

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER Slate Belt Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 701 Slate Belt Blvd, Rd 3 Bangor, PA 18013	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on a review of facility policy, observation, and staff interview, it was determined that the facility failed to ensure that medications/biologicals were securely stored in a manner that prevented unauthorized access on one of two nursing units. (Second floor)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Storage and Expiration Dating of Medications and Biologicals, last reviewed August 1, 2024, revealed that medications and biologicals, including treatment items, were to be securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors.</p> <p>Observation on June 2, 2025, at 10:20 a.m., on the second floor nursing unit, revealed that the treatment cart in the hallway was unlocked and unattended and contained several tubes of medicated creams for pain, bottles of saline solution for nose and eyes, and boxes of alcohol pads that were accessible.</p> <p>In an interview on June 2, 2025, at 10:30 a.m., the RN Supervisor confirmed that the treatment cart should have been locked.</p> <p>28 Pa. Code 211.12(d)(1)(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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