

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Maybrook Hills Rehabilitation and Healthcare Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Valley View Boulevard Altoona, PA 16602	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>31760</p> <p>Based on review of the Resident Assessment Instrument User's Manual and residents' clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate Minimum Data Set assessments for two of nine residents reviewed (Residents 3, 7).</p> <p>Findings include:</p> <p>The Long Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, revealed that Section N0415J (Hypoglycemic Medications - medications that lower blood sugars) was to be checked if the resident was taking any medications by pharmaceutical classification, not how it was used, during the last seven days, or since admission/entry or reentry if less than seven days.</p> <p>Physician's orders for Resident 3, dated February 23, 2024, included orders for the resident to receive 1000 milligrams (mg) of Metformin HCl (hypoglycemic medication) with meals for diabetes and 2 mg of Glimepiride (hypoglycemic medication) with meals for diabetes. Physician's orders, dated February 26, 2024, included orders for the resident to receive 25 mg of Nesina (hypoglycemic medication) daily for diabetes.</p> <p>Medication Administration Record's (MAR's) for Resident 3, dated February and March, revealed that the resident received hypoglycemic medications from February 24 to March 1, 2024. However, Section N0415J of Resident 3's admission MDS assessment, dated March 1, 2024, was coded to indicate that the resident did not receive hypoglycemic medications during the seven days of the assessment period (daily).</p> <p>Interview with Registered Nurse Assessment Coordinator (RNAC - a registered nurse who is responsible for the completion of MDS assessments) on April 16, 2024, at 3:11 p.m. revealed that Resident 1 did not receive any medications classified as hypoglycemic medications during this time period and that Section N0415J of Resident 1's admission MDS was coded correctly.</p> <p>The Long-Term Care Facility RAI User's Manual, dated October 2023, revealed that Section O0110 (Special Treatments, Procedures, and Programs) was to be checked with all treatments, procedures, and programs that the resident received or performed after admission/entry or reentry to the facility, and within the last 14 days.</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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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Physician's orders for Resident 7, dated March 20, 2024, included an order for the resident to receive oxygen at three liters per minute (LPM) via nasal cannula (a device used to deliver supplemental oxygen through the nose).</p> <p>Physician's orders for Resident 7, dated March 20, 2024, included an order for staff to apply a Bilevel positive airway pressure (BiPAP - a form of non-invasive ventilation therapy used to help you breathe) machine at bedtime, and take off in morning.</p> <p>Review of Resident 7's Treatment Administration Record (TARs), dated March 2024, revealed that staff documented 3 LPM of oxygen via nasal cannula being administered to the resident on March 20 through 31, 2024, and that staff applied the BiPAP at bedtime March 20 through 26, and 28 through 31, 2024.</p> <p>Dialysis (mechanical cleansing of the blood for a person whose kidneys are not functioning normally) communication sheets for Resident 7 revealed that the resident received dialysis March 22, 25, and 27, 2024.</p> <p>However, Section O0110 C1 (Oxygen Therapy), Section O0110 G2 (Non-Invasive Mechanical Ventilator - involves the delivery of oxygen into the lungs via positive pressure without the need for endotracheal intubation - the placement of a tube into the lungs), and Section O0110 J1 (Dialysis) of an admission MDS assessment for Resident 7, dated March 27, 2024, revealed that the sections were not checked, indicating that the resident did not receive oxygen therapy, non-invasive mechanical ventilation, and dialysis during the assessment's 14-day look-back period.</p> <p>Interview with the RNAC on April 17, 2024, at 5:36 p.m. confirmed that Section O0110 C1, Section O0110G2, and Section O0110 J1 of Resident 7's admission assessment of March 27, 2024, should have been coded to reflect that the resident received oxygen therapy, non-invasive mechanical ventilation, and dialysis during the assessment period.</p> <p>28 Pa. Code 211.5(f) Clinical Records.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>31760</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to develop comprehensive care plans that included specific and individualized interventions to address resident care needs for two of nine residents reviewed (Residents 3, 7).</p> <p>Findings include:</p> <p>The facility's policy regarding care plans, dated February 21, 2024, revealed that the interdisciplinary team will develop and implement the comprehensive care plan within 21 days of admission. The comprehensive care plan will address resident goals, actual and potential problems, needs, strengths, and individual preferences of the resident.</p> <p>An admission Minimum Data Set (MDS) assessment (a federally-mandated assessment of a resident's abilities and care needs) for Resident 3, dated March 1, 2024, indicated that he was cognitively intact and had ointments/medications applied to areas other than his feet.</p> <p>An admission nursing assessment, dated February 23, 2024, revealed that Resident 3 had an open area on his left shin that measured 2.0 x 2.0 centimeters (cm). Physician's orders, dated February 23, 2024, included orders for the wound be cleansed with normal saline solution (mixture of sodium chloride and water), Xeroform (absorbent dressing that prevents infection) be applied to the wound base, and secured with bordered gauze every day.</p> <p>A wound clinic note, dated March 1, 2024, revealed that Resident 3 had a skin tear/laceration to the left shin that measured 2.0 x 1.7 x 0.2 centimeters (cm) and it was recommended that the wound be cleansed with normal saline solution (mixture of sodium chloride and water), Xeroform be applied to the wound base, and secured with bordered gauze every other day. Resident 3's Treatment Administration Record (TAR) for March 2024 revealed that the application of Xeroform to the resident's left shin was not changed to every other day as recommended by the wound clinic on March 1, 2024.</p> <p>A wound clinic note, dated March 7, 2024, revealed that Resident 3 continued to have a skin tear/laceration to his left shin, and it was recommended that the wound be cleansed with normal saline solution, medical grade honey applied to the base of the wound, and secured with bordered gauze every other day.</p> <p>There was no documented evidence that a comprehensive care plan that included specific and individualized interventions was developed regarding the wound to Resident 3's left shin.</p> <p>Interview with the Director of Nursing on April 16, 2024, at 5:08 p.m. confirmed that there was no documented evidence that a comprehensive care plan that included specific and individualized interventions was developed for Resident 3 regarding his left shin wound.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A nursing note for Resident 7, dated March 20, 2024, revealed that the resident was admitted to the facility from the hospital with a diagnosis of End Stage Renal Disease (ESRD - permanent kidney failure that requires a regular course of dialysis or a kidney transplant) requiring dialysis (mechanical cleansing of the blood for a person whose kidneys are not functioning normally) and that the resident had a right subclavian dialysis catheter (a tube inserted into a vein in the chest to provide access for dialysis).</p> <p>Dialysis communication sheets for Resident 7 revealed that the resident received dialysis March 22, 25, and 27, 2024, and April 1, 3, 5, 8, and 12, 2024.</p> <p>There was no documented evidence that a comprehensive care plan that included specific and individualized interventions was developed for Resident 7 regarding her right subclavian dialysis catheter and dialysis.</p> <p>Interview with the Director of Nursing on April 16, 2024, at 4:13 p.m. confirmed that there was no documented evidence that a comprehensive care plan that included specific and individualized interventions was developed for Resident 7 regarding her right subclavian dialysis catheter and dialysis.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		

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<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>31760</p> <p>Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to provide care for wounds in accordance with professional standards of practice by failing to follow recommendations from wound consultations for one of nine residents reviewed (Resident 3), and failed to ensure that the physician was notified about elevated blood sugar results as ordered for one of nine residents reviewed (Resident 7).</p> <p>Findings include:</p> <p>The facility's policy regarding wound care, dated March 14, 2024, indicated that the facility was to promote wound healing and prevent infections.</p> <p>An admission Minimum Data Set (MDS) assessment (a federally-mandated assessment of a resident's abilities and care needs) for Resident 3, dated March 1, 2024, indicated that he was cognitively intact and had ointments/medications applied to areas other than his feet.</p> <p>An admission nursing assessment, dated February 23, 2024, revealed Resident 3 had an open area on his left shin that measured 2.0 x 2.0 centimeters (cm). Physician's orders, dated February 23, 2024, included orders for the wound be cleansed with normal saline solution (mixture of sodium chloride and water), Xeroform (absorbent dressing that prevents infection) be applied to the wound base, and secured with bordered gauze every day.</p> <p>A wound clinic note, dated March 1, 2024, revealed that Resident 3 had a skin tear/laceration to the left shin that measured 2.0 x 1.7 x 0.2 centimeters (cm) and it was recommended that the wound be cleansed with normal saline solution (mixture of sodium chloride and water), Xeroform be applied to the wound base, and secured with bordered gauze every other day. Resident 3's Treatment Administration Record (TAR) for March 2024 revealed that the application of Xeroform to the resident's left shin was not changed every other day as recommended by the wound clinic on March 1, 2024.</p> <p>A wound clinic note, dated March 7, 2024, revealed that Resident 3 continued to have a skin tear/laceration to his left shin, and it was recommended that the wound be cleansed with normal saline solution, medical grade honey applied to the base of the wound, and secured with bordered gauze every other day.</p> <p>Resident 3's TAR for March 2024 revealed that the application of medical grade honey was applied to the resident's left shin every other day as recommended by the wound clinic on March 7, 2024; however the Xeroform treatment to the resident's left shin was not discontinued and was continued to be applied to the resident's left shin.</p> <p>Interview with the Director of Nursing on April 16, 2024, at 3:28 p.m. confirmed that the dressing changes to Resident 3's left shin were not completed as recommended by the wound clinic on March 1 and 7, 2024.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Physician's orders for Resident 7, dated March 20, 2024, included an order for staff to obtain the resident's blood sugar before meals and at bedtime. Staff was to notify the physician if the resident's blood sugar was less than 70 milligrams/deciliter (mg/dL) or greater than 400 mg/dL.</p> <p>The Medication Administration Record (MARs) for Resident 7, dated March and April 2024, revealed that on March 29, 2024, at 4:30 p.m. the resident's blood sugar was 449 mg/dL; on April 1, 2024, at 7:30 a.m. the resident's blood sugar was 490 mg/dL; on April 1, 2024, at 11:30 a.m. the resident's blood sugar was 417 mg/dL; and on April 4, 2024, at 7:30 a.m. the resident's blood sugar was 439 mg/dL. However, there was no documented evidence that the physician was notified about the resident's elevated blood sugars.</p> <p>Physician's orders for Resident 7, dated April 4, 2024, included an order for the resident to receive Insulin Lispro (fast-acting insulin) as per a sliding scale (the amount of insulin given is determine by what the resident's blood sugar level is) before meals and at bedtime. Staff was to administer six units of the Insulin Lispro and notify the physician if the resident's blood sugar was greater than 341 mg/dL.</p> <p>The MAR's for Resident 7, dated April 2024, revealed that on April 8, 2024, at 8:00 p.m. the resident's blood sugar was 413 mg/dL and staff administered the six units of the Insulin Lispro; on April 10, 2024, at 4:30 p.m. the resident's blood sugar was 389 mg/dL and staff the six units of the Insulin Lispro; on April 10, 2024, at 8:00 p.m. the resident's blood sugar was 381 mg/dL and staff the six units of the Insulin Lispro; and on April 11, 2024, at 8:00 p.m. the resident's blood sugar was 360 mg/dL and staff administered the six units of the Insulin Lispro. However, there was no documented evidence that the physician was notified about the resident's elevated blood sugars.</p> <p>Interview with the Director of Nursing on April 16, 2024, at 3:40 p.m. confirmed that there was no documented evidence that the physician was notified about Resident 7's elevated blood sugars on the above dates.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>31760</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that dialysis residents had an active physician's order to attend dialysis and failed to obtain physician's orders for the care and monitoring of dialysis sites for one of nine residents reviewed (Resident 7).</p> <p>Findings include:</p> <p>A nursing note for Resident 7, dated March 20, 2024, revealed that the resident was admitted to the facility from the hospital with a diagnosis of End Stage Renal Disease (ESRD - permanent kidney failure that requires a regular course of dialysis or a kidney transplant) requiring dialysis (mechanical cleansing of the blood for a person whose kidneys are not functioning normally) and had a right subclavian dialysis catheter (a tube inserted into a vein in the chest to provide access for dialysis).</p> <p>Dialysis communication sheets for Resident 7 revealed that the resident received dialysis March 22, 25, and 27, 2024, and April 1, 3, 5, 8, and 12, 2024.</p> <p>However, there was no documented evidence in Resident 7's clinical record that physician's orders were obtained for the resident to attend dialysis treatments, and there was no documented evidence that physician's orders were obtained for the care and monitoring of the resident's right subclavian dialysis catheter and insertion site, or the emergency equipment to be available at the resident's bedside in the event of an emergency with the resident's right subclavian dialysis catheter.</p> <p>Interview with the Director of Nursing on April 16, 2024, at 4:13 p.m. confirmed that Resident 7 did not have an active physician's order for the resident to attend dialysis treatments, for the care and monitoring of the resident's right subclavian dialysis catheter and insertion site, or the emergency equipment to be available at the resident's bedside in the event of an emergency with the resident's right subclavian dialysis catheter.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>42079</p> <p>Based on review of facility policy, clinical records, and investigation documents, as well as staff interviews, it was determined that the facility failed to ensure that clinical records were complete and accurately documented for two of nine residents reviewed (Residents 2, 9).</p> <p>Findings include:</p> <p>A facility policy regarding nursing documentation, dated February 21, 2024, revealed that the facility documents by exception and all documentation confirms that care was provided. Staff were responsible for documenting acts as proof care was provided. All documentation was to be completed in the electronic record Point Click Care (PCC). All events such as falls, skin abnormalities, etc. should be documented.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated February 15, 2024, indicated that the resident was understood, could understand, was cognitively impaired, required assistance with daily care tasks, and had a history of falls. A fall care plan for Resident 2, dated November 15, 2021, revealed that she had potential for falls related to her fall history, impaired mobility, and occasional incontinence.</p> <p>A Licensed Practical nurse (LPN) note for Resident 2, dated February 7, 2024, at 10:56 a.m. revealed that she was post fall and her neurological checks were within normal limits</p> <p>Facility investigation documents for Resident 2 revealed that the resident had an unwitnessed fall on February 7, 2024, at 3:15 a.m. when she was found on the floor next to her bed. The investigation document included an assessment of the resident's fall; however, there was no documentation of the assessment in the resident's clinical record.</p> <p>Interview with the Director of Nursing on April 16, 2024, at 2:25 p.m. confirmed that although a registered nurse assessed Resident 2 on February 7, 2024, at 3:15 a.m. and documented the assessment on the investigation documents, those documents were not part of the resident's clinical record. The assessment was not documented in the resident's clinical record and should have been.</p> <p>An admission MDS assessment for Resident 9, dated March 13, 2024, revealed that the resident was understood, could understand, and had diagnoses that included schizophrenia (a mental illness that affects how a person thinks, feels, and behaves), and Parkinson's disease. Statements by staff revealed that Resident 9 had a history of constantly ringing his call bell.</p> <p>(continued on next page)</p>

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