

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 05/30/2024
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>48809</p> <p>Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders for medications were followed for two of four residents reviewed (Residents 1, 2), and failed to ensure that verbal phone orders were written and followed for one of four residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>A facility policy for medication administration, dated January 10, 2024, indicated that medications are administered in a safe and timely manner as prescribed.</p> <p>A facility policy for telephone orders, dated January 10, 2024, indicated that verbal telephone orders must be reduced to writing, by the person receiving the order, and recorded in the resident's medical record.</p> <p>An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated April 2, 2024, revealed that the resident was understood and understands others, required assistance with daily care needs, had a diagnosis of diabetes (a disease causing high blood sugar levels), and received insulin.</p> <p>Physician's orders for Resident 1, dated March 28, 2024, included an order for the resident to receive 20 units of Fiasp insulin (a rapid acting insulin) subcutaneously (injected just under the skin) for a blood sugar of greater than 400 milligrams per deciliter (mg/dl) and to notify the physician.</p> <p>A review of Resident 1's Medication Administration Record (MAR) for April 2024 revealed that the resident's blood sugar on April 11, 2024, at 4:00 p.m. was 435 mg/dl. There was no documented evidence that the physician was notified of a blood sugar greater than 400 mg/dl as ordered.</p> <p>A review of Resident 1's MAR for April 2024 revealed that the resident's blood sugar on April 20, 2024, at 4:00 p.m. was 505 mg/dl. A nursing note for Resident 1, dated April 20, 2024, at 4:23 p.m. revealed that the supervisor notified the physician of the blood sugar of 505 mg/dl and verbal telephone orders were obtained to give an additional 4 units of Fiasp insulin. There was no documented evidence in Resident 1's clinical record that the verbal telephone orders to give the additional 4 units Fiasp insulin was written and no documented evidence on the MAR for April 2024 to indicate that the 4 units of Fiasp insulin was administered.</p> <p>(continued on next page)</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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(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>A review of Resident 1's MAR for April 2024 revealed that the resident's blood sugar on April 25, 2024, at 7:00 a.m. was 441 mg/dl. There was no documented evidence that the physician was notified of a blood sugar greater than 400 mg/dl.</p> <p>An interview with the Director of Nursing on May 30, 2024, at 2:30 p.m. confirmed that physician's orders were not being followed for Resident 1 on the above noted dates and times and confirmed that the verbal phone order should have been reduced to witting and followed.</p> <p>An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated April 2, 2024, revealed that the resident was understood and could understand others, required assistance with daily care needs, had diagnoses that included Multiple Sclerosis (a chronic, typically progressive disease involving damage to the sheaths of nerve cells in the brain and spinal cord, whose symptoms may include numbness, impairment of speech and of muscular coordination, blurred vision, and severe fatigue), and pain.</p> <p>Physician's orders for Resident 2, dated April 11, 2024, included an order for the resident to receive two-5 milligrams (mg) tablets of Oxycodone HCL (a narcotic drug used to treat moderate to severe pain) every 8 hours as needed for pain scale 6-10.</p> <p>A review of the narcotic accountability sheet for Resident 2, dated May 23, 2024, revealed that only one 5 mg tablet of Oxycodone HCL was signed out; however, a review of the MAR for Resident 2, dated May 23, 2024, revealed that it was documented that the resident received two 5 mg tablets of Oxycodone HCL.</p> <p>An interview with the Director of Nursing on May 30, 2024, at 3:44 p.m. revealed that Resident 2 only received one 5 mg tablet of Oxycodone HCL on May 23, 2024, and it should have been two tablets.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>