

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2024
NAME OF PROVIDER OR SUPPLIER Glen Brook Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 East 16th Street Berwick, PA 18603	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>41581</p> <p>Based on a review of grievances lodged with the facility and select facility policy and resident and staff interviews it was determined that the facility failed to demonstrate timely and adequate efforts to resolve resident grievances for two residents out of 16 sampled. (Resident 2 and 11)</p> <p>Findings include:</p> <p>A review of facility policy entitled Resident and Family Grievances revealed the staff member receiving the grievance will record the nature and specifics of the grievance on the designated grievance form or assist the resident or family member to complete the form. The staff will forward the grievance form to the grievance official as soon as practicable. The grievance official takes steps to resolve the grievance and record information about the grievance and those actions on the grievance form. In accordance with the residents right to retain a written decision regarding his or her grievance, the grievance official will issue a written decision of the grievance to the resident or representative at the conclusion of the investigation. The written decision will include at a minimum, the date the grievance was received, the steps taken to investigate the grievance, a summary of pertinent findings or conclusions regarding the resident's concerns, a statement to whether the grievance was confirmed or not confirmed, any corrective action taken by the facility as a result of the grievance, and the date the written decision was issued.</p> <p>A review of a grievance lodged by Resident 2 dated January 28, 2024, which was requested for review during the recent survey at the facility, completed on February 6, 2024, but not provided at the time of request, revealed that the resident expressed a concern with staff not answering call bells in a timely manner and that the nurse aides sit in a back room on their phones. The grievance indicated that the resident felt that the facility should restrict phone usage to break times so residents are taken care of.</p> <p>According to the grievance form, the facility noted that the resident's complaint was resolved on February 1, 2024. However, there was no documented evidence that the resident had been informed of the outcome of the grievance. The resident did not sign off that he received the facility's response or was aware of the actions taken by the facility to resolve his grievance. There was no documented evidence that the facility educated staff on use of their personal cell phones while on duty.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with Resident 2 on February 28, 2024, at 10:15 AM revealed that the resident stated that his concerns were not yet resolved. The resident stated the wait times for staff to respond to call bells and provide requested care, remains a problem. The resident stated that it still takes up to 45 minutes for staff to respond to his call bell and meet his needs for assistance. The resident confirmed that the facility did not provide him written details of the outcome of his grievance and no one had asked him if he was satisfied with the outcome or if he still had concerns.</p> <p>A review of a grievance filed on behalf of Resident 11 dated January 29, 2024, which was also requested for review during the survey ending February 6, 2024, but not provided upon request at that time, revealed that the resident's daughter had concerns with a small box cutter type knife found in her mother's bed. The resident's daughter questioned how the small knife ended up in her mother's bed and was concerned that her mother could have been hurt.</p> <p>According to the grievance form, this complaint was resolved on February 2, 2024. However, there was no indication that the resident's daughter or the resident had been informed of the outcome, as the area of the form indicating notification of the representative was blank. Neither the resident nor the resident's daughter signed the form to acknowledge their receipt of the facility's response to the complaint and awareness of the actions taken to resolve the complaint.</p> <p>An interview with Resident 11 on February 28, 2024, at approximately 10:30 AM revealed the resident was asked if she recalled the incident when a small blade was found in the resident's bed. The resident shook her head yes. When asked if anyone came back to speak with her about how the blade ended up in her bed or what the facility did to correct these concerns, the resident shook her head no.</p> <p>During an interview with the Nursing Home Administrator (NHA) on February 28, 2023, at approximately 4:00 PM, the NHA was unable to provide documented evidence that the facility followed-up, in a timely manner, with the residents and/or their representatives to inform them of the outcome of their grievance and ascertain the effectiveness of the facility's efforts in resolving their complaints.</p> <p>28 Pa. Code 201.18 (e)(1) Management</p> <p>28 Pa. Code 201.29 (a) Resident rights</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43944</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to consistently provide residents dependent on staff for assistance with activities of daily living, the necessary services to maintain good personal hygiene by failing to provide showers as scheduled for one resident out of 16 residents sampled (Resident 2).</p> <p>Findings include:</p> <p>A review of Resident 2's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses that included diabetes, congestive heart failure (CHF - heart disease that affects pumping action of the heart muscles that causes fatigue, shortness of breath) and above the knee amputation of the right leg and below the knee amputation of the left leg</p> <p>The resident's plan of care for ADL (activities of daily living include bathing, dressing, combing hair, etc.) assistance initiated on July 7, 2022, and revised on November 12, 2023, indicated that Resident 2 had an ADL self-care deficit related to an amputation of the right leg and below the knee amputation of the left leg with a noted goal to that the resident would have his personal ADL needs met with the assistance of staff, while promoting his highest level of functioning and dignity. The resident's care plan indicated that the resident two-person assistance for personal care and hygiene with planned interventions that included to use a mechanical Hoyer lift with use of amputee/shower sling for all transfers.</p> <p>Resident 2's nurse aide tasks indicated that the resident was to be showered every Wednesday during the 3 PM to 11 PM shift and Saturday 7 AM to 3 PM shift.</p> <p>During an interview with Resident 2 on February 28, 2024, at 10:15 a.m., the resident stated that the specialized bariatric shower sling for bilateral amputees he requires for transfers has been missing from his room since early January 2024. He stated that staff have not been able to locate his shower sling for a few months and that the specialty sling was being used to shower him, but then that sling would get wet and would need to be sent to laundry to be cleaned and then unavailable for staff to use to get him out of bed. Resident 2 reported that he would like to get a shower and be able to get out of bed when desired, but it hasn't been possible because his specialized bariatric amputee sling has had not been available for staff to use to safely transfer him.</p> <p>An interview with Employee 1, a nurse aide (NA), on February 28, 2024, at 10:25 a.m., confirmed that Resident 2's specialized bariatric amputee sling required for his showers and Hoyer transfers is unavailable. Employee 1 stated that the nurse aides had to search the laundry department in an attempt to locate them in an attempt accommodate the resident's shower schedule and his desire to get out of bed. Employee 2 indicated that slings were not always being returned from laundry.</p> <p>A review of Resident 2's task summary report dated January 2024, revealed that the resident received four out of eight planned showers during the month of January 2024.</p> <p>The resident's task summary dated through survey ending February 28, 2024, revealed that the resident received three out of eight planned showers to date.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing (DON) on February 28, 2024, at 2:00 p.m., the DON stated that it is facility's policy to provide residents with two showers per week, and bed baths as needed between planned showers or at the resident's request. The DON reported that Resident 2 required transfers with two-staff via mechanical Hoyer lift and a specialized bariatric amputee sling for all transfers and for showers. The DON stated that she was unaware that Resident 2's bariatric shower sling was not available for staff to use to shower the resident as scheduled. The DON confirmed that the resident didn't receive his planned showers due to the required bariatric amputee shower sling being unavailable.</p> <p>28 Pa. Code 211.12 (d)(3)(5) Nursing services.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43944</p> <p>Based on a review of clinical records and select facility policy and resident and staff interviews it was determined that the facility failed to provide timely care and necessary resident care supplies for effective incontinence management for one resident out of 16 sampled (Resident 2).</p> <p>Findings included:</p> <p>A review of a facility policy entitled Urinary and Bowel Incontinence last reviewed by the facility on October 3, 2023, indicated that it was the policy of the facility that once a resident was identified as incontinent, staff would develop a plan of care to manage issues with incontinence and provide the appropriate treatment and services to meet the resident's toileting needs.</p> <p>A review of Resident 2's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses that included diabetes, congestive heart failure and above the knee amputation of the right leg and below the knee amputation of the left leg.</p> <p>The resident's plan of care for ADL (activities of daily living include bathing, dressing, combing hair, etc.) assistance initiated July 7, 2022, and revised November 12, 2023, indicated that Resident 2 had an ADL self-care deficit related to an amputation of the right leg and a below the knee amputation of the left leg with a noted goal that the resident would have his personal ADL needs met with the assistance of staff, while promoting his highest level of functioning and dignity. Resident 2 required two-persons assist for personal care and hygiene with planned interventions that included the use of a mechanical Hoyer lift with use of an amputee/shower sling for all transfers.</p> <p>The resident's care plan for the problem of bowel incontinence initiated July 11, 2023, indicated that the resident would be maintained in a clean, and dry, and dignified state as possible. Planned bowel incontinence interventions were to check the resident every two-hours and as required for incontinence and to wash, rinse, and dry perineum (is the space between the anus and the genitals) and to apply barrier cream after each episode, change clothing as needed (PRN) after incontinence episodes, and to use disposable briefs for containment and dignity.</p> <p>During an interview with Resident 2 on February 28, 2024, at 10:25 a.m., the resident stated that on Sunday February 11, 2024, he sat in a soiled brief with feces for over two hours, from 7:15 a.m. until 9 a.m. and was very uncomfortable and itchy. The resident stated that the nurse aides could not locate any of his proper sized bariatric briefs, the package with the white colored coding on the packaging. Resident 2 reported that he sat without a brief on due because there were no bariatric briefs available at the facility. Resident 2 relayed that the staff didn't locate bariatric sized briefs until the second shift on Sunday, February 11, 2024, the aides found briefs with the green color coded on the packaging and were a size smaller than what I needed. The aides left the brief closures opened because they (briefs) didn't fit around my belly.</p> <p>An observation of Resident 2's closet revealed that the green color smaller sized briefs were present and not the properly sized white bariatric briefs the resident required.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with Employee 1, a nurse aide (NA), on February 28, 2024, at 10:35 a.m., confirmed that the facility did not have the correct sized briefs available for Resident 2. Employee 1 stated that the facility frequently runs out of bariatric incontinence briefs and that staff must search throughout the building for briefs and other supplies.</p> <p>During an interview with the Director of Nursing (DON) on February 28, 2024, at 2:15 p.m., revealed that there were occasions that management staff had to go to a local store to purchase several packages of assorted sized incontinence briefs because the facility's runs out. The DON confirmed that the correct sized incontinence bariatric briefs were not consistently available for Resident 2 and that he should not have had to sit in feces or wear briefs that did not fit him properly. The DON also confirmed that the facility did not have a functioning system, par level, to assure consistently availability of incontinence briefs prior to stock depletion.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing services</p> <p>28 Pa. Code 201.14 Supplies</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48277</p> <p>Based on review of clinical records and select facility policy and resident and staff interview it was determined that the facility failed to implement pharmacy procedures to consistent availability of routine prescribed medications for one of 16 residents reviewed (Resident 8).</p> <p>Findings include:</p> <p>A review of the facility's policy titled Ordering and Receiving Non-Controlled Medications provided by facility on February 28, 2024, indicated that repeat medications (refills) are written on a medication reorder form or by peeling the reorder tab from the prescription label and placing it in the appropriate area on the medication reorder form provided by the pharmacy, or requested via the facility's EHR (Electronic Health Record) system.</p> <p>Resident 8 was admitted to the facility on [DATE], with diagnosis to include diabetes with hyperglycemia (high blood sugar), and hypertension (elevated blood pressure).</p> <p>Review of current physician orders for Resident 8 revealed an order for Novolin 70/30 subcutaneous suspension (70-30) 100 unit/ml (Insulin NPH Isophane & Reg (Human)), inject 28 unit subcutaneously in the morning for DM (diabetes mellitus) and an order for Novolin 70/30, inject 15 units subcutaneously in the evening.</p> <p>During an interview with Resident 8 on February 28, 2024, at 12:10 PM, she expressed concern and fear that she would miss her evening dose of insulin. She reported that she has been a resident at the facility for 7 months and the facility has completely run out of my insulin 3 times and they ask me to call my son to bring in my insulin from home. Today, the nurse said they ran out and could my son bring it in. Resident 8 expressed frustration that she does not understand how the facility keeps running out, why an order is not placed before they run out, and why they cannot order it from local pharmacy instead of asking her to call her son. The resident reported she no longer has any insulin at home because her son bought in all she had the other times the facility ran out. She stated, I've asked them before why they can't order it from the local pharmacy, and they tell me they have to get from a pharmacy in New Jersey.</p> <p>During an interview with Employee 6 (licensed practical nurse) on February 28, 2024, at approximately 12:20 PM, she confirmed that she administered the last dose of Residents 8's insulin available in the facility during her morning medication pass this date. She confirmed that she asked the resident if she had more insulin at home and if she could contact her son to bring it in. Employee 6 stated she messaged her supervisor regarding Resident 8 being out of insulin.</p> <p>During an interview with the Director of Nursing (DON) on February 28, 2024, at 2:25 PM she confirmed that when medications are low, staff should reorder medications through PCC (Point Click Care -electronic healthcare software provider). She confirmed that facility staff failed to follow the facility policy for reordering medications and that the facility failed to ensure consistent availability of a prescribed medication for Resident 8.</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 - Few</p>	<p>28 Pa. Code 211.12 (d)(3)(5) Nursing services.</p> <p>28 Pa. Code 211.9 (a)(1)(k) Pharmacy services</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41581</p> <p>Based on observation and staff interview, it was determined that the facility failed to adhere to expiration dates on pharmacy products stored in the central supply room.</p> <p>Findings include:</p> <p>Observations of the facility's central supply room on February 28, 2024, at 11:15 AM revealed one box, containing 5 bottles of Glucerna tube feeding, and another box containing 6 bottles, both had expired in [DATE].</p> <p>There were 2 bags Nova Source Renal tube feeding formula that expired [DATE].</p> <p>16 bottles of hand sanitizer expired in [DATE].</p> <p>An interview with Employee 5, clinical consultant ,on February 28, 2024, at the time of the observation confirmed the pharmacy products, enteral tube feeding formulas had expired .</p> <p>28 Pa. Code 211.9 (k) Pharmacy Services</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>41581</p> <p>Based on observation and staff interview, it was determined that the facility failed to store resident care supplies in a sanitary environment and manner in the central supply room.</p> <p>Findings included</p> <p>Observations of the facility's central supply room on February 28, 2024, at 11:15 AM revealed paper litter, dirt, and debris scattered about the floor of the room.</p> <p>There were boxes of personal care supplies directly on the floor, including bags of clean incontinence briefs, boxes of skin and hair cleanser.</p> <p>An oxygen tubing and mask kit was observed on the floor.</p> <p>A skin stapler remover kit was observed on the floor.</p> <p>A foam dressing kit and a piston syringe was observed on the floor.</p> <p>Outside the central supply room, there were 20 boxes of clean incontinence briefs on the floor.</p> <p>An interview with Employee 5 clinical consultant on February 28, 2024, at the time of the observation confirmed the supplies were not stored appropriately.</p> <p>During an interview with the DON (Director of Nursing) on February 28, 2024 at approximately 4:00 PM revealed the central supply room is to be maintained in a sanitary manner.</p> <p>28 Pa. Code 201.18 (e)(2.1) Management</p>