

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER Pennknoll Village		STREET ADDRESS, CITY, STATE, ZIP CODE 208 Pennknoll Road Everett, PA 15537	

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 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>41233</p> <p>Based on review of clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that staff provided assistive devices to eat in accordance with occupational therapy recommendations for one of four residents reviewed (Resident 3).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated October 8, 2024, indicated that the resident was cognitively intact, was dependent with personal hygiene needs and eating, and had diagnoses that included, tremors, spinal stenosis, contractures of the hands, and kyphosis (an abnormal curvature of the neck and/or spine).</p> <p>Occupational Therapy recommendations for Resident 3, dated October 11, 2024, included a recommendation for the use of slightly built-up utensils (black handled) for meals.</p> <p>Observations of Resident 3 during the breakfast meal on October 22, 2024, at 8:30 a.m. revealed that the resident was in her room eating her meal and she had a large handled (good grip) spoon on her tray. The resident wants to, and is encouraged to, feed herself as much as possible. She indicated that it is difficult to use the larger handled spoon.</p> <p>Interview with Occupational Therapy Director on October 22, 2024, at 4:36 p.m. confirmed that Resident 3 should have had black handled utensils as recommended by the Occupational Therapy department and not good grip utensils. The black handled utensils are better suited for the resident due to her hand/finger contractures.</p> <p>Interview with the Nursing Home Administrator on October 22, 2024, confirmed that Resident 3 should have had the black handled utensils that Occupational Therapy recommended.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing Services.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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