

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Homeland Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 North Fifth Street Harrisburg, PA 17102	

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 0585</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47966</p> <p>Based on review of facility policy, resident and staff interviews, and observations, it was determined that the facility failed to post the required grievance information, provide residents access to grievance forms, and failed to post the required information of the Grievance Official for three of three areas identified ([NAME] Wing, First floor, Second floor).</p> <p>Findings include:</p> <p>Review of facility policy, titled Resident and Family Grievances, last reviewed January 2024, revealed, . Notices of resident's rights regarding grievances will be posted in prominent locations throughout the facility (i.e. Resident Handbook, Main Lobby, and throughout the Units) and Information on how to file a grievance or complaint will be available to the resident Information may include, but is not limited to: The contact information of the grievance official with whom a grievance can be filed, including his or her name, business address (mailing and email) and business phone number .</p> <p>Further review of facility policy, titled Resident and Family Grievances, failed to include the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email), and business phone number.</p> <p>During an interview with Resident 1 on September 10, 2024, at 10:21 AM, revealed the Resident normally attends the monthly Resident Council meetings. Resident 1 further revealed the Resident does not know how to file a grievance or where the grievance forms or information are located.</p> <p>During an interview with Resident 2 on September 11, 2024, at 9:37 AM, revealed the Resident normally attends the monthly Resident Council meetings. Resident 2 further revealed the Resident does not know how to file a grievance or where the grievance forms or information are located.</p> <p>During an interview with Resident 35 on September 11, 2024, at 9:28 AM, revealed the Resident normally attends the monthly Resident Council meetings. Resident 35 further revealed the Resident does not know how to file a grievance or where the grievance forms or information are located.</p> <p>Observations of all resident areas on September 9, 10, 11, and 12, 2024, revealed the facility failed to post written information on the grievance policy, and failed to post information that identified the facility's Grievance Official, the Grievance Official's business mailing and email address, and phone number.</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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<p>F 0585</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the facility's grievance log on September 11, 2024, for the past six months, revealed there was one grievance filed during that time, on January 17, 2024.</p> <p>During an interview with Employee 1 on September 11, 2024, at 2:00 PM, revealed that every resident is provided with a handbook upon admission with information on grievances. Employee 1 revealed if a resident would like to file anonymously, they would have to tell a staff member and the staff would keep it anonymous.</p> <p>Review of the facility's Skilled Nursing Resident Handbook, dated September 2023, failed to provide information on how to file a grievance anonymously, and fails to provide the business address (mailing and email) contact information of the grievance official with whom a grievance can be filed.</p> <p>During an interview with the Nursing Home Administrator and Director of Nursing on September 12, 2024, at approximately 10:30 AM, revealed that they do not have a grievance form for residents to fill out and that if the residents have an issue, they tell a staff member and it gets resolved right away.</p> <p>28 Pa code 201.18(b)(2)(3) Management</p> <p>28 Pa code 201.29(a) Resident rights</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47966</p> <p>Based on clinical record review, observation, and resident and staff interviews, it was determined that the facility failed to ensure that the resident assessment accurately reflected the resident's status for two of 19 residents reviewed (Residents 28 and 66).</p> <p>Findings Include:</p> <p>Review of Resident 28's clinical record revealed diagnoses that included chronic kidney disease (CKD - when a disease or condition impairs kidney function, causing kidney damage to worsen over several months or years) and heart failure (when the heart muscle doesn't pump blood as well as it should).</p> <p>Observation of Resident 28 on September 9, 2024, at 10:09 AM, revealed Resident 28 sitting in her room with a CPAP (continuous positive airway pressure - a machine that uses mild air pressure to keep breathing airways open while you sleep) on her bedside table. Resident 28 revealed she uses it daily.</p> <p>Review of Resident 28's clinical record revealed a progress note dated July 27, 2024, at 7:23 AM, indicating Resident 28 slept with her CPAP on throughout the night.</p> <p>Review of Resident 28's clinical record revealed a progress note dated July 28, 2024, at 6:44 AM, indicating Resident 28's CPAP functioning and in place.</p> <p>Review of Resident 28's MDS (Minimum Data Set is part of the federally mandated process for clinical assessment of all Medicare and Medicaid certified nursing homes) dated August 2, 2024, revealed that Section O0110. G1. Non-invasive Mechanical Ventilator was marked No.</p> <p>During an interview with the Director of Nursing (DON) on September 12, 2024, at 9:30 AM, revealed that the facility was unaware of Resident 28 having a CPAP, and that a modification MDS has been initiated to reflect that Resident 28 was using a non-invasive mechanical ventilator during the look back period on the MDS, dated [DATE].</p> <p>Review of Resident 66'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), pressure ulcer of sacral region (a wound that occurs from prolonged pressure on your skin), and hypertension (high blood pressure).</p> <p>Review of Resident 66's physician orders revealed an order for Diabetic Supplement three times a day for skin support, with a start date of June 19, 2024, and discontinued on August 15, 2024.</p> <p>Review of Resident 66's Quarterly MDS with ARD (assessment reference date- last day of assessment period) of July 5, 2024; Modification of Quarterly MDS with ARD of July 5, 2024; and Significant Change MDS with ARD of August 7, 2024; revealed Resident 66 was marked no for nutrition or hydration intervention to manage skin problems on all three assessments.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Employee 3 (Registered Nurse Assessment Coordinator) on September 11, 2024, at 1:06 PM, revealed the aforementioned MDS assessments were coded inaccurately and they have now been modified.</p> <p>Interview with the DON on September 11, 2024, at 1:48 PM, revealed she would expect resident MDS assessments to be coded accurately.</p> <p>28 Pa. Code 211.5(f) Medical Records</p> <p>28 Pa Code 211.12 (d)(3)(5) Nursing Services</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>48484</p> <p>Based on facility policy review, clinical record review, and resident and staff interviews, it was determined that the facility failed to ensure residents with limited mobility received appropriate services, equipment, and assistance to maintain or improve mobility for two of nine residents reviewed for limited range of motion (Residents 30 and 40).</p> <p>Findings include:</p> <p>Review of facility policy, titled Restorative Nursing Programs, dated April 16, 2022, read, in part, It is the policy of this facility to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable level. Restorative aides will implement the plan for a designated length of time, performing the activities, and documenting on the Restorative Aide Documentation Form.</p> <p>Review of Resident 30's clinical record revealed diagnoses that included cerebrovascular accident (CVA- poor blood flow to the brain that causes cell death), hemiplegia (one-sided paralysis or weakness caused by brain or spinal cord problems), and muscle weakness.</p> <p>Interview with Resident 30 on September 9, 2024, at 10:03 AM, revealed he had been in therapy before, but he was not sure if he is on a restorative nursing program (RNP).</p> <p>Review of Resident 30's care plan revealed a focus area ADL Care Plan: Alteration in self-care r/t [related to] CVA with left hemiplegia and ambulatory dysfunction, last revised January 9, 2024, with an intervention for Restorative - Passive ROM Program- [Resident 30] is at risk for decline in functional mobility, joint flexibility and contracture development. Goal: To help maintain participation in functional mobility, maintain flexibility and prevent contractures. Maintain comfort level and quality of life, initiated on October 30, 2023.</p> <p>Review of Resident 30's PROM nurse aid task documentation from January 2024 to September 10, 2024, failed to reveal documentation to indicate the RNP program was implemented 25 times on day shift and 11 times on evening shift.</p> <p>Review of Resident 40's clinical record revealed diagnoses that included muscle weakness, chronic pain, and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest in things).</p> <p>Review of Resident 40's nurse aide task documentation on September 10, 2024, revealed the following tasks:</p> <p>Restorative - Transfer Program- [Resident 40] is at risk for decline in functional mobility skills and tasks and at risk for contracture development. GOAL: To help prevent decline in functional mobility skills and tasks. Maintain flexibility as much as possible.</p> <p>(continued on next page)</p>		

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