

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395563	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Morrison's Cove Home		STREET ADDRESS, CITY, STATE, ZIP CODE 429 South Market Street Martinsburg, PA 16662	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>43856</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 the physician was notified about a resident ingesting perfume for one of four residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>The facility's policy for Accident and Incident Investigation Procedures and Reporting, dated July 17, 2024, indicated that any incident (an unexpected, unintended event that causes or has the potential to cause bodily harm) will be reported immediately to the nursing supervisor on duty. The resident will be assessed, and the physician will be notified.</p> <p>An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated August 20, 2024, revealed that the resident was cognitively impaired, required extensive assistance from staff for her daily care needs, and had diagnoses of vascular dementia with behavioral disturbance.</p> <p>A nursing note for Resident 2, dated August 5, 2024, revealed that the resident was at the nurse's station and grabbed a tiny bottle of perfume that was placed at the nurses station by another resident. The nurse was preparing medications and noticed the resident grab the bottle of perfume and place it to her lips. The nurse grabbed the bottle of perfume from the resident immediately, noting that there was a tiny drop on the resident's lips and also presumed that a tiny sip was ingested by the resident. The nurse offered the resident a drink of water, but the resident refused. The registered nurse assessment indicated no gagging, nausea or vomiting, and vital signs were within the resident's normal limits. An attempt was made to contact the resident's guardian with no answer, and a message was left for a return call.</p> <p>There was no documented evidence in Resident 2's clinical record to indicate that the physician was notified about the ingestion of perfume on August 5, 2024.</p> <p>An interview with the Director of Nursing on September 11, 2024, at 12:29 p.m. confirmed that the physician was not notified about Resident 2 ingesting perfume on August 5, 2024, and should have been.</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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