

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395499	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Tremont Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  44 Donaldson Road Tremont, PA 17981	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>36935</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to provide adequate interventions and supervision to prevent elopement (leaving an area without permission or supervision) for one of eight sampled residents. (Resident CL 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident CL 1 had diagnoses that included chronic kidney disease. The Minimum Data Set assessment, dated September May 1, 2024, indicated that the resident was able to walk without staff assistance. Review of the current care plan revealed that Resident CL 1 was at risk to elope and an intervention was for staff to apply a wander guard (a bracelet like device that is placed on an extremity that assisted with the location of a resident who may wander) to her left wrist. A physician's order dated April 24, 2023, directed that the resident wear a wander guard and that staff check placement every shift and the function of the device daily. Review of the treatment administration records for April and May 2024, revealed that there was no documented evidence that staff checked the placement or function of the wander guard from April 9, 2024, through May 3, 2024. On May 3, 2024, at 9:50 a.m. the resident was found outside approximately three blocks from the facility by a staff member on their way to work.</p> <p>During an interview on May 30, 2024, at 2:00 p.m., the Director of Nursing confirmed that there was no documented evidence that staff checked the placement and function of the wander guard from April 9, 2024, through May 3, 2024, when the resident was found outside the facility.</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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