

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 04/19/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>37789</p> <p>Based on observations, staff and resident interview, and clinical record review, it was determined that the facility failed to ensure that a bathroom was accessible to one of 15 residents reviewed (Resident 56).</p> <p>Findings include:</p> <p>Interview with Resident 56 on April 17, 2024, at 12:15 p.m. revealed the resident complained that she was unable to access the bathroom due to the location of the bathroom and size of her wheelchair.</p> <p>Observation conducted at this time revealed the resident was in a bed by the door, and the bathroom was located across from the resident's roommate's bed by the window. The resident's wheelchair would have to fit through the space between the resident's roommate's bed and dresser to get to the bathroom. The resident stated that because of this issue, she is forced to use a bed pan.</p> <p>Interview with Resident 56's nurse aide, Employee E7, at the same time confirmed the resident would be able to be toileted if the resident could be wheeled into the bathroom, and staff were using a bed pan on the resident for this reason.</p> <p>Review of Resident 56's care plan revealed a plan of care in place for incontinence with an intervention added on July 10, 2023, to ensure the resident has an unobstructed path to the bathroom.</p> <p>Further review of Resident 56's care plan revealed a plan of care in place for activities of daily living, with an intervention added on September 27, 2023, to use wheelchair to transfer to the bathroom related to weakness.</p> <p>Observation with the Maintenance Director, Employee E6, on April 18, 2024, at 11:15 a.m. revealed the length of the Resident 56's wheelchair was measured at 24 inches wide. The length between the resident's roommate's bed and dresser was also measured at 24 inches wide.</p> <p>The above findings were presented to and confirmed with the Nursing Home Administrator on April 18, 2024, at 11:25 a.m.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(1)(5) Nursing services		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>37789</p> <p>Based on resident interviews, and review of clinical records, it was determined that the facility failed to afford residents the opportunity to select their preferred method of bathing and incorporate those preferences into the residents' personal care routine for three of five residents reviewed (Residents 8, 29, and 59).</p> <p>Findings include:</p> <p>During a Resident Council Meeting conducted on March 17, 2024, at 10:00 a.m., it was revealed that Residents 8, 29, and 59 were only receiving bed baths even though they preferred showers.</p> <p>Review of Resident 8's Annual Minimum Data Set (MDS - periodic assessment of resident care needs) dated February 2, 2024, revealed under Section F - Preferences for Customary Routine and Activities that it was coded as Very Important for the resident to choose between a tub bath, shower, bed bath, or sponge bath.</p> <p>Review of Resident 8's Activities of Daily Living (ADL) care plan revealed an intervention added April 8, 2022, to provide a sponge bath when a full bath or shower cannot be tolerated.</p> <p>Review of Resident 8's task documentation revealed in the 30 day lookback, the resident received a total of one shower on April 2, 2024, with the rest of the resident's bathing being documented as a bed bath.</p> <p>Review of Resident 8's clinical record failed to reveal evidence that the resident had refused showers, been unable to tolerate a full bath or shower, or requested a bed bath in that time frame.</p> <p>Review of Resident 29's care plan revealed the following intervention BATHING/SHOWERING: Provide sponge bath when a full bath or shower cannot be tolerated with a date initiated of May 22, 2023.</p> <p>Review of Resident 29's Task: ADL- Shower Day located in the clinical medical record revealed from March 22, 2024, through April 12, 2024, that the resident received zero showers during the 30 day look back period.</p> <p>Review of Resident 29's clinical medical record failed to reveal any documentation between March 22, 2024, and April 12, 2024, stating that the resident was unable to tolerate a shower.</p> <p>Review of Resident 59's care plan revealed an intervention stating BATHING/SHOWERING: Provide sponge bath when a full bath or shower cannot be tolerated, with a date initiated of February 9, 2024.</p> <p>Review of Resident 59's Task: ADL Shower Day located in the clinical medical record revealed from March 21, 2024, through April 18, 2024, the resident only received one shower on March 30, 2024; all other days Resident 59 received a bed bath (being bathed in bed with a washcloth or sponge).</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 59's progress notes failed to reveal any documentation stating that the resident was unable to tolerate a shower on the days the resident received a bed bath.</p> <p>Interview conducted with the Nursing Home Administrator (NHA) on April 19, 2024, at 10:44 a.m. confirmed the above findings.</p> <p>28 Pa. Code 201.29 (a) Resident rights</p> <p>28 Pa. Code 201.18 (b)(2)(3) Management</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46166</p> <p>Based on observation, and staff interview, it was determined the facility failed to maintain a clean homelike environment for one of two floors (2nd floor).</p> <p>Findings Include:</p> <p>During an environmental. tour conducted of the 2nd floor nursing unit on April 16, 2024, at approximately 9:45 a.m., the following were observed:</p> <p>At 9:45 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:46 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:46 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:46 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:46 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:47 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:47 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:47 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:47 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:47 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:47 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:47 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At 9:48 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:48 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:48 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:48 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:48 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:50 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:50 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:50 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:50 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:51 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:51 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>At 9:51 a.m., room [ROOM NUMBER] was observed to have an air conditioner with a thin layer of dust covering the unit.</p> <p>Observations conducted in R23's bathroom in room [ROOM NUMBER] at 9:55 a.m. revealed R23's toilet was clogged and had a dried brown substance on the toilet seat.</p> <p>Observations conducted on 2nd floor nursing unit on April 17, 2024, at 10:15 a.m. revealed all air conditioners listed above still had a thin layer of dust covering the units.</p> <p>Interviews conducted with R23, R16, R18, and R2, on April 17, 2024, all stated they could not remember the last time their air conditioners were clean.</p> <p>Observations conducted in R23's room on April 17, 2024, at 10:47 a.m. revealed R23's toilet was still clogged and still had a dried brown substance on the toilet seat.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview conducted with R23 on April 17, 2024, at 10:58 a.m. reported she does not know how long her toilet has been clogged.</p> <p>Observations conducted on the 2nd floor nursing unit on April 17, 2024, at 11:28 a.m. observed housekeeping calling maintenance director E6, reporting R23's toilet and stating, I don't know how long its been like this.</p> <p>Observations conducted on the 2nd floor nursing on April 18, 2024, at 9:15 a.m. revealed all air conditioners listed above still had a thin layer of dust on them.</p> <p>Observations conducted in R23's room on April 18, 2024, at 9:25 a.m. revealed R23's toilet was clean and functioning properly.</p> <p>Observations conducted on the 2nd floor nursing unit on April 19, 2024, revealed all air conditioners listed above were still covered in a thin layer of dust.</p> <p>Observations conducted on the 2nd floor nursing unit on April 19, 2024, at 10:34 a.m. revealed all air conditioners listed above were still covered in a thin layer of dust.</p> <p>Interview conducted with the Nursing Home Administrator (NHA) on April 19, 2024, at 11:15. a.m. indicated she cannot provide evidence when the air conditioners on the 2nd floor were last clean. NHA confirmed all the above observations.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code: 201.18(b)(1) Management</p>		

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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>30934</p> <p>Based on facility policy and procedure review, facility documentation review and staff interview it was determined the facility failed to perform criminal background checks for 3 of five personnel records reviewed. (Employees E1, E2, and E5)</p> <p>Findings Include:</p> <p>Review of facility policy and procedure titled Residents Right to Freedom from Abuse, Neglect, and Exploitation Policy and Procedure, dated 2022, revealed the facility will not employ or otherwise engage individuals who: have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law.</p> <p>Review of Employee E1, E2, and E5's personnel records revealed the facility failed to obtain a criminal background check prior to hire.</p> <p>Interview with the Nursing Home Administrator on April 19, 2024 at 11:30 a.m. confirmed no criminal background check had been completed prior to hiring Employees E1, E2, and E3.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee</p> <p>28 Pa. Code 201.18(b)(1)(3)(e)(1) Management</p> <p>28 Pa. Code 201.29(a)(d) Resident Rights</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>37789</p> <p>Based on clinical record review and observation, it was determined the facility failed to update care plans to accurately reflect the resident's current status for one of 15 residents reviewed (Resident 56).</p> <p>Findings include:</p> <p>Review of Resident 56's clinical record revealed diagnoses including Bipolar Disorder (mental disorder characterized by recurrent depression or mania), Depression, and Anxiety.</p> <p>Review of Resident 56's progress notes revealed a nurse's note dated August 27, 2023, which indicated: this nurse witnessed resident grab call bell from either side of her neck, close her eyes, tie the call ball and pull making her face bright red. I said her name which startled her during the process of pulling, she opened her eyes and looked at this nurse, this nurse stated no, resident says oh and unties and removes call bell from person and sets it on the bed.</p> <p>Review of Resident 56's care plan for suicidal ideation revealed an intervention added on August 28, 2023, to provide the resident with a hand bell and remove the call bell.</p> <p>Observation of Resident 56 on April 17, 2024, at 12:20 p.m. revealed the resident had a call bell in place lying on the bed.</p> <p>Review of Resident 56's clinical record revealed the resident was routinely followed by a psychiatrist and had signed a safety contract in September 2023, allowing the resident to have a cell bell again.</p> <p>Interview with the Nursing Home Administrator on April 18, 2024, at 11:30 a.m. confirmed that Resident 56's care plan had not been updated to reflect a call bell was now allowed.</p> <p>28 Pa. Code 211.5(f) Clinical Records</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing Services</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>30934</p> <p>Based on clinical record review and staff interview it was determined the facility failed to follow physician orders for three of 15 residents reviewed. (Residents 17, 30, and Resident 42)</p> <p>Findings include:</p> <p>Review of Resident 17's diagnosis list revealed diagnoses including Irritable Bowel Syndrome (disorder of the intestines characterized by abdominal pain, intestinal gas, and altered bowel habits, including diarrhea, constipation, or both) and Diverticulitis (inflammation of small pouches that form in the lining of the large intestine).</p> <p>Review of Resident 17's physician's orders revealed an order dated November 30, 2022, for Milk of Magnesia (medication used to treat constipation) 30 milliliters by mouth if no bowel movement after 3 days.</p> <p>Further review of Resident 17's physician's orders revealed an order dated November 30, 2022, for Dulcolax (laxative that stimulates bowel movements) suppository if no bowel movement after 24 hours upon receiving Milk of Magnesia.</p> <p>Further review of Resident 17's physician's orders revealed an order dated November 30, 2022, for a fleet enema to be given if there was no bowel movement by the end of the following shift after receiving the suppository.</p> <p>Review of Resident 17's bowel records from January and February 2024 revealed the resident had no documented bowel movements from January 24, 2024, until February 8, 2024.</p> <p>Review of Resident 17's January and February 2024 Medication Administration Records failed to reveal documented evidence the resident was given any of the above mentioned prescribed medications for missed bowel movements.</p> <p>The above information was presented to and confirmed with the Nursing Home Administrator on April 18, 2024, at 1:45 p.m.</p> <p>Review of Resident 30's diagnosis list revealed diagnoses including Chronic Kidney Disease and Congestive Heart Failure.</p> <p>Review of Resident 30's clinical record revealed the resident received Hemodialysis (process of removing waste products and excess water from the body).</p> <p>Review of Resident 30's physician's orders revealed an order dated February 14, 2024, for a 1500 ml (milliliter) fluid restriction with dietary giving 1080 mls a day and nursing giving 420 mls a day, with day shift allotted 180 mls, evening shift allotted 180 mls, and night shift allotted 60 mls. This was to be documented in the nurse aide task documentation.</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 - Some</p>	<p>Review of the Resident 30's clinical record revealed during a 30 day lookback for nurse aide task documentation revealed the following dates and shifts were missing documentation for fluid intake:</p> <p>March 20, 2024: evening and night shift</p> <p>March 21, 2024: day and night shift</p> <p>March 22, 2024: night shift</p> <p>March 23, 2024: day, evening, and night shift</p> <p>March 24, 2024: day, evening, and night shift</p> <p>March 25, 2024: night shift</p> <p>March 26, 2024: night shift</p> <p>March 27, 2024: evening and night shift</p> <p>March 28, 2024: day and night shift</p> <p>March 29, 2024: evening and night shift</p> <p>March 30, 2024: day, evening, and night shift</p> <p>March 31, 2024: day, evening, and night shift</p> <p>April 1, 2024: evening and night shift</p> <p>April 2, 2024: day and night shift</p> <p>April 3, 2024: day and night shift</p> <p>April 4, 2024: day and night shift</p> <p>April 5, 2024: night shift</p> <p>April 6, 2024: day, evening, and night shift</p> <p>April 7, 2024: night shift</p> <p>April 8, 2024: night shift</p> <p>April 9, 2024: day, evening, and night shift</p> <p>April 10, 2024: night shift</p> <p>April 11, 2024: night shift</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 - Some</p>	<p>April 12, 2024: evening and night shift</p> <p>April 13, 2024: evening and night shift</p> <p>April 14, 2024: day, evening, and night shift</p> <p>April 15, 2024: day, evening, and night shift</p> <p>April 16, 2024: evening and night shift</p> <p>April 17, 2024: night shift</p> <p>The facility's failure to monitor Resident 30's fluid intake every shift as ordered was discussed and confirmed with the Nursing Home Administrator on April 18, 2024, at 1:45 p.m.</p> <p>Review of Resident 42's diagnosis list includes a diagnosis of Benign Prostate Hyperplasia (BPH- Age-associated prostate gland enlargement that can cause urination difficulty).</p> <p>Review of Resident 42's physician orders revealed an order dated April 12, 2024, to bladder scan (non-invasive device used to determine the amount of urine in the bladder) every shift as needed and straight cath (placing a tube into the bladder to drain urine) for bladder scan greater than 400 ml as needed for not voiding/urine retention.</p> <p>Review of Resident 42's task documentation form April 2024, revealed the resident had no documentation of voiding on more than one shift for April 12, 14, 15, 16, and 17th 2024.</p> <p>Review of Resident 42's entire clinical record failed to reveal documented evidence of Resident 42 receiving his/her bladder scanned as ordered on the shift with no documented voiding as ordered by the physician.</p> <p>Interview with the Nursing Home Administrator on April 19, 2024 at 10:45 a.m. confirmed Resident 42 did not have documented voiding without bladder scanning to determine urine retention as ordered by the physician.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.5(f) Clinical records</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</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 04/19/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37789</p> <p>Based on clinical record review, facility policy and procedure review and staff interview it was determined the facility failed to monitor the nutritional status for five of nine residents reviewed. (Residents 16, 17, 35, 42, and Resident 47).</p> <p>Findings include:</p> <p>Review of facility policy and procedure titled Weight Assessment and Interventions revealed nursing staff will measure residents' weights on admission, the next day, and weekly for two weeks thereafter. Any weight change of 5% or more since the last weight assessment will be retaken the next day for confirmation.</p> <p>Review of Resident 16's clinical record revealed a weight of 209.0 pounds (lbs.) on July 6, 2023, and a weight of 233.0 lbs. on August 2, 2023, a 11.48% increase in weight. There was no reweight taken to confirm Resident 16's weight.</p> <p>Interview with the Nursing Home Administrator on April 19, 2024, at 10:05 a.m. confirmed Resident 16's weights were not monitored as recommend by facility policy.</p> <p>Review of Resident 17's physician's orders revealed an order dated July 1, 2023, for monthly weights on the first of the month.</p> <p>Review of Resident 17's progress notes revealed a nutrition note from the dietitian on December 11, 2023, which stated: Annual note complete. See under assessment tab. Dec weight needed to better assess resident. Will continue to monitor as needed.</p> <p>Review of Resident 17's weights revealed a weight was not obtained on the resident until December 14, 2023.</p> <p>Interview with the Nursing Home Administrator on April 19, 2024, at 10:50 a.m. confirmed Resident 17's weights were not monitored as ordered.</p> <p>Review of Resident 35's clinical record revealed the resident was admitted from the hospital on March 16, 2024</p> <p>Review of Resident 35's weights revealed a weight on March 16, 2024, of 163.8 pounds. There was no weight taken the second day after admission or weekly for two weeks thereafter as per policy.</p> <p>Review of Resident 42's clinical record revealed the resident was admitted to the facility on [DATE].</p> <p>Review of Resident 42's orders revealed an order dated March 22, 2024 for weekly weights times four for admission weights.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Emerald Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 320 South Market Street Elizabethtown, PA 17022	
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 42's weights revealed a weight on March 22, 2024 of 182.2 pounds and a weight on March 23, 2024 of 182.0 pounds. The next weight obtained by the facility was on April 10, 2024 at 167.4 pounds a 8.02% decrease. This was the last weight obtained by the facility.</p> <p>The facility failed to obtain weekly weights as ordered and per policy for Resident 42 after admission and failed to obtain a reweight on April 11, 2024, per policy to ensure accuracy of a significant weight loss more than 5%.</p> <p>Interview with the Nursing Home Administrator on April 18, 2024, at 1:30 p.m. confirmed Resident 35 and 42's weights were not monitored per policy or physician orders.</p> <p>Review of Resident 47's clinical medical record revealed a weight of 170.1 Lbs. (pounds) on January 26, 2024, and a weight of 193.0 Lbs. on February 12, 2024, a 13.53% increase in weight. There was no reweight taken to confirm Resident 47's weight gain.</p> <p>Interview with the Nursing Home Administrator on April 19, 2024, at 10:05 a.m. confirmed Resident 47's weights were not monitored per policy.</p> <p>28 Pa. Code 211.5(f) Clinical Records</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services</p> <p>28 Pa Code: 211.10(c) Resident care policies</p>		

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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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>37789</p> <p>Based on clinical record review and staff interview it was determined the facility failed to report critical results of laboratory studies to the physician in a timely manner for one of 15 residents reviewed (Resident 56).</p> <p>Findings include:</p> <p>Review of Resident 56's progress notes revealed a nurse's note dated December 21, 2023, at 11:50 a.m. which stated: Received call from [laboratory] w/ a critical calcium level of 12.9. Asked to fax to unit. Supervisor made aware. Further review of the progress notes from December 21, 2023, revealed a nurse's note at 4:12 p.m. which stated that the lab results were faxed to the physician's office.</p> <p>Further review of Resident 56's progress notes revealed a nurse's note dated December 28, 2023, at 8:40 a. m. which stated that the resident's critical lab was refaxed to the physician's office and a telephone call was made to the physician on this day to communicate the results.</p> <p>Interview with the Nursing Home Administrator on April 18, 2024, at 2:30 p.m. confirmed that critical lab values should not be faxed and that there was a week-long delay in relaying the lab results to the physician.</p> <p>28 Pa. Code 211.12(c)(d) (1)(3)(5) Nursing services</p>		

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NAME OF PROVIDER OR SUPPLIER Emerald Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 320 South Market Street Elizabethtown, PA 17022	
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>30934</p> <p>Based on clinical record review and staff interview it was determined the facility failed to maintain accurate record for one of 24 residents reviewed. (Resident 14)</p> <p>Findings Include:</p> <p>Review of Resident 14's Admission Skin Evaluation, dated April 1, 2024 revealed the resident had no pressure ulcers.</p> <p>Review of Resident 14's Wound Care Notes, dated April 2, 2024 revealed a Stage 3 pressure ulcer (a wound caused by prolonged pressure which has subcutaneous fat visible, but bone, tendon, or muscle is not exposed) to the sacrum (triangular bone at the base of the spine) measuring 1.5 centimeters (cm) long x 0.3 cm wide x 0.2 cm deep.</p> <p>Review of Resident 14's Weekly Skin/Body Checks, dated April 3, 2024 revealed the resident had no pressure ulcers.</p> <p>Review of Resident 14's Admission Minimum Data Set (MDS-periodic assessment of resident needs), dated April 6, 2024 revealed the resident was coded as having a stage 3 pressure ulcer on admission.</p> <p>Review of Resident 14's Wound Care Notes, dated April 9, 2024 revealed there was no documentation of a stage 3 pressure ulcer to the sacrum only an area of MASD (Moisture Associated Skin Dermatitis- irritation to eh skin caused by prolonged exposure to moisture) that was resolved.</p> <p>Review of resident 14's clinical record revealed there was no mention of the Stage 3 pressure ulcer other than the Wound Care note of April 2, 2024.</p> <p>Interview with the Nursing Home Administrator on April 19, 2024 at 11:45 confirmed Resident 14 was inaccurately documented as having a stage 3 sacral pressure ulcer on April 2, 2024 resulting in the MDS being inaccurately coded on April 6, 2024.</p> <p>28 Pa. Code 211.5(f)(h) Clinical records.</p> <p>28 Pa. code 211.12(d)(1)(3)(5) Nursing services.</p>		