 2024, at 1:15 p.m.; and April 24, 2024, at 8:20 a.m. revealed that the resident was in his room, and there was no infection control sign posted at the entrance to the resident's room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with the Assistant Director of Nursing and Infection Preventionist on April 23, 2024, at 10:46 a.m. confirmed that she was unaware of the new guidance for EBP effective April 1, 2024, per CMS and CDC guidelines, and confirmed that she was not following the new regulatory recommendations for the above-mentioned residents and she should have.</p> <p>The facility's policy regarding employee screening for Tuberculosis (TB), dated March 19, 2024, revealed that all employees must be tested for TB prior to beginning employment and annually thereafter. Each newly hired employee will be screened for TB after an employment offer has been made but prior to the employee's duty assignment. A new employee undergoing the purified protein derivative (PPD) two-step testing (used to detect individuals with past TB infection) may participate in non-resident care activities (no direct resident contact) following an initial negative first step PPD while waiting completion of the testing if they have no symptoms of active TB.</p> <p>The personnel file for Registered Nurse 2 revealed a hire date of March 4, 2024. Time punches and staff assignment/deployment sheets revealed that she worked on a resident care unit on March 22, 2024. However, documentation revealed that she did not receive her first step PPD test until March 25, 2024, and then received her second step PPD test on April 3, 2024.</p> <p>Interview with Registered Nurse 2 on April 24, 2024, at 4:30 p.m. confirmed that she worked on March 22, 2024. She indicated that there was a call off and that she had to work the medication cart to pass the residents their medications.</p> <p>The personnel file for Nurse Aide 5 revealed a hire date of January 20, 2024. Time punches and staff assignment/deployment sheets revealed that she worked on a resident care unit on February 7, 2024. However, there was no documented evidence that she had received her first step PPD test or her second step PPD test prior to working in a resident care unit.</p> <p>Interview with the Assistant Director of Nursing/Infection Control Preventionist on April 25, 2024, at 9:05 a.m. confirmed that Registered Nurse 2 and Nurse Aide 5 should not have worked on resident care units prior to being tested for TB.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>31760</p> <p>Based on a review of a list of nurse aides currently employed by the facility, including their hire dates and training hours, as well as staff interviews, it was determined that the facility failed to ensure that nurse aides had 12 hours of in-service training annually for three of three nurse aides reviewed (Nurse Aide 10, Nurse Aide 11, Nurse Aide 12), failed to ensure that nurse aides received annual in-service training regarding abuse for three of three nurse aides reviewed (Nurse Aide 10, Nurse Aide 11, Nurse Aide 12), and failed to ensure that nurse aides received annual in-service training regarding dementia for one of three nurse aides reviewed (Nurse Aide 12).</p> <p>Findings include:</p> <p>A list of nurse aides provided by the facility revealed that based on their months and days of hire:</p> <p>Nurse Aide 10 should have received at least 12 hours of in-service training between March 25, 2023, and March 25, 2024. However, there was no documented evidence that she received at least 12 hours of in-service training as required.</p> <p>Nurse Aide 11 should have received at least 12 hours of in-service training between March 7, 2023, and March 7, 2024. However, there was no documented evidence that she received at least 12 hours of in-service training as required.</p> <p>Nurse Aide 12 should have received at least 12 hours of in-service training between March 11, 2023, and March 11, 2024. However, there was no documented evidence that she received at least 12 hours of in-service training as required.</p> <p>The facility's policy regarding abuse, neglect, exploitation, and misappropriation, dated March 19, 2024, indicated that employees of the center will receive education and training on resident rights, resident abuse, and abuse reporting during orientation and annually thereafter. Additional education and training will be provided as deemed necessary.</p> <p>Review of personnel records for Nurse Aide 10 revealed a hire date of March 25, 2010. However, there was no documented evidence that she received the facility's annual resident abuse training and abuse reporting training during the time period of March 25, 2023, through March 25, 2024.</p> <p>Review of personnel records for Nurse Aide 11 revealed a hire date of March 7, 2018. However, there was no documented evidence that she received the facility's annual resident abuse training and abuse reporting training during the time period of March 7, 2023, through March 11, 2024.</p> <p>Review of personnel records for Nurse Aide 12 revealed a hire date of March 11, 2009. However, there was no documented evidence that she received the facility's annual resident abuse, abuse reporting, and dementia training during the time period of March 11, 2023, through March 11, 2024.</p> <p>(continued on next page)</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with the Assistant Director of Nursing/Infection Control Preventionist on April 25, 2024, at 3:02 p.m. confirmed that there was no documented evidence that the above nurse aides received at least 12 hours of in-service training as required or received the facility's annual resident abuse, abuse reporting, and dementia training.</p> <p>28 Pa. Code 201.20(a) Staff Development.</p>		