

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395432	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/22/2024
NAME OF PROVIDER OR SUPPLIER  Holland Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 280 Middle Holland Road Holland, PA 18966	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36609</p> <p>Based on clinical record reviews and interviews with staff, it was determined that the facility failed to develop a baseline care plan that included instructions related to a diagnosis of heart failure for one of two residents reviewed. (Resident R1).</p> <p>Findings include:</p> <p>Resident R1 was admitted to the facility on [DATE], diagnosed with encephalopathy ( a disease in which the functioning of the brain is affected), chronic kidney disease, unspecified heart failure (heart does not pump sufficiently) and high blood pressure.</p> <p>Physicians note dated December 19, 2023, stated, Elevated legs at rest. Compression stocking (used to improve blood flow from legs to the heart and to decrease swelling (edema) in legs) on in AM off before bed. Vitals daily and weigh weekly. Alert provider of weight gain of more than 2-3 pounds in a 24-hour period or more than 5 pounds in a week (weight gain is a marker for heart failure).</p> <p>Review of Resident R1's care plan failed to develop a plan of care related to Resident R1's diagnosis of heart failure that included interventions of utilizing the compression stockings for edema and daily weights for signs of heart failure.</p> <p>This was confirmed during an interview with the Director of Nursing on April 22, 2024, at 3:00 p.m.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36609</p> <p>Based on review of resident records and interviews with staff, it was determined the facility did not follow/obtain nor clarify physician orders for medication and treatments for one of two residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Resident R1 was admitted to the facility on [DATE], diagnosed with encephalopathy, chronic kidney disease, unspecified heart failure and high blood pressure.</p> <p>Review of Resident R1's December 2023 electronic medication administration record (EMAR) physician orders instructed:</p> <p>Ticagrelor Oral Tablet 90 milligrams (mg) instructed to give one tablet by mouth every 12 hours at 9:00 a.m. and 9 p.m. for Post Carotid Surgery was not given during the 9 p.m. dose on December 17, and 20, 2024. Nursing note specified the medication was not available.</p> <p>Clonidine HCl Oral Tablet 0.3 mg instructed to give 0.3 mg by mouth two times a day for high blood pressure was not given on December 20, 2023. Nursing note specified the medication was not available.</p> <p>To weigh resident on admission and 24 hours post admission for two days revealed these weights were not obtained.</p> <p>Doxazosin Mesylate Oral Tablet 4 mg instructed to give one tablet by mouth at bedtime for high blood pressure was not given on December 17, 2023. Nursing note indicated the medication was not available.</p> <p>Interview with the Director of Nursing on April 22, 2024 at 3:00 p.m. stated nursing failed to utilize the facility's emergency supply of these available medications.</p> <p>Physicians note dated December 19, 2023, stated, Elevated legs at rest. Compression stocking on in AM off before bed. Vitals daily and weigh weekly. Alert provider of weight gain of more than 2-3 pounds in a 24-hour period or more than 5 pounds in a week.</p> <p>Further review of the December 2023, EMAR the order for compression stockings read. Teds (compression stockings) to b/l le (bilateral lower extremities) while oob (out of bed) every shift. The order failed to indicate when the compression stockings were donned on/off and/or if they were in use. The same orders indicated daily weights in the morning, failing to specify parameters to alert the physician of weight gain.</p> <p>The facility failed to obtain weights on December 19 and 22, 2023, and on December 23, 2023, the resident's weight was documented at 161 pounds, on December 24, 2024, the resident's weight was 164.5 pounds, representing a 3 1/2 pound weight gain in 24 hours.</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 - Few</p>	<p>During the interview it was confirmed with the Director of Nursing that the orders were missing parameters, and no clinical evidence the physician was informed of the 3 1/2 pound weight gain. Furthermore the Director of Nursing confirmed the order for compression stockings was incorrect and needed additional clarification.</p> <p>28 Pa. Code 211.12(c)Nursing services</p>		