

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  12/03/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>42079</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to notify to update the admitting facility with information about laboratory testing and results for one of three residents reviewed (Resident 2).</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 2, dated August 27, 2024, indicated that the resident was cognitively intact, usually understood and could sometimes understand, required assistance from staff for his daily care needs, was always incontinent of bowel and bladder, and had diagnoses that included debilitating cardiorespiratory conditions.</p> <p>Physician orders for Resident 2, dated September 4, 2024, included an order for Clostridioides difficile (C-diff - infectious bacteria that causes diarrhea, an inflammation of the colon, and can be life-threatening) toxin stool for frequent watery stools.</p> <p>A nursing note for Resident 2, dated September 4, 2024, at 5:20 p.m., indicated that the resident had recurrent watery stools throughout the shift. The stool was brown, unformed, watery, and had a fowl odor. New orders were received to collect and send the stool for C-Diff toxin.</p> <p>Laboratory results for Resident 2, dated September 5, 2024, at 9:55 p.m., indicated that she was positive for the C difficile toxin.</p> <p>A nursing note for Resident 2, dated September 6, 2024, at 11:39 a.m., indicated that the resident had discharged to another facility at 11:00 a.m.</p> <p>There was no documented evidence in Resident 2's clinical record as well as referral information sent to the admitting facility included current laboratory testing or laboratory results of C-diff.</p> <p>Interview with the Director of Nursing on December 3, 2024, at 3:39 p.m. confirmed that there was no documented evidence that Resident 2's admitting facility was updated about current laboratory testing or laboratory results of C-diff.</p> <p>28 Pa. Code 201.25 Discharge Policy.</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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F 0622  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	28 Pa. Code 201.29(f)(g) Resident Rights.

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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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>42079</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to obtain laboratory studies as ordered by the physician for one of three residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>A facility policy regarding test results, dated July 26, 2024, indicated that results of laboratory, radiological, and diagnostic testing shall be reported in writing to the resident's attending physician or to the facility. The Director of Nursing services or charge nurse receiving the test results, shall be responsible for notifying the physician of such test results. The signed and dated reports of all diagnostic testing shall be made part of the clinical record.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated August 27, 2024, indicated that the resident was cognitively intact, usually understood and could sometimes understand, required assistance from staff for his daily care needs, was always incontinent of bowel and bladder, and had diagnoses that included debilitating cardiorespiratory conditions.</p> <p>Physician orders for Resident 2, dated September 4, 2024, included an order for Clostridioides difficile (C-diff - infectious bacteria that causes diarrhea, an inflammation of the colon, and can be life-threatening) toxin stool for frequent watery stools.</p> <p>A nursing note for Resident 2, dated September 4, 2024, at 5:20 p.m., indicated that the resident had recurrent watery stools throughout the shift. The stool was brown, unformed, watery, and had a fowl odor. New orders were received to collect and send stool for C-Diff toxin.</p> <p>Laboratory results for Resident 2, dated September 5, 2024, at 9:55 p.m., indicated that she was positive for the C-difficile toxin. The sample was collected on September 4, 2024, at 8:00 p.m.</p> <p>There was no documented evidence in Resident 2's clinical record that the physician was notified or reviewed the abnormal laboratory results.</p> <p>Interview with the Director of Nursing on December 3, 2024, at 4:24 p.m. confirmed that there was no documented evidence that Resident 2's physician was notified or reviewed the abnormal laboratory results for C-diff.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>		