

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2024
NAME OF PROVIDER OR SUPPLIER  Twin Lakes Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 227 Sand Hill Road Greensburg, PA 15601	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43856</p> <p>Based on review of clinical records, and staff interviews, it was determined that the facility failed to ensure that physicians orders were followed for one of 10 residents reviewed (Resident 5).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated February 22, 2024, revealed that the resident was admitted on [DATE]; was cognitively intact; required substantial to maximum assistance for personal hygiene needs; and had diagnosis that included chronic obstructive pulmonary disease (lung disease causing restricted airflow and breathing problems).</p> <p>A review of discharge instructions from the hospital, dated November 27, 2023, revealed that the resident was to follow up with orthopedics (medical specialty dealing with injures and diseases of the musculoskeletal system) in one to two weeks regarding right shoulder effusion (accumulation of fluid in the joint). There is no documented evidence in the clinical record that the resident had an orthopedic consult.</p> <p>Interview with the Nursing Home Administrator and Director of Nursing on March 5, 2024, at 4:27 p.m. revealed that Resident 5 was a participant in Senior Life Program (a Medicare program that provides all-inclusive care for the elderly) at the time of her admission and that all consults had to be approved and scheduled through them. The Nursing Home Administrator and Director of Nursing believed that Senior Life's physician spoke with the resident and decided that an orthopedic follow up was not required, and therefore it was never completed. The Nursing Home Administrator confirmed that there was no documented evidence in Resident 5's clinical record to indicate that Senior Life determined the consult was not required.</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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