

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Emerald Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 320 South Market Street Elizabethtown, PA 17022	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22502</p> <p>Based on a review of facility policy, clinical record and facility documentation, observations, resident and staff interview, it was determined that the facility failed to ensure that one of two residents reviewed was provided with adequate supervision to prevent accidents which resulted in actual harm to Resident 1 sustaining a fall, requiring transfer to the hospital via emergency medical services and the diagnosis of a fracture involving the neck of the right humerus (long bone of the upper arm).</p> <p>Findings include:</p> <p>Review of facility policy, Safety and Supervision of Residents, revised July 2017, revealed the care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and assistive devices.</p> <p>Review of Resident 1's clinical record included diagnoses of, but not limited to, Malignant Neoplasm (cancer) of the kidney and Muscle Weakness.</p> <p>Review of Resident 1's current care plan revised April 28, 2023, identified the resident was at moderate risk for falls related to prior falls, weakness, renal cell cancer, COPD (chronic obstructive pulmonary disease - chronic inflammatory lung disease that causes obstructed airflow from the lungs), Hypertension (high blood pressure), Spinal Stenosis (abnormal narrowing of the spinal canal), Anemia (deficiency of red blood cells), vitamin D deficiency, seizures, and Depression. The care plan also indicated that the resident had an ADL (activities of daily living) self-care performance deficit related to fatigue, renal cell cancer, COPD, HTN, spinal stenosis, anemia, and depression with an intervention indicating that the resident required 1 staff to turn and reposition in bed.</p> <p>Review of physician's orders dated February 2, 2024, indicated resident had an air mattress to the bed.</p> <p>Review of Resident 1's annual MDS (Minimum Data Set - periodic assessment of resident needs) dated May 3, 2024, revealed the resident had a BIMS (Brief Interview for Mental Status) score of 15, indicating the resident was cognitively intact. The MDS assessment also revealed that the resident required the extensive assistance of two persons for bed mobility.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Emerald Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 320 South Market Street Elizabethtown, PA 17022	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's fall risk assessment dated [DATE], revealed a score of 55, indicating that the resident was at high risk for falling.</p> <p>Review of physician's progress note of May 15, 2024, revealed resident slipped out of bed - hit right elbow - no LOC [loss of consciousness] and sustained a skin tear to the right elbow.</p> <p>Review of Resident 1's nurses note of May 15, 2024, at 10:59 a.m. revealed UM [unit manager] made this writer aware about resident had fall. this writer came to resident's room and seen resident on the floor between her dresser and her bed. resident said this happen when CNA rolled her on her on her left side, there was no pink pad under me so she told me to stay right there, and went out to the room to get pad and i felt unsteady and try to reached out to the dresser so i could steady myself and then i went down to the floor on my right side. Neuro checks initiated, vitals were taken and entered in PCC [Point Click Care - electronic medical record]. resident assessed by RN [registered nurse], OPTUM CRNP [certified registered nurse practitioner] and [attend physician]. resident had skin tear on right elbow, resident C/O [complained of] pain 10/10 to her left knee. PRN [as needed] pain medication given. N/O [new order] for X-ray given by MD.</p> <p>Review of nurses note of May 15, 2024, at 3:06 p.m. indicated x-ray result was negative for any fractures.</p> <p>Review of Resident 1's clinical record including nurses note of May 16, 2024, at 5:58 a.m. revealed right arm x-ray done at 11:00 p.m.</p> <p>Review of clinical record of Resident 1's interdisciplinary note of May 16, 2024, at 8:58 a.m. indicated CRNP made aware of acute right humeral neck fracture. Further review of Resident 1's nurses note of May 16, 2024, at 9:52 a.m. revealed resident sent out to the hospital related to right humeral neck fracture. Additional nursing note at 3:12 p.m. indicated resident was back from the hospital with a sling and orders to follow up with orthopedic surgery.</p> <p>Review of orthopedic surgery consult of May 20, 2024, revealed resident seen for right proximal humerus fracture with recommendations to continue the sling, not use the right upper extremity for transfers, and follow up in two weeks.</p> <p>Review of Employee E3's statement obtained on May 15, 2024, revealed I was doing care on resident, stepped out room to get pad for her. came back patient was on fall [sic]. she told me she was reaching for dresser when falling.</p> <p>Observation on May 30, 2024, at 10:00 a.m. revealed Resident 1 lying in bed with right arm in sling and right hand with edema (swelling) elevated on pillow.</p> <p>Interview with Resident 1 on May 30, 2024, at 10:00 a.m. revealed staff was changing resident and had forgotten the incontinence pad. Resident 1 revealed he/she was on his/her left side when staff left the room to retrieve a pad from the laundry cart. Resident 1 indicated he/she became unsteady, reached for the dresser, and rolled out of the bed onto the right side. Resident 1 stated that he/she continues to have pain, especially when turned on the right side.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Emerald Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 320 South Market Street Elizabethtown, PA 17022	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of physician's orders included an order for Oxycodone HCl 5 milligrams (mg) one tablet every eight hours as needed for moderate pain and Oxycodone HCl 10 mg one tablet every eight hours as needed for severe pain. Review of Resident 1's May 2024 Medication Administration Record (MAR) revealed that prior to the fall from May 8-14, 2024, the resident received Oxycodone HCl 5 mg twice and did not receive any Oxycodone HCl 10 mg. Further review of the May 2024 MAR revealed that from May 15-30, the resident received Oxycodone HCl 5 mg twice and received Oxycodone 10 mg HCl 18 times.</p> <p>Interview with the Nursing Home Administrator on May 30, 2024, at 12:30 p.m. revealed the staff should not have left the resident unsupervised while retrieving supplies.</p> <p>The facility failed to ensure Resident 1 was provided with supervision which resulted in actual harm to Resident 1 sustaining a fall, requiring transfer to the hospital via emergency medical services and the diagnosis of a fracture to the right humerus.</p> <p>28 Pa. Code: 211.5(f) Clinical records</p> <p>Previously cited 4 /19/24</p> <p>28 Pa. Code: 211.10(d) Resident care policies</p> <p>28 Pa. Code: 211.12(d)(1) Nursing services</p> <p>28 Pa. Code: 211.12(d)(5) Nursing services</p>		