

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1245 Church Road Wyncote, PA 19095	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 43277 Based on review of clinical records and resident and staff interviews, it was determined that the facility failed to ensure medications were administered per physician orders for one of 34 residents reviewed (Resident R68). Findings Include: Review of Resident R68's Quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated June 28, 2024, revealed the resident was cognitively intact and had a diagnosis of urinary tract infection (an infection in any part of the urinary system) in the last 30 days. Review of Resident R68's comprehensive care plan revised August 30, 2023, revealed the resident was at risk for alterations in comfort related to impaired mobility and skin breakdown. Interventions included to medicate resident as ordered for pain. Further review of Resident R68's comprehensive care plan revised March 14, 2024, revealed the resident had a history of urinary tract infection and was at risk for sepsis. During an interview with Resident R68 on July 26, 2024, at 2:25 p.m. the resident reported he missed doses of his Oxycodone (opioid medication used to treat moderate to severe pain) earlier in the week because the physician order was discontinued. Resident R68 reported when he requested his medication from the nurse, he was told they did not have the medication available. Review of Resident R68's July 2024 medication administration record revealed an order for Oxycodone 10 milligrams (mg) every 12 hours [two times per day at 6:00 a.m. and 6:00 p.m.] for chronic pain with a start date of June 27, 2024, and was discontinued July 23, 2024. Further review of Resident R68's July 2024 medication administration revealed the resident did not receive the Oxycodone at all on July 24, 2024, or in the morning on July 25, 2024. The medication was re-ordered again on July 25, 2024, and Resident R68 subsequently received the evening dose that day. Review of Resident R68's clinical record revealed a nursing progress note date July 26, 2024, that indicated the resident's Oxycodone 10 mg every 12 hours was resumed and that the medication was missed for 2 days. (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
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with the Director of Nursing, Employee E2, on July 29, 2024, at 1:00 p.m. confirmed there was an error in the way the oxycodone was ordered, and that the resident should not have missed doses of the oxycodone. Further review of Resident R68's July 2024 medication administration record revealed a physician order for Ciprofloxacin (Cipro - antibiotic that treats bacterial infections) 500 mg two times per day for urinary tract infection for 14 days with a start date of July 14, 2024. Review of the medication administration record revealed the order was not signed out as administered for the evening dose on 7/19/24, 7/21/24, and 7/25/24. Interview and observation on July 29, 2024, at 1:15 p.m. with the Regional Registered Nurse, Employee E3, confirmed Resident R68 missed three doses of the antibiotic Cipro as the pills were still left in the medication bubble pack. 28 Pa. Code 211.9 (d) Pharmacy Services 28 Pa. Code 211.12 (d)(1)(5) Nursing Services		

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471 Based on observations, review of clinical records, facility policies and procedures, and interviews with staff and resident, it was determined that the facility failed to provide adequate treatment and care for a PICC (Peripherally Inserted Central Line Catheter) in accordance with professional standards of practice for one of one resident with PICC line reviewed (Resident R137). Findings include: Review of facility policy, Peripherally Inserted Central Line Catheter (PICC), dated August 2021 revealed that Measure circumference of upper arm before insertion as a baseline and when clinically indicated to assess for the presence of edema and possible deep vein thrombosis. Measure 10 cm above the insertion site. Measure external length of PICC catheter (catheter only-not the hub, extension set or needleless connector) at insertion, with each dressing change, and when clinically indicated if catheter dislodgement is suspected. Compare to measurement obtained at insertion. Observation of Resident R137 on July 25, 2024, at 10:22 a.m. revealed that the resident had a right upper extremity PICC line insertion. There was documentation on the dressing to indicate the date and time the dressing last changed was July 18, 2024. Review of clinical record for Resident R13 revealed that the resident was admitted to the facility on [DATE]. Review Resident R137's physician order dated March 29, 2024, revealed an order to Change Catheter Site Transparent Dressing. Indicate external catheter length and upper arm circumference (10cm above antecubital). Notify practitioner if the external length has changed since last measurement every day shift every Friday. A review of the treatment administration record (TAR) for the month of June 2024 indicated no documented evidence that the dressing change was completed on June 28, 2024, as ordered by the physician. Continued review of the TAR revealed that the PICC line assessment such as external catheter length and arm circumference measurement was also not completed. A review of the treatment administration record (TAR) for the month of July 2024 indicated no documented evidence that the dressing change was completed on July 5, 2024, July 12, 2024, and July 19, 2024, and July 26, 2024, as ordered by the physician. Continued review of the TAR revealed that the PICC line assessment such as external catheter length and arm circumference measurement was also not completed for the above dates. An interview with Director of Nursing, Employee E2, on July 29, 2024, at 1127 a.m. confirmed that that the PICC line dressing change, assessment and monitoring was not completed for Resident R137 as ordered by the physician and according to the facility protocol. 28 Pa. Code: 211.10 (c) Resident care policies 28 Pa. Code: 211.10 (d) Resident care policies (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471 Based on the review of clinical records, facility documentation, interview with staff, it was determined that the facility failed to ensure that nursing staff possessed the appropriate competencies and skill sets related to the care of residents with PICC line (a tube placed in a large vein in the neck, chest, groin, or arm to give fluids, blood, or medications or to do medical tests quickly) for two of four employee records reviewed. (Employee E8 and E9). Findings Include: Observation of Resident R137 on July 25, 2024, at 10:22 a.m., revealed that the resident had a right upper extremity PICC line insertion. There was documentation on the dressing to indicate the date and time the dressing last changed was July 18, 2024. Review of clinical record for Resident R13 revealed that the resident was admitted to the facility on [DATE]. Review Resident R137's physician order dated March 29, 2024, revealed an order to Change Catheter Site Transparent Dressing. Indicate external catheter length and upper arm circumference (10cm above antecubital). Notify practitioner if the external length has changed since last measurement every day shift every Friday. A review of the treatment administration record (TAR) for the month of June 2024 indicated no documented evidence that the dressing change was completed on June 28, 2024, as ordered by the physician. Continued review of the TAR revealed that the PICC line assessment such as external catheter length and arm circumference measurement was also not completed. A review of the treatment administration record (TAR) for the month of July 2024 indicated no documented evidence that the dressing change was completed on July 5, 2024, July 12, 2024, and July 19, 2024, and July 26, 2024, as ordered by the physician. Continued review of the TAR revealed that the PICC line assessment such as external catheter length and arm circumference measurement was also not completed for the above dates. A request for PICC line care and management competency for Employee E8, Registered Nurse and E9, Registered Nurse was requested to the Director of Nursing. Facility did not submit the PICC line care and management competency for Employee E8 and E9 during the survey. 28 Pa. Code: 211.12 (d)(1) Nursing services 28 Pa. Code: 211.12(d)(5) Nursing services		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38947 Based on interviews and the review of clinical records, it was determined that the facility failed to ensure that a medication was available in a timely manner for 1 out of 34 residents reviewed (Resident R135). Findings include: Review of the July 2024 physician orders for Resident R135 included the following diagnosis: Diabetes (a condition that affects your blood sugar levels and can cause serious complications); Obesity; Chronic Kidney Disease (a gradual loss of kidney function that can lead to kidney failure); Hypertension (high blood pressure) and Vitamin D Deficiency (a condition that occurs when the an individual doesn't have enough vitamin D, which is crucial for maintaining healthy bones, teeth, and muscles). Continued review of the July 2024 physician orders included an order dated April 18, 2024 and monthly thereafter, for the administration a K2 Plus D3 Oral Tablet [PHONE NUMBER] MCG-UNIT (a vitamin supplement that helps support bone health by aiding calcium absorption and utilization). The orders stated that the resident is to be administered 1 tablet by mouth, one time day on Saturdays at 9:00 a.m. During an interview with the resident on July 29, 2024 at 11:00 a.m. the resident reported that she takes Vitamin D&K and that she does not always get it like because that facility is always running out of it. The resident added that the nursing staff did not order the vitamin supplement ahead of time. Review of the March 2024 Medication Administration Record (MAR) indicated that the resident was not administered the medication on March 2, 2024 at 4:01 p.m. The corresponding nursing note dated March 2, 2024 indicated that the medication was on back order. March 23, 2024, the medication was documented as being on hold and was not administered. No corresponding nursing note. March 30, 2024 the medication was documented as being on hold and was not administered. No corresponding nursing note. April 6, 2024 the medication was not administered and there was no documented reason as to why. The box on the MAR was left blank, indicating that the medication was not administered. April 13, 2024 the medication was documented as being on hold and was not administered. The corresponding nursing note indicated that it was on hold with the pharmacy. The medication was discontinued for the remaining dates in April 2024 (April 20, 2024 and April 27, 2024) because it was not available from the pharmacy. (continued on next page)		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Director of Nursing (DON) on July 29, 2024 at 2:00 p.m. the resident's missed administrations were reviewed and was unaware as to why the medication was not available from their pharmacy for the resident to have administered on the above referenced dates. 28 Pa. Code 211.9(a)(1)(k) Pharmacy services 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12 (d)(1)(3) Nursing services		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 41471 Based on the review of clinical records, interviews with resident and staff, it was determined that the facility failed to ensure that residents drug regimen was free of unnecessary drugs related to the use of antipsychotic medication without adequate monitoring for two of five residents reviewed for drug regimen. (Resident R45 and Resident R29) Findings Include: Review of facility policy, Medication Management, dated January 2024, revealed that Each resident's drug regimen is reviewed to ensure it is free from unnecessary drugs. This includes any drug In excessive dose (including duplicate drug therapy): for excessive duration; without adequate monitoring: without adequate indications for its use; in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or . any combination of these reasons. Medication management is based on the care process and includes recognition or identification of the problem/need, assessment, diagnosis/cause identification, management/treatment, monitoring, and revising interventions, as warranted as well as documenting medication management steps. The attending physician plays a key leadership role in medication management by developing, monitoring, and modifying the medication regimen in conjunction with residents, their families, and/or representative(s) and other professionals and direct care staff (the IDT). In order to optimize the therapeutic benefit of medication therapy and minimize or prevent potential adverse consequences, facility staff, the attending physician/prescriber, and the consultant pharmacist perform ongoing monitoring for appropriate, effective, and safe medication use. When selecting medications and non-pharmacological approaches, members of the IDT, including the resident, his or her family, and/or representative(s), participate in the care process to identify, assess, address, advocate for, monitor, and communicate the resident's needs and changes in condition. The facility's medication management supports and promotes: Involvement of the resident, his or her family, and/or the resident representative in the medication management process. Selection of medications(s) based on assessing relative benefits and risks to the individual resident; o Evaluation of a resident's physical, behavioral, mental, and psychosocial signs and symptoms, in order to identify the underlying cause(s), including adverse consequences of medications; o Selection and use of medications in doses and for the duration appropriate to each resident's clinical conditions, age, and underlying causes of symptoms and based on assessing relative benefit and risks to, and preferences and goals of, the individual resident; o The use of non-pharmacological approaches, unless contraindicated, to minimize the need for medications, permit use of the lowest possible dose, or allow medications to be discontinued; and The monitoring of medications for efficacy and adverse consequences Monitoring of Psychotropic Medications: When monitoring a resident receiving psychotropic medications, the facility must evaluate the effectiveness of the medications as well as look for potential adverse consequences. After initiating or increasing the dose of a psychotropic medication, the behavioral symptoms must be reevaluated periodically (at 1east during quarterly care plan review, if not more often) to determine the potential for reducing or discontinuing the dose based on therapeutic goals and any adverse effects or functional impairment. (continued on next page)		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Potential Adverse Consequences: The facility assures that residents are being adequately monitored for adverse consequences such as: General: anticholinergic effects which may include flushing, blurred vision, dry mouth, altered mental status, difficulty urinating, falls, excessive sedation, constipation ? Cardiovascular: signs and symptoms of cardiac arrhythmias such as irregular heart beat or pulse, palpitations, lightheadedness, shortness of breath, diaphoresis, chest or arm pain, increased blood pressure, orthostatic hypotension ? Metabolic: increase in total cholesterol and triglycerides, unstable or poorly controlled blood sugar, weight gain ? Neurologic: agitation, distress, EPS, neuroleptic malignant syndrome (NMS), parkinsonism, tardive dyskinesia, cerebrovascular event (e.g., stroke, transient ischemic attack (TIA). If the psychotropic medication is identified as possibly causing or contributing to adverse consequences as identified above, the facility and prescriber must determine whether the medication should be continued and document the rationale for the decision. Review of physician order for Resident R45 dated July 23, 2024, revealed an order for Clonazepam Tablet 0.5 MG, 1 tablet by mouth two times a day for Anxiety. Review of physician order for Resident R45 dated July 19, 2024, revealed an order for Trazodone Tablet 50 MG by mouth at bedtime for depression and insomnia. Review of care plan for Resident R45 dated June 12, 2023, revealed a care plan for the use of psychotropic drugs, anxiolytic, antidepressants. Interventions included, monitor for changes in mental status and functional level and report to the physician as indicated. Monitor for continued need of medication as related to behavior and mood. Review of clinical record revealed no evidence that the facility conducted ongoing monitoring of the side effects, adverse consequences, and efficiency of anxiolytic and antidepressant medication Resident R45 used. Review of physician order for Resident R29 dated April 18, 2024, revealed an order for Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 750 MG tablet by mouth at bedtime for Substance Abuse Disorder. Review of physician order for Resident R29 dated July 3, 2024, revealed an order for Lorazepam Tablet 1 MG by mouth two times a day for Anxiety. Review of physician order for Resident R29 dated May 21, 2024, revealed an order for Mirtazapine Tablet 30 MG 1 tablet by mouth at bedtime for Poor Appetite/Depression. Review of physician order for Resident R29 dated April 18, 2024, revealed an order for Quetiapine Fumarate Oral Tablet 50 MG (Quetiapine Fumarate) Give 1 tablet by mouth at bedtime for schizophrenia. Review of physician order for Resident R29 dated April 18, 2024, revealed an order for trazodone HCl Oral Tablet 50 MG, 1 tablet by mouth in the evening for Anxiety and Schizoaffective disorder. (continued on next page)		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of care plan for Resident R45 dated March 4, 2022, revealed a care plan for the use of psychotropic drugs with interventions including Complete behavior monitoring flow sheet and monitor for side effects and consult physician and/or pharmacist as needed. Review of clinical record revealed no evidence that the facility conducted ongoing monitoring of the side effects, adverse consequences, and efficiency of anxiolytic, antidepressant, and antipsychotic medication Resident R29 used. Interview with Employee E7, Infection Preventionist, on July 26, 2024, stated residents with psychotropic drugs should have an order to monitor the side effects/adverse effects for antipsychotic medication and staff should document the findings on an ongoing basis. 28 Pa. Code 211.12(d)(1)(3) (5) Nursing services		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471 Based on observations, review of facility policies, review of facility documentation, review of clinical records, and staff interviews, it was determined that the facility failed to establish an effective infection control program related to infection surveillance, catheter care, and use of personal protective equipment with transmission-based precautions for one of three nursing units observed (2nd floor). Findings Include: Review of facility policy COVID-19 revised July 1, 2024, revealed in addition to standard precautions, special contact and droplet precautions will be implemented for residents confirmed to have COVID-19 based on the Centers for Disease Prevention & Control (CDC) guidance. Further review of facility policy revealed staff will follow the patient specific PPE signage. Review of Infection Control Guidance: SARS-CoV-2 from the CDC website (https://www.cdc.gov/covid/hcp/infection-control) revised June 24, 2024, revealed healthcare professional who enter the room of a patient with confirmed COVID-19 infection should adhere to Standard Precautions and use a respirator with N95 filters or higher, gown, gloves, and eye protection. Review of facility policy Procedure: Catheter revised 02/01/2023 revealed staff should secure catheter tubing to keep the drainage bag below the level of the patient's bladder and off the floor. Review of facility documentation revealed Resident R30 was tested for COVID-19 on July 24, 2024, by Infection Preventionist, Employee E7. COVID-19 testing resulted the same day which revealed Resident R30 was positive for COVID-19. Observations on July 24, 2024, at 1:15 p.m. revealed a sign on the door of room [ROOM NUMBER] that said, patient specific contact plus airborne precautions - wear N95 (respiratory protective device designed to achieve a very close facial fit and filtration of airborne particles), gown, face shield and gloves upon entering this room. Further observations revealed a bin placed right outside the room that was stocked with yellow gowns. Further observations at 1:15 p.m. revealed the call bell for room [ROOM NUMBER] was on. Nurse aide, Employee E4, responded to the call bell and entered room [ROOM NUMBER] while only wearing an N95. The nurse aide, Employee E4, did not have any other personal protective equipment on before entering the room including a gown, face shield, or gloves. Nurse aide, Employee E4, was observed to exit the room moments later holding Resident R30's lunch tray. Nurse aide, Employee E4, was questioned why room [ROOM NUMBER] had signs for patient specific contact plus airborne precautions, and the nurse aide was not aware. Interview on July 24, 2024, at 1:20 p.m. with licensed nurse, Employee E5, confirmed room [ROOM NUMBER] was on transmission-based precautions (contact, droplet, or airborne isolation) due to positive COVID-19 diagnosis for Resident R30. Further interview with licensed nurse, Employee E4, confirmed staff should utilize a N95, gown, face shield, and gloves before entering the room. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R163's comprehensive care plan revised June 27, 2024, revealed the resident required an indwelling foley catheter due to urinary retention. Observations on July 24, 2024, at 1:10 p.m. revealed Resident R163's catheter bag was placed directly on the floor under the bed. Observations were confirmed on July 24, 2024, at 1:25 p.m. with licensed nurse, Employee E5, who reported the catheter bag should be kept off the floor. Review of facility policy Infection Prevention and Control dated November 2023, revealed that The Infection Prevention and Control (IPC) module allows ongoing infection prevention surveillance by the Infection Preventionist (IP), to detect, analyze and respond to emerging trends, and incorporate best practices for antibiotic stewardship. The IPC module provides a way for front-line staff to identify isolation and precautions. Infection cases will be identified through a manual review of the 24-hour report, dashboards/diagnostic results identifying potential risk for infection, or a triggered case from an antibiotic order or infection diagnosis. The IP will manage all infection cases through the IPC module daily. Antibiotic Time Out UDAs will be completed by the nursing staff, and the IP will ensure they are scheduled and completed timely. Infection Diagnosis(es) will be managed in collaboration with the MDS coordinator/medical records and will be resolved in a timely manner to close cases The IP will complete the Infection Screening Evaluation UDA for all suspected cases ? The Infection Screening Evaluation UDA tool is designed to identify if a resident has clinical findings indicating they MEET criteria or have a SUSPECTED infection based on McGeer's or Loeb's criteria. Upon navigating to the next section, the system will identify if the criteria should be. further investigated, and a score will be generated. S the score is a case will be created in IPC. This evaluation is not meant to diagnose. Clinical findings should be reviewed with the provider. Facility infection surveillance log from February 2024 to July 2024 revealed the following information, Facility infection surveillance of February 2024 revealed facility monitored (tracking) infections with date of onset, type of infection, symptoms, organisms, type of antibiotic used, start date of antibiotics, precautions and infection resolved date. Facility infection surveillance log from March 2024 to June 2024, provided during the survey, revealed that in March 2024 facility had 11 residents with infections, 10 infections did not identify an infection type (documented empty). 10 infections did not identify an organism (no documentation), No infections had signs and symptoms documented. In April 2024, facility had 10 residents with infections, 8 infections did not identify an infection type (documented empty). 8 infections did not identify an organism (no documentation), 8 infections had no signs and symptoms documented. In May 2024, facility had 11 residents with infections, all 11 infections did not identify an infection type (documented empty). All 11 infections did not identify an organism (no documentation), and had no signs and symptoms documented. (continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Hillcrest Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1245 Church Road Wyncote, PA 19095	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In June 2024, facility had 8 residents with infections, 5 infections did not identify an infection type (documented empty). 5 infections did not identify an organism (no documentation), 5 infections had no signs and symptoms documented. Interview with Employee E7, Infection Preventionist, on July 26, 2024, confirmed that the facility infection surveillance log was incomplete from March 2024 to June 2024. 28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code 211.12(c)(d)(1) Nursing services		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. 41471 Based on a review of facility documentation, facility policies and staff interviews, it was determined that the facility failed to maintain an effective antibiotic stewardship program that includes a system that includes antibiotic use protocols and a system to effectively monitor antibiotic usage for five of five months of antibiotic stewardship program data reviewed. (February 2024, March 2024, April 2024, May 2024 and June 2024). Findings Include: Review of facility policy Antibiotic Stewardship dated August 7, 2024 , revealed that Centers will implement an Antibiotic Stewardship Program (ASP) that includes antibiotic use protocols and systems for monitoring antibiotic use. The Infection Preventionist (IP) is responsible for the Infection Prevention and Control program including ASP. The Administrator is ultimately responsible for the overall compliance with the ASP. The Director of Nursing (ON) and Medical Director are responsible for executing the ASP standards. Further review of facility policy and protocol revealed that the facility policy included CDC (Centers for Disease Control and Prevention) guidelines, The core element of Antibiotic Stewardship for Nursing Homes, A review of CDC (Centers for Disease Control and Prevention) guidelines, The core element of Antibiotic Stewardship for Nursing Homes, revealed that Improving the use of antibiotics in healthcare to protect patients and reduce the threat of antibiotic resistance is a national priority. 1. Antibiotic stewardship refers to a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use.2 The Centers for Disease Control and Prevention (CDC) recommends that all acute care hospitals implement an antibiotic stewardship program (ASP) and outlined the seven core elements which are necessary for implementing successful ASPs.2 CDC also recommends that all nursing homes take steps to improve antibiotic prescribing practices and reduce inappropriate use. Nursing homes monitor both antibiotic use practices and outcomes related to antibiotics in order to guide practice changes and track the impact of new interventions. Data on adherence to antibiotic prescribing policies and antibiotic use are shared with clinicians and nurses to maintain awareness about the progress being made in antibiotic stewardship. Clinician response to antibiotic use feedback (e.g., acceptance) may help determine whether feedback is effective in changing prescribing behaviors. Integrate the dispensing and consultant pharmacists into the clinical care team as key partners in supporting antibiotic stewardship in nursing homes. Pharmacists can provide assistance in ensuring antibiotics are ordered appropriately, reviewing culture data, and developing antibiotic monitoring and infection management guidance in collaboration with nursing and clinical leaders. Identify clinical situations which may be driving inappropriate courses of antibiotics such as asymptomatic bacteriuria or urinary tract infection prophylaxis and implement specific interventions to improve use (continued on next page)		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Perform reviews on resident medical records for new antibiotic starts to determine whether the clinical assessment, prescription documentation and antibiotic selection were in accordance with facility antibiotic use policies and practices. When conducted over time, monitoring process measures can assess whether antibiotic prescribing policies are being followed by staff and clinicians. Track the amount of antibiotic used in your nursing home to review patterns of use and determine the impact of new stewardship interventions. Some antibiotic use measures (e.g., prevalence surveys) provide a snap-shot of information; while others, like nursing home initiated antibiotic starts and days of therapy (DOT) are calculated and tracked on an ongoing basis. Selecting which antibiotic use measure to track should be based on the type of practice intervention being implemented. Interventions designed to shorten the duration of antibiotic courses, or discontinue antibiotics based on post-prescription review (i.e., antibiotic time-out), may not necessarily change the rate of antibiotic starts, but would decrease the antibiotic DOT. Review of facility policy Infection Prevention and Control dated November 2023, revealed that The Infection Prevention and Control (IPC) module allows ongoing infection prevention surveillance by the Infection Preventionist (IP), to detect, analyze and respond to emerging trends, and incorporate best practices for antibiotic stewardship. The IPC module provides a way for front-line staff to identify isolation and precautions. Infection cases will be identified through a manual review of the 24-hour report, dashboards/diagnostic results identifying potential risk for infection, or a triggered case from an antibiotic order or infection diagnosis. The IP will manage all infection cases through the IPC module daily. Antibiotic Time Out UDAs will be completed by the nursing staff, and the IP will ensure they are scheduled and completed timely. Infection Diagnosis(es) will be managed in collaboration with the MDS coordinator/medical records and will be resolved in a timely manner to close cases The IP will complete the Infection Screening Evaluation UDA for all suspected cases ? The Infection Screening Evaluation UDA tool is designed to identify if a resident has clinical findings indicating they MEET criteria or have a SUSPECTED infection based on McGeer's or Loeb's criteria. Upon navigating to the next section, the system will identify if the criteria should be. further investigated, and a score will be generated. S the score is a case will be created in IPC Review of facility documentation from the month of March 2024 revealed that the facility had a total of 11 antibiotic orders. All 11 of those orders did not have any symptoms documented on the facility infection surveillance tool. It was also revealed that the surveillance tool did not contain a stop date, total days of therapy, outcome and adverse events. There was no antibiotic review completed to determine the appropriateness of the antibiotic usage. Review of facility documentation from the month of April 2024 revealed that the facility had a total of 10 antibiotic orders, 8 of those orders did not have any symptoms documented on the facility infection surveillance tool. It was also revealed that the surveillance tool did not contain, outcome and adverse events. There was no antibiotic review completed to determine the appropriateness of the antibiotic usage. Review of facility documentation from the month of May 2024 revealed that the facility had a total of 11 antibiotic orders. All 11 of those orders did not have any symptoms documented on the facility infection surveillance tool. It was also revealed that the surveillance tool did not contain, outcome and adverse events. There was no antibiotic review completed to determine the appropriateness of the antibiotic usage. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of facility documentation from the month of June 2024 revealed that the facility had a total of 8 antibiotic orders. All 5 of those orders did not have any symptoms documented on the facility infection surveillance tool. It was also revealed that the surveillance tool did not contain, outcome and adverse events. There was no antibiotic review completed to determine the appropriateness of the antibiotic usage. Interview with Employee E7, Infection Preventionist, on July 26, 2024, confirmed that the facility antibiotic stewardship program did not include use protocols for antibiotics and a system to effectively monitor antibiotic usage. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(5) Nursing services		

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program. 41471 Based on the review of facility provided documentation and interview with staff, it was determined that facility did not ensure to include as part of its Quality Assurance and Performance Improvement (QAPI) program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program for four of five employees reviewed (Employees E10, E11, E12 and E13) Findings include: Review of Employee education record for Employee E10, Licensed Practical Nurse, revealed no evidence of training provided regarding facility's QAPI program. Review of Employee education record for Employee E11, Nurse Aide, revealed no evidence of training provided regarding facility's QAPI program. Review of Employee education record for Employee E12, Nurse Aide, revealed no evidence of training provided regarding facility's QAPI program. Review of Employee education record for Employee E13, Licensed Practical Nurse, revealed no evidence of training provided regarding facility's QAPI program. Findings confirmed with Director of Nursing on July 29, 2024. 28 Pa Code 201.14(a)Responsibility of licensee 28 Pa Code 201.18(b)(1) Management 28 Pa Code 201.20(a)(c)Staff development		