

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  05/22/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47966</b></p> <p>Based on clinical record review, resident, and staff interviews, it was determined the facility failed to ensure each resident is treated with dignity and care in a manner and environment that maintains and enhances his or her quality of life for one of 16 residents (Resident 166).</p> <p>Findings include:</p> <p>Review of Resident 166's clinical record revealed diagnoses that included heart failure (the heart can't pump enough blood to meet the body's needs) and chronic kidney disease (a progressive condition where the kidneys gradually lose their ability to filter waste and excess fluid from the blood).</p> <p>During an interview with Resident 166 on May 19, 2025, at 10:12 AM, she revealed that she is continent of her bladder, however, due to long call bell wait times she has had several accidents, especially when she first arrived at the facility. Resident 166 revealed that she was embarrassed when she did not receive assistance to make it to the bed pan in time.</p> <p>Review of the facility's Resident Council Meeting Minutes for May 2025 revealed Resident concerns with long call bell wait times.</p> <p>Review of Resident 166's clinical record revealed she was admitted to the facility on [DATE]. Further review of Resident 166's admission assessment completed on May 15, 2025, revealed that she is continent of bladder.</p> <p>Review of Resident 166's clinical record urinary continence task revealed that Resident 166 was marked as being incontinent the entire day on May 15, 16, and 17, 2025.</p> <p>During an interview with the Director of Nursing (DON) on May 22, 2025, at 10:12 AM, she revealed that she spoke to the staff working May 15-17, 2025, with Resident 166 who said Resident 166 was constantly ringing their call bell to go to the restroom, however, it was not reflected in her clinical record. The DON revealed that she would expect staff to document every time Resident 166 was continent or incontinent.</p> <p>28 Pa. Code 201.29 (j) Resident rights</p> <p>28 Pa. Code 211.12 (d) (2) 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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48484</p> <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on facility policy review, personnel file reviews, and staff interview, it was determined that the facility failed to implement written policies and procedures by not conducting a criminal background check upon hire for two of five personnel files reviewed (Employees 4 and 5).</p> <p>Findings include:</p> <p>Review of facility policy, titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program last reviewed March 31, 2025, read, in part, Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. Conduct employee background checks and not knowingly employ or otherwise engage any individual who has: been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law.</p> <p>Review of Employee 4's (Licensed Practical Nurse) personnel file revealed a hire date of March 1, 2025.</p> <p>Further review of Employee 4's personnel file failed to reveal a criminal background check was conducted at the time of hire.</p> <p>Review of Employee 5's (Nurse Aide) personnel file revealed a hire date of March 5, 2025.</p> <p>Further review of Employee 5's personnel file failed to reveal a criminal background check was conducted at the time of hire.</p> <p>Interview with the Nursing Home Administrator on May 21, 2025, at 10:14 AM, revealed the facility failed to conduct a criminal background check upon hire for the two aforementioned employees, and she would expect them to be conducted at the time of hire.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(e)(1) Management</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>48484</p> <p>Based on facility policy reviews, clinical record review, and staff interview, it was determined that the facility failed to ensure that the resident and/or their representative received written notice of transfer, or the facility bed-hold policy at the time of transfer, for one of three residents reviewed for hospitalization s (Resident 3).</p> <p>Findings Include:</p> <p>Review of facility policy, titled Facility Bed-Hold and Return to Facility Policy and Procedure last reviewed March 31, 2025, read, in part, Before a resident is transferred to the hospital, the facility must provide written information to the resident or the resident representative regarding the facility's bed hold and return policy.</p> <p>Review of facility, titled Transfer or Discharge Documentation last reviewed March 31, 2025, read, in part, When a resident is transferred or discharged from the facility, the following information will be documented in the medical record: that an appropriate notice was provided to the resident and/or legal representative.</p> <p>Review of Resident 3's clinical record revealed diagnoses that included heart failure (a chronic condition in which the heart doesn't pump blood as well as it should), anxiety disorder (a persistent feeling of worry, nervousness, or unease), and chronic kidney disease (a condition that results in gradual loss of kidney function).</p> <p>Review of Resident 3's clinical record revealed she was transferred out of the facility and admitted to the hospital on November 20, 2024, and April 11, 2025.</p> <p>Further review of Resident 3's clinical record failed to reveal notation that bed hold notices or transfer notices were provided to the Resident or the Resident Representative at either hospitalization .</p> <p>Interview with the Nursing Home Administrator on May 21, 2025, at 10:29 AM, revealed that it was the responsibility of Employee 3 (Nursing Home Administrator in training) to send bed hold and transfer notices at those times, but that there was misunderstanding, and he was not sending them.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p>

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>40010</p> <p>Based on record review, observations, and staff interview, it was determined that the facility failed to receive proper treatment and assistive devices to maintain vision and hearing abilities for one of 21 residents reviewed (Resident 36).</p> <p>Findings Include:</p> <p>Review of Resident 36's clinical record revealed diagnoses of Dementia (a decline in mental ability, such as memory, thinking, and reasoning, that is severe enough to interfere with daily life) and chronic kidney disease (a progressive condition where the kidneys gradually lose their ability to filter waste and excess fluid from the blood).</p> <p>Observations of Resident 36 on May 19, 2025, at 1:09 PM; May 20, 2025, at 1:01 PM; and May 21, 2025, at 12:01 PM, revealed Resident 36 lying in bed not wearing hearing aids.</p> <p>Review of Resident 36's care plan failed to reveal any care plan regarding hearing aids.</p> <p>Review of Resident 36's current physician orders revealed physician orders to apply Resident 36's hearing aids every morning and remove them every evening, with an order start date of April 14, 2025.</p> <p>Interview with the Director of Nursing on May 22, 2025, at 10:30 AM, revealed that Resident 36 did not have hearing aids when he arrived from the hospital. Resident 36's family brought his hearing aids in for him on April 14, 2025, the nurse on duty got an order to apply and remove them daily, and she would expect them to be applied daily.</p> <p>28 Pa code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for 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>48484</p> <p>Based on facility policy review, clinical record review, observations, and staff interview, it was determined that the facility failed to ensure that the resident environment remains as free of accident hazards as is possible to prevent accidents for one of two residents reviewed for falls (Resident 46).</p> <p>Findings include:</p> <p>Review of facility policy, titled Fall Risk Assessment last reviewed on March 31, 2025, read, in part, The staff and attending physician will collaborate to identify and address modifiable fall risk factors and interventions to try to minimize the consequences of risk factors that are not modifiable.</p> <p>Review of Resident 46's clinical record revealed diagnoses that included dementia (a chronic disorder of the mental processes caused by brain disease, marked by memory disorders, personality changes, and impaired reasoning) and severe protein-calorie malnutrition (an imbalance between the nutrients the body needs to function and the nutrients it gets).</p> <p>Observations in Resident 46's room on May 19, 2025, at 10:41 AM; May 20, 2025, at 9:40 AM; and May 22, 2025, at 11:44 AM; revealed Resident 46 was sleeping in her bed, and she had two fall mats stacked overtop of each other on the left side of her bed.</p> <p>Review of Resident 46's care plan revealed a focus area the Resident 46 is at risk for falls, last revised October 21, 2024, with an intervention for fall mats on each side of bed last revised April 3, 2024.</p> <p>During an interview with the Director of Nursing on May 22, 2025, at 12:01 PM, she revealed she would expect Resident 46 to have her fall mats on each side of her bed as a fall intervention per her care plan.</p> <p>28 Pa Code 201.18(b)(1) Management</p> <p>28 Pa Code 211.12(c)(d)(1)(3)(5) Nursing Services</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>48484</p> <p>Based on facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to ensure proper monitoring to maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range, for one of three residents reviewed for nutritional status (Resident 46).</p> <p>Findings include:</p> <p>Review of facility policy, titled Weight Assessment and Intervention last reviewed on March 31, 2025, read, in part, The nursing staff will measure resident's weights on admission, the next day, and weekly for two weeks thereafter. If no weight concerns are noted at that point, weights will be measured monthly thereafter. Weights will be recorded in each unit's weight record chart or notebook and in the individual's medical record. Any weight change of 5% or more since the last weight assessment will be retaken the next day for confirmation. The physician and the multidisciplinary team will identify conditions and medications that may be causing anorexia, weight loss or increasing the risk of weight loss.</p> <p>Review of Resident 46's clinical record revealed diagnoses that included dementia (a chronic disorder of the mental processes caused by brain disease, marked by memory disorders, personality changes, and impaired reasoning) and severe protein-calorie malnutrition (an imbalance between the nutrients the body needs to function and the nutrients it gets).</p> <p>Review of Resident 46's physician orders revealed an order for Weights: Monthly weights day shift starting on the 4th and ending on the 4th every month, with a start date of January 4, 2025.</p> <p>Review of Resident 46's clinical record revealed she had a significant weight loss of 8.7% from February 11, 2025, to March 3, 2025.</p> <p>Further review of Resident 46's clinical record failed to notify the physician of the significant weight loss.</p> <p>Interview with Employee 2 (Registered Dietitian) on May 21, 2025, at 12:35 PM, revealed she was notifying the doctor of significant weight losses by paper communication at the time of Resident 46's significant weight loss; however, she recently changed the process to email correspondence, because she was not getting a response from the physician with the paper communications. She further revealed she was unable to produce a physician notification for Resident 46's significant weight loss.</p> <p>Review of Resident 46's weight measures revealed she failed to have a reweigh measure to confirm her significant weight loss in March 2025, and her clinical record failed to reveal monthly weight measures were obtained during the months of April 2025 and May 2025, per her physician order.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing on May 21, 2025, at 2:08 PM, revealed she reviewed Resident 46's April 2025 and May 2025 Treatment Administration Records (documentation for treatments/medication administered or monitored), and they were blank for her weight order, indicating they were not obtained or entered into Resident 46's medical record. She further revealed her expectation that the physician would be notified of significant weight changes, and that weights should be obtained and entered into the clinical record per physician order and facility policy.</p> <p>28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>48484</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences, for one of one resident reviewed for dialysis (Resident 23).</p> <p>Findings Include:</p> <p>Review of facility policy, titled End Stage Renal Disease, Care of a Resident with, last reviewed on March 31, 2025, read, in part, Residents with end stage renal disease (ESRD) will be cared for according to currently recognized standards of care. Staff caring for residents with ESRD, including residents receiving dialysis care outside the facility, shall be trained in the care and special needs of these residents. Education and training of staff includes, specifically: the type of assessment data that is to be gathered about the resident's condition on a daily or per shift basis. The resident's comprehensive care plan will reflect the resident's needs related to ESRD/dialysis care.</p> <p>Review of Resident 23's clinical record revealed diagnoses that included ESRD (failure of kidney function to remove toxins from blood) and dependence on renal dialysis (an artificial process for removing waste products and excess fluids from the body that is needed when the kidneys are not functioning properly).</p> <p>Review of Resident 23's clinical record revealed she has been receiving dialysis treatments since 2022, and revealed an active physician order for dialysis three times per week at an outside facility.</p> <p>Further review of Resident 23's physician orders revealed an active order for Dialysis Precautions: No blood draws, injections, or blood pressure from left arm.</p> <p>Review of Resident 23's comprehensive care plan revealed an active focus area for renal insufficiency (compromised kidney function) with an intervention for, Do not take blood pressure or blood specimens from left arm and coordinate dialysis care with the dialysis treatment facility.</p> <p>Review of Resident 23's blood pressure measures revealed it was documented that they were taken in the left arm nine times since July 12, 2024</p> <p>Review of select dialysis communication forms (a form utilized to facilitate communication of assessment data between a dialysis center and a nursing care facility), revealed none were provided for the following dates that Resident 23 attended dialysis: February 5 and 12, 2025; March 5, 12, 19, and 26, 2025; April 9, 11, 18, 21, 23, 25, 28, and 30, 2025; and May 5, 7, 9 and 12, 2025.</p> <p>.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Director of Nursing on May 21, 2025, at 10:19 AM, she revealed the blood pressures that were documented in the left arm were likely documentation errors, however, staff education will be implemented to ensure blood pressures are not taken in Resident 23's left arm. She further revealed she was unable to locate the missing dialysis communication forms from Resident 23's clinical record, and she would expect them to be completed and available for review.</p> <p>28 Pa Code 211.5(f) Medical records</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>48484</p> <p>Based on review of select facility documentation and staff interview, it was determined that the facility failed to ensure that nurse aide performance evaluations were completed at least once every 12 months for four of five nurse aides reviewed (Employee 7, 8, 9, and 10).</p> <p>Findings include:</p> <p>Review of select facility documentation revealed a list of nurse aides that had worked at the facility for greater than a year; Employees 6, 7, 8, 9, and 10 were selected from the list to review their last annual nurse aide performance evaluations.</p> <p>During an interview with the Director of Nursing on May 22, 2025, at 9:54 AM, she revealed she was unable to locate annual evaluations in the past 12 months for Employees 7, 8, 9, and 10; and she would expect them to be available and located in their employee files.</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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48484</p> <p>Based on observations and staff interview, it was determined that the facility failed to post daily current staffing, including the facility name, date, census, and total hours of nursing staff directly responsible for resident care per shift for the following dates: May 19, 20, and 21, 2025.</p> <p>Findings include:</p> <p>During entrance to the facility on [DATE], at 9:06 AM, the posted staffing was reviewed and observed to be dated May 16, 2025.</p> <p>Observation on May 21, 2025, at 1:13 PM, the posted staffing was reviewed and observed to be dated May 19, 2025.</p> <p>During an interview with the Director of Nursing on May 21, 2025, at 2:06 PM, she confirmed that the Employee 1 (Nursing Scheduler) who is assigned to post the daily staffing didn't post it on the aforementioned dates, and she would expect daily staffing to be posted per the federal regulation.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47966</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to implement procedures to ensure availability of prescribed medications for one of 16 Residents reviewed (Resident 166).</p> <p>Findings include:</p> <p>Review of Resident 166's clinical record revealed diagnoses that included heart failure (the heart can't pump enough blood to meet the body's needs) and chronic kidney disease (a progressive condition where the kidneys gradually lose their ability to filter waste and excess fluid from the blood).</p> <p>Review of Resident 166's clinical record revealed she was admitted to the facility on [DATE].</p> <p>Review of Resident 166's May 2025 Medication Administration Record (MAR) revealed she had an order for Furosemide Oral Tablet 40 milligrams (mg), give one tablet by mouth one time a day for chronic heart failure, with a start date of May 15, 2025. Further review of Resident 166's May 2025 MAR revealed that the order was blank from May 15-18, 2025, indicating she did not receive the medication on those days.</p> <p>During an interview with the Director of Nursing (DON) on May 22, 2025, at 10:14 AM, she confirmed Resident 166 did not receive her medication on those days and revealed that when Resident 166 was admitted to the facility, agency staff were working and did not have access to the online system to pull the medication as ordered by the physician. The DON revealed that she would have expected Resident 166 to have received her medication as ordered.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>40010</p> <p>Based on facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to ensure Medication Regimen Reviews (MRRs) were completed at least once a month by a consultant pharmacist and responded to in a timely manner by the attending physician or prescriber for four of five residents reviewed for unnecessary medications (Resident's 14, 23, 30, and 46).</p> <p>Findings include:</p> <p>Review of facility policy, titled Medication Regimen Review (Monthly Report), without revision date, revealed, The consultant pharmacist reviews the medication regimen of each resident at least monthly. Recommendations are acted upon by the facility staff and or prescriber.</p> <p>Review of Resident 14's clinical record revealed diagnoses that included hypertensive heart disease (a condition where heart problems develop due to prolonged high blood pressure) and chronic kidney disease (a progressive condition where the kidneys gradually lose their ability to filter waste and excess fluid from the blood).</p> <p>Review of Resident 14's electronic medical record failed to reveal any monthly pharmacy reviews completed for Resident 14's medications in August 2024 and November of 2024.</p> <p>Interview with the Director of Nursing (DON) on May 22, 2025, at 10:45 AM, revealed that they would expect a pharmacy review of Resident 14's medications would be completed monthly.</p> <p>Review of Resident 23's clinical record revealed diagnoses that included type 2 diabetes mellitus (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), end stage renal disease (failure of kidney function to remove toxins from blood)<sup>2</sup>, and dependence on renal dialysis (an artificial process for removing waste products and excess fluids from the body that is needed when the kidneys are not functioning properly).</p> <p>Review of Resident 23's electronic medical record failed to reveal monthly pharmacy reviews completed for Resident 23's medications in July and August 2024, as well as in April 2025.</p> <p>Review of Resident 23's September 2024 pharmacy recommendation failed to reveal it was responded to by facility staff and or a prescriber.</p> <p>During an interview with the DON on May 22, 2025, at 10:14 AM, she revealed Resident 23 follows with psychiatry services, and was seen on September 25, 2024, where they responded to the recommendation to attempt a dose reduction on a psychotropic medication she was prescribed; however, she would expect the physician would have responded to the recommendation that they were going to defer the recommendation to psychiatry services. She revealed the other two recommendations on Resident 23's September 2024 MRR were not responded to, that they were recommended again on the December 2024 MRR, and she was unable to locate a physician response to the December 2024 MRR. She further revealed her expectation that pharmacy reviews are completed monthly and responded to appropriately.</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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 30's clinical record included diagnoses that included major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest in things), hypertension (high blood pressure), and anxiety disorder (a persistent feeling of worry, nervousness, or unease).</p> <p>Review of Resident 30's electronic medical record failed to reveal monthly pharmacy reviews were completed for Resident 30's medications in July 2024 and August 2024.</p> <p>During an interview with the DON on May 22, 2025, at 10:14 AM, she revealed she would expect that pharmacy reviews are completed monthly and responded to appropriately.</p> <p>Review of Resident 46's clinical record included diagnoses that included dementia (a chronic disorder of the mental processes caused by brain disease, marked by memory disorders, personality changes, and impaired reasoning) and severe protein-calorie malnutrition (an imbalance between the nutrients the body needs to function and the nutrients it gets).</p> <p>Review of Resident 46's electronic medical record failed to reveal monthly pharmacy reviews were completed for Resident 30's medications in July 2024 and August 2024.</p> <p>During an interview with the DON on May 22, 2025, at 10:14 AM, she revealed she would expect that pharmacy reviews are completed monthly and responded to appropriately.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>48484</p> <p>Based on review of facility meal assessment form, completion of one meal test tray, and resident and staff interviews, it was determined that the facility failed to provide coffee that was at a palatable and appealing temperature.</p> <p>Findings include:</p> <p>Review of document, titled Food and Nutrition Services Meal Assessment last revised November 1, 2011, revealed coffee should have a temperature of 135 degrees Fahrenheit (F) or above at the time of service.</p> <p>Interview with Resident 24 on May 19, 2025, at 12:36 PM, revealed the coffee provided by the facility is never served hot.</p> <p>A test tray was completed on May 21, 2025, at 12:11 PM, upon the completion of lunch meal service with Employee 11 (Food Service Director). Employee 11 took the temperature of the coffee on the test tray as 110 degrees F, the coffee was not palatable or appealing to drink.</p> <p>Interview with Employee 11 on May 21, 2025, at 12:13 PM, revealed coffee should be poured and lidded between 5-10 minutes prior to meal service to ensure it stays hot to meet the minimum acceptable temperature at point of service; and that it was likely that the kitchen staff had poured the coffee too early that day.</p> <p>Interview with the Nursing Home Administrator on May 21, 2025, at 1:56 PM, revealed she would expect coffee to be served to residents at palatable and appealing temperatures.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48484</b></p> <p>Based on facility policy review, observations, and staff interview, it was determined that the facility failed to store food and beverages and utilize kitchen equipment in accordance with professional standards for food service safety in the main kitchen.</p> <p>Findings include:</p> <p>Review of facility policy, titled Food Storage last reviewed [DATE], read, in part, It is the policy of this facility that food storage areas be maintained in a clean, safe, and sanitary manner. Food storage areas should be clean at all times. All perishable food items shall be labeled with the name of the product and an 'opened date' after opening product. Food items should be closed to air to prevent decline of quality in product and cross contamination. Open should be discarded after 5 days. A food storage audit shall be conducted on a weekly basis by dietary manager or designee. All expired foods shall be discarded immediately upon finding. Scoops are not to be stored in containers with food products such as flour, sugar, and thickener, etc. Scoops are to be stored in a separate container with a lid or in a closed Ziploc bag. All scoops are to be washed on a weekly basis or when product is switched out.</p> <p>Observation in the dry storage area on [DATE], at 10:13 AM, revealed one bottle of honey thick orange juice with a best by date of [DATE].</p> <p>Observation in the reach-in freezer in the dry storage area on [DATE], at 10:16 AM, revealed two packs of waffles not labeled with the name of the product or use by date; two open packages of waffles not labeled with the name of the product or an open date; and one pack of fish patties open, not labeled with the name of the product or an open date, and left open to air.</p> <p>Observation in the main kitchen on [DATE], at 10:17 AM, revealed one container of flour with a scoop stored inside; and one container of sugar with a scoop stored inside.</p> <p>Observation in the milk reach-in refrigerator on [DATE], at 10:18 AM, revealed two containers of milk with a sell by date of [DATE], and a water bottle and a soda bottle belonging to kitchen staff members.</p> <p>Further observation in the milk reach-in refrigerator on [DATE], at 10:19 AM, revealed the bottom of the refrigerator was heavily soiled with liquid and dried milk.</p> <p>Interview with the Nursing Home Administrator on [DATE], at 10:12 AM, revealed it was the facility's expectation that expired items are discarded, foods items are labeled and dated per facility policy, and food items and kitchen equipment are stored, cleaned, and utilized in accordance with professional standards.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>(continued on next page)</p>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	28 Pa. Code 211.6(f) Dietary services

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>48484</p> <p>Based on review of select facility documentation provided and a staff interview, it was determined that the required members of the facility's Quality Assurance Committee failed to meet on a quarterly basis for two quarters of four reviewed (last quarter of 2024 and first quarter of 2025).</p> <p>Findings include:</p> <p>Review of the facility's Quality Assurance Committee meeting signatory pages revealed that the required members of the facility's Quality Assurance Committee, including the Medical Director (MD) or designee, the Nursing Home Administrator (NHA), and the Director of Nursing (DON), did not have a meeting where they were all in attendance, during the last quarter of year 2024 (October, November, and December).</p> <p>Review of the facility's Quality Assurance Committee meeting signatory pages revealed that the required members of the facility's Quality Assurance Committee, including the MD or designee, the NHA, and the DON, did not have a meeting where they were all in attendance, during the first quarter of year 2025 (January, February, and March).</p> <p>During an interview with the NHA on May 21, 2025, at 11:22 AM, she confirmed that it was the facility's expectation that the required members of the Quality Assurance Committee meet at least once every quarter.</p> <p>28 Pa code 201.18(b)(1) Management</p>