STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395499	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tremont Health & Rehabilitation Center	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)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 45125 Based on clinical record review and staff interview, it was determined the facility failed to ensure completion of a Minimum Data Set (MDS) assessment for one of three sampled residents who were discharged from the facility. (Resident 109) Findings include: Clinical record review revealed that Resident 109 passed away in the facility on [DATE]. There was no documented evidence that an MDS assessment was completed to reflect the discharge status when the resident expired in the facility. In an interview on [DATE], at 11:00 a.m., the Administrator confirmed that the MDS had not been completed when the resident was discharged from the facility on [DATE].

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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. 45125 Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure physicians' orders were implemented for four of 36 sampled residents. (Residents 5, 21, 33, and 56) Findings include: Review of the policy entitled, General Dose Preparation and Medication Administration, last reviewed November 26, 2024, revealed that staff were to obtain vital signs if necessary and document physician-indicated medication administration information. Clinical record review revealed that Resident 5 had diagnoses that included hemiplegia and hemiparesis (paralysis) and multiple sclerosis. Review of the Minimum Data Set (MDS) assessment, dated February 28, 2025, revealed Resident 5 had cognitive impairment, was at risk for developing pressure ulcers, and was dependent on staff for putting on and taking off footwear. Review of Resident 5's care plan revealed he had the potential for skin breakdown with an intervention for staff to apply bilateral pressure relieving boots. On April 4, 2024, the physician ordered for staff to apply bilateral Prevalon boots to Resident 5's feet at all times, except during care. Observations on March 11, 2025, at 10:27 a.m., March 12, 2025, at 11:30 a.m. and 1:00 p.m., and March 13, 2025, at 8:25 a.m., 10:10 a.m., and 11:30 a.m., revealed Resident 5 in bed with no Prevalon boots in place. Resident 5 was not receiving care at the time of the observations. In an interview on March 14, 2025, at 9:24 a.m., the Assistant Director of Nursing confirmed the Prevalon boots were not in place and should have been. Clinical record review revealed that Resident 21 had diagnoses that included edema, reduced mobility, and generalized muscle weakness. On February 3, 2025, the physician ordered for staff to apply Ace wraps to Resident 21's bilateral lower extremities twice daily at 8:00 a.m. and remove at 9:00 p.m. Observations on March 11, 2025, at 12:00 p.m., March 12, 2025, at 12:31 p.m., March 13, 2025, at 8:21 a.m., and March 14, 2025, at 8:15 a.m. and 9:25 a.m., revealed Resident 21 without Ace wraps applied to her bilateral lower extremities. During interviews on March 11, 2025, at 12:00 p.m., March 13, 2025, at 8:21 a.m., and March 14, 2025, at 9:25 a.m., Resident 21 confirmed that she was not asked if she wanted her Ace wraps applied to her bilateral lower extremities. In an interview on March 13, 2025, at 1:15 p.m., the Assistant Director of Nursing confirmed the Ace wraps were not applied as ordered and should have been. Clinical record review revealed that Resident 33 had diagnoses that included hypertension (high blood pressure). On April 8, 2024, the physician ordered staff to administer a blood pressure medicine (amlodipine) once a day. Staff were not to administer the medication if the resident's systolic blood pressure (SBP, the first measurement of blood pressure when the heart beats and the pressure is at its highest) was less than 100 millimeters of mercury (mmHg). Review of Resident 33's February and March 2025 Medication Administration Records (MARs) revealed that staff administered the medication 39 times with no documentation to support that the blood pressure was assessed prior to medication administration per physician's order. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Clinical record review revealed that Resident 56 had diagnoses that included hypertension. On April 3, 2024, the physician ordered staff to administer a medication (carvedilol) twice a day for hypertension. Staff were not to administer the medication if the resident's SBP was less than 120 mmHg. Review of Resident 56's MARs revealed that staff administered the medication 13 times in January 2025, seven times in February 2025, and four times in March 2025, when the resident's SBP was less than 120 mmHg. In an interview on March 14, 2025, at 9:07 a.m., the Assistant Director of Nursing confirmed there was no documented evidence that the blood pressure was taken prior to medication administration per physician's order as identified for Resident 33 and that the medication was administered outside of the established parameters as noted for Resident 56. CFR 483.25 Quality of Care. Previously cited 9/11/24. 28 Pa. Code 211.12(d)(1)(5) Nursing services.