

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Lebanon Skilled Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  900 Tuck Street Lebanon, PA 17042	

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**</b> 36935</p> <p>Based on facility policy review, clinical record review, observation and interview, it was determined that the facility failed to provide care and services in a manner respectful of each resident's dignity and preferences to promote the quality of life for one of five sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Safe Resident Handling Program, last reviewed July 25, 2024, revealed that the facility was to maintain a safe care environment for residents.</p> <p>Clinical record review revealed that Resident 1 was admitted to the facility with diagnoses that included congestive heart failure. On November 14, 2023, Resident 1 was admitted to hospice care. Review of the Minimum Data Set assessment dated [DATE], revealed that the resident was not cognitively impaired and required staff assistance for bed mobility. Review of the nursing notes revealed that on July 30, 2024, the hospice nurse and the resident requested a draw sheet placed beneath her for repositioning in bed due to discomfort when staff repositioned her. On July 31, 2024, the physician ordered for a draw sheet to be kept under the resident at all times. Observation on August 21, 2024, at 11:00 a.m. revealed Resident 1 in her bed without a draw sheet beneath her. In an interview at that time Resident 1 stated that she preferred the draw sheet under her because it was more comfortable when staff repositioned her in bed. She stated that staff had used a draw sheet for repositioning her in the facility since the fall of 2023. She further stated that on August 16, 2024, she was told by staff she could no longer use a draw sheet due to facility policy and it was removed from her bed. Resident 1 stated that since the removal of the draw sheet she had experienced increased discomfort when staff repositioned her in bed.</p> <p>In an interview on August 21, 2024, at 1:30 p.m. the Administrator confirmed that there was no policy stating that staff could not use draw sheets when repositioning residents in bed and that staff had removed the draw sheet from Resident 1's bed.</p> <p>28 Pa. Code 211.12(d)(5) 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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36935</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to thoroughly investigate injuries of unknown origin for one of five sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Abuse Prohibition, last reviewed July 25, 2024, revealed that injuries of unknown origin would be investigated to determine if abuse or neglect was suspected.</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included congestive heart failure and depression. The Minimum Data Set assessment dated [DATE], indicated that the resident was not cognitively impaired and needed staff assistance for bed mobility. On August 16, 2024, a nurse noted that the resident had a bruise on top of her right forearm that measured 5 centimeters (cm) long by 5 cm wide. Review of the facility incident investigation revealed that a 5 cm by 5 cm bruise was observed on top of the resident's right forearm just above her wrist. Further review of the incident report revealed that there was no documented evidence that the facility obtained staff witness statements until August 21, 2024, and there was no evidence that the facility ever interviewed Resident 1 regarding the bruise.</p> <p>There was no documented evidence that the facility completed a thorough investigation of Resident 1's injury of unknown origin in an effort to prevent further incidents. In an interview on August 21, 2024, at 12:50 p.m., the Administrator confirmed that there was no evidence that Resident 1 was interviewed regarding her injury.</p> <p>28 Pa. Code 211.10(d) Resident care policies.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		