

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 05/01/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>38012</p> <p>Based on review of clinical records and staff interviews, it was determined that the facility failed to ensure the accountability of controlled medications for one of 10 residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>A significant change Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated March 2, 2024, indicated that the resident was cognitively intact, required assistance from staff for all daily care needs, and had diagnoses that included chronic pain.</p> <p>Physician's orders for Resident 2, dated April 12, 2024, included an order for the resident to receive one 5-325 milligram (mg) tablet of Oxycodone/Tylenol (a combination controlled narcotic pain medication) every four hours as needed for pain.</p> <p>Resident 2's controlled drug record (used to keep count of narcotic medication) for April 2024 revealed that the facility received 60 tablets of 5-325 mg Oxycodone/Tylenol. According to the controlled drug log, there were 60 doses of Oxycodone/Tylenol signed out for administration to Resident 2; however, according to the resident's Medication Administration Record (MAR), dated April 2024, she received 54 doses. There were six doses of Oxycodone/Tylenol that were unaccounted for.</p> <p>Interview with the Nursing Home Administrator and Director of Nursing on May 1, 2024, at 4:55 p.m. confirmed that there were six missing doses of Oxycodone/Tylenol for Resident 2. They stated that the controlled drug log was not the facility's regular log and that this particular log was used because the medication was supplied by hospice. They stated that the facility utilizes a different controlled drug log that makes it easier to see when each dose is signed out.</p> <p>28 Pa. Code 211.9(h) Pharmacy Services.</p> <p>28 Pa. Code 211.12(d)(3)(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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