

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Inners Creek Skilled Nursing and Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 100 West Queen Street Dallastown, PA 17313	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>37013</p> <p>Based on clinical record review and staff interviews, it was determined that the facility failed to ensure care and services were provided in accordance with professional standards of practice for one of nine residents reviewed (Resident 2).</p> <p>Findings Include:</p> <p>Review of Resident 2's clinical record revealed diagnoses that included end stage renal disease (ESRD- when the kidneys no longer work as they should to meet the body's needs) and idiopathic pulmonary fibrosis (a condition in which the lungs become scarred and breathing becomes increasingly difficult).</p> <p>Review of Resident 2's clinical record revealed a progress note, written by Employee 1 (Licensed Practical Nurse [LPN]) on August 10, 2024, at 1:14 AM, stating that Resident 2 was anxious, diaphoretic (excessive sweating), and was stating that he was not getting oxygen from his nasal cannula.</p> <p>Review of Resident 2's blood pressures, documented by Employee 1, revealed that on August 10, 2024, at 12:47 AM, Resident 2's blood pressure was 82/42 (normal is 120/80) and on August 10, 2024, at 1:22 AM, Resident 2's blood pressure was 84/47.</p> <p>Review of Resident 2's clinical record revealed no evidence that Employee 1 notified the registered nurse (RN) or the provider of Resident 2's condition or low blood pressures on August 10, 2024.</p> <p>During an interview with the Nursing Home Administrator (NHA) on September 10, 2024, at 2:23 PM, he stated that he spoke with Employee 1, who stated that she cannot remember if she notified the provider but stated she did notify the RN supervisor.</p> <p>During an interview with Employee 2 (RN) on September 11, 2024, at 9:02 AM, she stated that she assessed Resident 2 when he complained of oxygen not coming out of his nasal cannula, but stated she was not made aware of his blood pressures. Employee 2 stated that she did not document any assessment of Resident 2 but stated she should have.</p> <p>During an interview with the NHA on September 11, 2024, at 11:15 AM, he stated that notification of Resident 2's condition should have been made to the provider. He also stated that the RN assesment of Resident 2 should have been documented in Resident 2's clinical record.</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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(1)(3)(5) Nursing services		