STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395472	A. Building B. Wing	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lebanon Skilled Nursing and Rehabilitation Center	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)
F 0623 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 36935 Based on clinical record review and staff interview, it was determined that the facility failed to notify the resident's representative(s) of transfer and the reasons for the move in writing for seven of seven sampled residents who were transferred to the hospital. (Residents 1, 15, 17, 44, 46, 87, 115) Findings include: Clinical record review revealed that Resident 1 was transferred and admitted to the hospital on February 19, 2024, and March 4, 2024, after changes in condition. There was no evidence that the resident's responsible party was provided with written information regarding the resident's transfer to the hospital. Clinical record review revealed that Resident 15 was transferred and admitted to the hospital on March 25, 2024, after a change in condition. There was no evidence that the resident's responsible party was provided with written information regarding the resident's transfer to the hospital. Clinical record review revealed that Resident 17 was transferred and admitted to the hospital on December 13, 2023, after a change in condition. There was no evidence that the resident's responsible party was provided with written information regarding the resident's transfer to the hospital. Clinical record review revealed that Resident 44 was transferred and admitted to the hospital on January 15, 2024, after a change in condition. There was no evidence that the resident's responsible party was provided with written information regarding the resident's transfer to the hospital. Clinical record review revealed that Resident 46 was transferred and admitted to the hospital on November 18, 2023, after a change in condition. There was no evidence that the resident's responsible party was provided with written information regarding the resident's transfer to the hospital. Clinical record review revealed that Resident 87 was transferred and admitted to the hospital on October 11, 2023, after a change in condition. There was no evidence that the resident's responsible party was provided with written information regarding the resident's transfer to the hospital. (continued on next page)

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: 395472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024

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F 0623 Level of Harm - Potential for minimal harm Residents Affected - Many	Clinical record review revealed that Resident 115 was transferred and admitted to the hospital on December 13, 2023, after a change in condition. There was no evidence that the resident's responsible party was provided with written information regarding the resident's transfer to the hospital. In an interview on April 12, 2024, at 10:05 a.m., the Administrator confirmed that written transfer information, including the reasons for the move, was not provided to residents' representatives.

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F 0625 Level of Harm - Potential for minimal harm Residents Affected - Some	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 36935 Based on clinical record review and staff interview, it was determined that the facility failed to provide a written notice of the facility's bed-hold policy to the resident, responsible party, or legal representative at the time of transfer for six of seven sampled residents who were transferred to the hospital. (Residents 1, 15, 17, 46, 87, 115) Findings include: Clinical record review revealed that Resident 1 was transferred and admitted to the hospital on February 19, 2024, and March 4, 2024, after changes in condition. There was no documented evidence that the resident, resident's responsible party, or legal representatives were provided written information about the facility's bed-hold policy at the time of transfer. Clinical record review revealed that Resident 15 was transferred and admitted to the hospital on March 25, 2024, after a change in condition. There was no documented evidence that the resident, resident's responsible party, or legal representatives were provided written information about the facility's bed-hold policy at the time of transfer. Clinical record review revealed that Resident 17 was transferred and admitted to the hospital on December 13, 2023, after a change in condition. There was no documented evidence that the resident, resident's responsible party, or legal representatives were provided written information about the facility's bed-hold policy at the time of transfer. Clinical record review revealed that Resident 46 was transferred and admitted to the hospital on November 18, 2023, after a change in condition. There was no documented evidence that the resident, resident's responsible party, or legal representatives were provided written information about the facility's bed-hold policy at the time of transfer. Clinical record review revealed that Resident 87 was transferred and admitted to the hospital on October 11, 2023, after a change in condition. There was no documented evidence that the resident, resident's responsible party, or legal representatives were provided written information about the facility's bed-hold policy at the time of transfer. Clinical record review revealed that Resident 115 was transferred and admitted to the hospital on December 13, 2023, after a change in condition. There was no documented evidence that the resident, resident's responsible party, or legal representatives were provided written information about the facility's bed-hold policy at the time of transfer. In an interview on April 12, 2024, at 10:05 a.m., the Administrator confirmed that no written notice of the bed-hold policy was given to the resident or residents' representatives upon transfer out of the facility.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident’s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36935 Based on review of the Resident Assessment Instrument (RAI) User's Manual, clinical record review, and staff interview, it was determined that the facility failed to complete Minimum Data Set (MDS) assessments in a timely manner for seven of 29 sampled residents. (Residents 5, 27, 46, 90, 105, 115, and 135) Findings include: Review of the Long-Term Care Facility RAI (federally mandated assessment tool), dated October 2023, User's Manual which provided instructions and guidelines for completing required MDS assessments, revealed that significant change in status assessments, quarterly assessments, and admission assessments were to be completed no later than 14 days after the Assessment Reference Date (ARD) which refers to the last day of the assessment observation period. Clinical record review on April 10, 2024, revealed that Resident 5 had a Quarterly MDS assessment dated [DATE], that was still in progress and had not yet been completed as per the time requirements. Clinical record review on April 10, 2024, revealed that Resident 27 had a Quarterly MDS assessment dated [DATE], that was still in progress and had not yet been completed as per the time requirements. Clinical record review on April 10, 2024, revealed that Resident 46 had a Quarterly MDS assessment dated [DATE], that was still in progress and had not yet been completed as per the time requirements. Clinical record review on April 10, 2024, revealed that Resident 90, had quarterly MDS assessments noted as still in progress and had not yet been completed as per the time requirements. Clinical record review on April 10, 2024, revealed that Resident 105 had a Quarterly MDS assessment dated [DATE], that was still in progress and had not yet been completed as per the time requirements. Clinical record review on April 10, 2024, revealed that Resident 115, had quarterly MDS assessments noted as still in progress and had not yet been completed as per the time requirements. Clinical record review revealed that Resident 135 was discharged from the facility on March 14, 2024. On April 10, 2024, a Discharge, return not anticipated, MDS dated [DATE], was still in progress and had not yet been completed as per the time requirements. In an interview on April 12, 2024, at 9:50 a.m., the Administrator confirmed that the MDS assessments had not been completed within the required time frames.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36935 Based on clinical record review and staff interview, it was determined that the facility failed to complete an accurate Minimum Data Set (MDS) assessment for three of 29 sampled residents. (Residents 28, 63, 90) Findings include: Clinical record review revealed that section P of the MDS assessment dated [DATE], indicated that Resident 28 used a chair that prevents rising less than daily during the seven-day review period. Review of Resident 28's clinical record revealed that Resident 28 was not ordered and did not use a chair that prevents rising during the seven-day review period, as inaccurately identified on the MDS assessment. Clinical record review revealed that Resident 63 had fallen in her room on December 31, 2023. The MDS assessment dated [DATE], inaccurately reflected that Resident 63 did not fall since the prior assessment dated [DATE]. Clinical record review revealed that Resident 90 had diagnoses that included Alzheimer's, dysphagia, and protein-calorie malnutrition. On June 6, 2022, the physician directed nursing to administer enteral nutrition via a feeding tube. The MDS assessment dated [DATE], indicated that the resident was receiving Parenteral/IV feeding and not a Feeding tube during the seven-day review period. The MDS inaccurately reflected that Resident 90 did not have a feeding tube and was not receiving any enteral nutrition through it during the seven-day review period. In an interview on April 12, 2024, at 9:42 a.m., the Director of Nursing confirmed that the MDS assessments had not accurately reflected the residents' status and had to be modified by the facility.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45840 Based on clinical record review and staff interview, it was determined that the facility failed to develop a care plan and interventions to meet each residents' needs as identified in the comprehensive assessment for one of 29 sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included stroke, seizures, and kidney failure. Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed that the resident required assistance with activities of daily living for self-care and/or mobility activities and was on an antidepressant medication (citalopram). The Care Area Assessment for this MDS triggered functional ability and psychotropic drug use as problem areas requiring a care plan. Resident 1's current care plan did not include interventions to address functional ability and psychotropic drug use. In an interview on April 12, 2024, at 12:10 p.m., the Director of Nursing confirmed that there was no care plan developed to address Resident 1's functional ability and psychotropic drug use. 28 Pa. Code 211.12(d)(5) Nursing services.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 45840 Based on a review of facility policy observation, and resident and staff interviews, it was determined that the facility failed to provide nursing services consistent with professional standards of quality as defined by the PA Code Title 49, Professional and Vocational Standards for one of 29 sampled residents. (Resident 145) Findings include: Review of the facility policy entitled, Central Vascular Access Device Dressing Change, dated March 28, 2024, revealed that staff was to perform sterile dressing changes using standard aseptic non-touch technique (ANTT) at least weekly. Clinical record review revealed that Resident 145 had diagnoses of anemia, osteomyelitis (bone infection), and post-traumatic stress disorder (PTSD). In an interview on April 9, 2024, Resident 145 stated that staff had not changed the peripherally inserted central catheter (PICC) dressing in almost two weeks. Observations on April 9, 2024, at 1:36 p.m., through April 11, 2024, at 9:45 a.m., revealed Resident 145 with a right upper arm PICC with the dressing dated March 29, 2024. Title 49, Professional and Vocational Standards, Department of State, Chapter 21.11 Functions of the Registered Nurse (a)(4) states that the registered nurse carries out nursing care actions which promote, maintain, and restore the well-being of individuals. In an interview on April 11, 2024, at 2:21 p.m., the Director of Nursing confirmed that the PICC line dressing should have been changed every seven days.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. 36935 Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure physician's orders were implemented for five of 29 sampled residents. (Residents 27, 34, 44, 63, 76) Findings include: Review of the facility policy entitled, General Dose Preparation and Medication Administration, last reviewed March 28, 2024, revealed staff were to obtain vital signs if necessary, and document necessary medication administration information. Clinical record review revealed that Resident 27 had diagnoses that included hypertension and congestive heart failure. On July 15, 2023, a physician ordered staff to administer medication (amlodipine besylate) one time a day for hypertension (high blood pressure). Staff were not to administer the medication if the residents's systolic blood pressure (SBP, the measurement of blood pressure when the heart beats and the pressure is at its highest) was less than 100 millimeters of mercury (mm Hg). Review of Resident 27's March and April 2024 medication administration records (MARs) revealed that staff administered the medication 36 times with no documentation that the blood pressure was assessed prior to medication administration per the physician's order. Further review of the clinical record revealed that on July 15, 2023, the physician ordered staff to administer a medication (metoprolol succinate) one time a day for hypertension. Staff were not to administer the medication if the resident's heart rate (the number of times a heart beats in one minute) was less than 60. Review of Resident 27's March and April 2024 MARs revealed that staff administered the medication 36 times with no documentation that the heart rate was assessed prior to medication administration per the physician's orders. Further review of the clinical record revealed on February 2, 2024, the physician ordered staff to administer medication (furosemide) two times a day for congestive heart failure. Staff were not to administer the medication if the resident's SBP was less than 100 mm Hg. Review of Resident 27's March and April 2024 MARs revealed staff administered the medication 59 times with no documentation that the blood pressure was assessed prior to the medication administration per the physician's order. Clinical record review revealed that Resident 34 had diagnoses that included hypertension. A physician's order dated October 21, 2023, directed staff to administer a medication (lisinopril) one time a day for hypertension. Staff were not to administer the medication if the resident's SBP was less than 100 mm Hg. Review of Resident 34's March and April 2024 MARs revealed staff administered the medication 37 times with no documentation that the blood pressure was assessed prior to the medication administration per the physician's order. Clinical record review revealed that Resident 44 had diagnoses that included congestive heart failure and cardiomyopathy. A physician's order dated November 14, 2023, directed staff to administer a medication (metoprolol succinate) once a day for hypertension. Staff were not to administer the medication if the resident's heart rate was less than 60. Review of Resident 44's MAR revealed that staff administered the medication three times in March 2024 and one time in April 2024 when the resident's heart rate was less than 60. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Clinical record review revealed that Resident 63 had diagnoses that included hypertension and congestive heart failure. A physician's order dated January 6, 2023, directed staff to administer a medication (hydralazine) twice a day for hypertension. Staff were not to administer the medication if the resident's SBP was less than 110 mm Hg or if the resident's diastolic blood pressure (DBP, the pressure during the resting phase between heart beats) was less than 60 mm Hg. Review of Resident 63's MARs from February 2024 through April 2024 revealed that staff administered the medication 16 times when Resident 63's SBP or DBP was less than the ordered parameters for the morning dose. There was no documented evidence that staff measured Resident 63's blood pressure before administering the evening dose of the medication on 70 of 70 days reviewed. Clinical record review revealed that Resident 76 had diagnoses that included hypertension. A physician's order dated December 6, 2023, directed staff to administer a medication (amlodipine besylate) one time a day for hypertension. Staff were not to administer the medication if the resident's SBP was less than 110 mm Hg. Review of Resident 76's April 2024 MAR revealed that staff administered the medication one time in April when the resident's SBP was less than 110 mm Hg. Further review of the clinical record revealed that there was a physician's order dated December 6, 2023, that directed staff to administer a medication (lisinopril) one time a day for hypertension. Staff were not to administer the medication if the resident's SBP was less than 110 mm Hg. Review of Resident 76's March and April 2024 MARs revealed staff administered the medication one time in March and one time in April when the resident's SBP was less than 110 mm Hg. In an interview on April 12, 2024, at 10:05 a.m., the Director of Nursing confirmed that the medications were administered outside the ordered parameters and that there was no documented evidence that the blood pressure and heart rate were taken prior to the medication administration per physician's orders for the previously mentioned residents. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36935 Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to assess and document the status of wounds for three of seven sampled residents with wounds. (Residents 17, 46, 145) Findings include: Review of the facility policy entitled, Skin Integrity and Wound Management, last reviewed March 28, 2024, revealed that staff was to evaluate and document wound status weekly. Clinical record review revealed that Resident 17 was admitted to the facility on [DATE], with diagnoses that included chronic kidney disease. Review of the nursing notes and current care plan revealed that the resident was being treated for multiple wounds of the pubis and right lower quadrant (abdomen). Review of Resident 17's skin and wound evaluation records revealed that there was no documented evidence that staff assessed the resident's wounds after March 6, 2024. Clinical record review revealed that Resident 46 was admitted to the facility on [DATE], with diagnoses that included diabetes mellitus and heart failure. Review of the nursing notes revealed that on January 7, 2024, the resident was noted to have a new wound on the left heel and a treatment was ordered. Review of Resident 46's skin and wound evaluation records revealed that there was no documented evidence that staff assessed the resident's left heel wound from February 27, 2024, through March 10, 2024, and from March 12, 2024, through March 28, 2024. Clinical record review revealed that Resident 145 was admitted to the facility on [DATE], with diagnoses that included anemia, osteomyelitis, and post-traumatic stress disorder (PTSD). Review of the nursing notes and current care plan revealed that the resident was being treated for a sacral wound. Review of Resident 145's skin and wound evaluation records revealed that there was no documented evidence that staff assessed the resident's wounds after March 21, 2024. In an interview on April 12, 2024, at 10:04 a.m., the Nursing Home Administrator confirmed that there was no documented evidence that the residents' wounds were assessed weekly per facility policy. 28 Pa Code 211.10(a)(d) Resident care policies. 28 Pa Code 211.12 (d)(1)(3)(5) Nursing services.

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. 45840 Based on clinical record review, observation, and resident and staff interview, it was determined that the facility failed to develop and implement an individualized person-centered plan to render trauma-informed care to a resident with a diagnosis of post-traumatic stress disorder (PTSD) for one of 29 sampled residents. (Resident 145) Findings include: Clinical record review revealed that Resident 145 had diagnoses that included anemia, osteomyelitis, and PTSD. On March 21, 2024, a physician noted that the resident had a diagnosis of PTSD, was recommended for an increase in sertraline (an antidepressant that can be used to treat PTSD), and was seen by a psychiatrist at the VA (Veterans Affairs). In an interview on April 9, 2024, at 1:07 p.m., Resident 145 reported daily thoughts about traumatic experiences in Vietnam, which had a continued negative affect. Observation on April 10, 2024, at 10:50 a.m., revealed that Resident 145 was physically shaking, hearing noises, and hallucinating. Resident 145 stated it was a flashback from Vietnam. There was no assessment completed or care plan that identified symptoms or triggers related to the PTSD diagnosis and there were no resident specific interventions to meet the resident's needs for minimizing triggers and/or re-traumatization. In an interview on April 12, 2024, at 9:50 a.m., the Nursing Home Administrator confirmed that there was no assessment or care plan developed to address Resident 145's PTSD symptoms or triggers. CFR 483.25(m) Trauma-informed care Previously cited 5/19/2023 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 36935 Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the physician acknowledged the pharmacist's recommendations for two of 29 sampled residents. (Residents 63, 115) Findings include: Clinical record review revealed that on March 4, 2024, the consultant pharmacist made recommendations regarding Resident 63's medication regimen. There was no documented evidence regarding the recommendations or that the attending physician had acknowledged or acted upon these recommendations. Clinical record review revealed that on December 20, 2023, and March 5, 2024, the consultant pharmacist recommended that the physician consider decreasing Resident 115's psychotropic medications. There was no documentation that the attending physician had acknowledged or acted upon these recommendations. In an interview on April 12, 2024, at 12:15 p.m., the Administrator confirmed that the medication review recommendations were not addressed by the physician. 28 Pa. Code 201.18(e)(1)(3)(4) Management. 28 Pa. Code 211.12(d)(3)(5) Nursing services.

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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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45125 Based on observation, facility policy review, and staff interview, it was determined that the facility failed to store food in a sanitary manner on two of three resident nourishment rooms. ([NAME] and [NAME]) Findings include: Review of the facility policy entitled, Food Brought in for Residents, dated March 28, 2024, revealed that foods stored in the refrigerator must be labeled with the resident's name and date the food was brought in and were to be discarded by staff after three days. Observation of the [NAME] resident nourishment room on April 11, 2024, at 10:55 a.m., revealed, in the freezer, there were three napkins and an opened gelato container not labeled or dated. In the refrigerator drawer, there was a container of opened sour cream with a use-by date of May 2, 2023. There was a package of opened cheese slices, a soda cup, an opened water bottle, a sandwich, a container of soup, a container of pasta, and an opened package of red grapes that were not labeled or dated. There were two containers of rice and curry dated February 18, 2024, one container of homemade food dated November 2023, two containers of homemade food items dated March 30, 2024, one container of homemade food dated April 4, 2024, and a small pizza dated March 26, 2024. Observation of the [NAME] resident nourishment room on April 11, 2024, at 11:17 a.m., revealed, in the freezer, a water bottle that was not labeled or dated. In the refrigerator, a dish of gelatin and two containers of vegetables and meat were not labeled or dated. The inside of the refrigerator door shelf was sticky. There was an opened container of chicken salad with a use-by date of February 2, 2024, three containers of corn and mashed potatoes dated March 31, 2024, a container of swiss cheese dated February 22, 2024, two containers of pickled eggs and pasta salad dated April 5, 2024, and a sandwich dated March 17, 2024. In an interview on April 12, 2024 at 10:00 a.m., the Nursing Home Administrator confirmed the previously mentioned food items should have been removed from the resident nourishment room refrigerators. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(e)(2.1) Management.