

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2026
NAME OF PROVIDER OR SUPPLIER  Hickory House Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  3120 Horseshoe Pike Honey Brook, PA 19344	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on a review of resident clinical records, select facility policies, and staff interview, it was revealed the facility failed to ensure that one of the five residents sampled was free of a significant medication error (Resident 1). Findings include: Review of facility policy titled Administration of Medications, last reviewed on September 9, 2025, stated medications are administered safely and appropriately per physician order to address residents' diagnoses and signs and symptoms. Staff who are responsible for medication administration will adhere to the 10 Rights of Medication Administration including the Right Drug, Right resident, and Right dose. Review of facility policy titled Opioid-Induced Respiratory Depression, last reviewed on September 3, 2025, stated that the facility will be prepared and able to address emergencies related to substance use by providing increased monitoring, maintaining, and having knowledge of administering opioid reversal agents like naloxone (a medication that reverses narcotic effects). Review of Resident 1's admission Minimum Data Set (MDS - a mandatory assessment of a resident's abilities and care needs) dated December 9, 2025, revealed that Resident 1 was cognitively intact and dependent upon staff for completion of activities of daily living. The overall goal for Resident 1 was to remain in the facility for long term care. Review of Resident 1's admission profile revealed that he had not appointed a power of attorney and that he was his own representative. Review of Resident 1's nursing progress note dated March 6, 2026, at 1:00 p.m. revealed that Resident 1 had been admitted to hospice on March 6, 2026. Review of Resident 1's March 2026 Medication Administration Record (MAR) revealed a physician's order dated March 6, 2026, for Morphine Sulfate (Concentrate) Solution 20MG (milligram) per ML (milliliter). Give 5 milligram by mouth every 2 hours as needed for Pain/SOB (shortness of breath) please attempt and document 3 non-pharmacological interventions for pain prior to giving this medication for pain. Review of the Controlled Medication Utilization Record dated March 7, 2026, at 9:15 p.m. revealed that Resident 1 received 1ML of morphine concentrate instead of 0.25ML. Review of nursing progress note dated March 7, 2026, at 9:50 p.m. state that Resident 1 received dose of morphine concentrate above prescribed amount. Residents VS (Vital signs - blood pressure, pulse, respirations, temperature, and oxygen levels), NEURO (neurological evaluation - an assessment of consciousness and upper/lower extremity strength), mentation (mental status) WNL (within normal limits). On call physician notified order for Q15 min (every 15 minutes) VS checks x8 hrs ordered. Resident informed of situation states understanding, POA contacted and informed of situation states understanding. Resident stable at this time. Review of an employee statement dated March 7, 2026, stated the nurse on the unit administered an excess amount of morphine concentrate over the prescribed dosage. Review of a nursing progress note dated March 7, 2026, at 10:15 p.m. stated Resident noted with increased lethargy and decreased bp (blood pressure) at this time. 1 dose of IM (intramuscular) Narcan (a medication to reverse the effects of narcotics) administered for possible side effects from morphine increased morphine dose, after 3 minutes of remaining lethargy 2nd dose of IM Narcan administered with improved BP and increased mentation. Resident is stable at this time. Review of a nursing progress note dated March 8, 2026, at 6:59 a.m. stated Resident was monitored for signs of respiratory distress &amp; change of mental status during the night Q15m. All vitals continued to be wnl for resident. Resident continues to answer questions appropriately responding to verbal and external stimuli (questions asked of the resident and (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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F 0760  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	changes in the resident's environment).A physician's progress note dated March 9, 2026, at 1:00 a.m. stated nursing reports that on 3/7/26 [Resident 1] received Morphine dose above prescribed amount, became lethargic and with decreased BP, and was given x2 doses of Narcan, then returned to baseline. Today found laying in bed, sleeping but easily arousable,. says he is comfortable, denies pain.The above findings were reviewed and confirmed with the Director of Nursing and the Nursing Home Administrator on April 14, 2026 at approximately 2:00 p.m.28 Pa. Code 201.14(a) Responsibility of licensee28 Pa. Code 201.18(b)(1)(3)(e)(1) Management28 Pa. Code 211.5(f) Clinical records28 Pa. Code 211.10(c) Resident care policies28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services		