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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395568 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                       | (X3) DATE SURVEY COMPLETED<br><br>04/22/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Julia Pound Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1155 Indian Springs Road<br>Indiana, PA 15701 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policies, investigation reports, and clinical records, as well as staff interviews, it was determined that the facility failed to provide care in a safe manner for one of three residents reviewed (Resident 1) resulting in a fall with fractures. This deficiency was cited as past non-compliance.</p> <p>Findings include:</p> <p>A facility policy related to fall management, dated March 12, 2025, indicated that each resident is provided with appropriate assessment and interventions to prevent falls and to minimize complications if a fall occurs. The facility will ensure the resident environment remains as free of accident hazards as possible. Resident falls are analyzed and trended through the Performance Review process to maintain a safe environment.</p> <p>A facility policy related to reclining lift chairs, dated March 12, 2025, indicated that residents are evaluated to ensure they are capable to safely utilize a reclining lift chair. When a resident/family voices an interest in utilizing a reclining lift chair, therapy will be notified to complete a screen/evaluation of the resident's ability to safely use the reclining lift chair. The determination of safe or not safe will be included in the resident's care plan.</p> <p>A significant change Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated April 13, 2025, revealed that the resident was cognitively impaired, required assistance with care needs, had a fracture of the body of the sternum (long flat bone located in the central part of the chest connected to the ribs) and had a diagnosis of dementia. A care plan for Resident 1, dated December 22, 2023, indicated that the resident was not safe to sit in a recliner chair. A therapy recommendation for Resident 1, dated September 17, 2024, indicated that the resident was not safe to sit in a recliner chair.</p> <p>A nursing note for Resident 1, dated April 4, 2025, revealed that the resident had fallen and was observed lying on her back in front of a recliner chair in the TV room. The resident had complaints of severe pain under her right arm and chest/sternal pain. The physician was notified, and the resident was sent to the hospital for an evaluation.</p> <p>An x-ray report from the hospital, dated April 4, 2025, revealed that the resident had a sternal fracture. Information submitted to the Department of Health, dated April 4, 2025, indicated that Nurse Aide 1 was placed on administrative leave at that time pending investigation.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>A PB22 for Resident 1 was initiated April 4, 2025. The investigation revealed that the resident had fallen in the common area and was lying directly beneath the recliner chair that she had been transferred into by Nurse Aide 1 less than five minutes prior to the fall. Resident 1's care plan had reflected that she was not safe to sit in a recliner.</p> <p>A written statement by Nurse Aide 1, dated April 4, 2025, revealed that she transferred Resident 1 into a brown recliner by the living room TV. A written statement by Nurse Aide 1, dated April 7, 2025, revealed that she was not aware that Resident 1 was not safe to be in a recliner and would not have put her in the recliner if she was aware that she was not safe to be in it.</p> <p>An interview with the Assistant Director of Nursing on April 22, 2025, at 2:40 p.m. confirmed that Nurse Aide 1 failed to follow Resident 1's care plan related to her not being safe to be in a recliner; however, she indicated that upon further investigation, it was determined that the care plan intervention related to the resident not being safe in a recliner was not linked to the nurse aide charting so that Nurse Aide 1 could see it.</p> <p>Interview with the Nursing Home Administrator on April 22, 2025, at 2:46 p.m. confirmed that abuse/neglect was able to be substantiated for Resident 1; however, there was no fault found with Nurse Aide 1 as the intervention was not linked to the nurse aide charting, and she was unaware that the resident was not safe to be in a recliner chair.</p> <p>Following the incident on April 4, 2025, the facility initiated a plan of correction and the facility's corrective actions included:</p> <p>Resident 1 was admitted to the hospital on [DATE], and the recliner intervention had been linked to the nurse aide electronic charting system.</p> <p>Current residents were evaluated by occupational therapy for recliner safety by April 9, 2025. An audit for current residents is in process and to be completed by the RNAC or designee to ensure that appropriate recliner interventions are linked to the electronic charting system if appropriate by April 11, 2025.</p> <p>Current nursing staff were provided re-education on the process to review individual care plan interventions by the Assistant Director of Nursing or designee by April 12, 2025, and on the facility abuse/neglect and exploitation policy by April 12, 2025. Current licensed nursing staff were provided education on the recliner/lift chair evaluation policy on linking individualized interventions to the nurse aide electronic charting system by the RNAC or designee by April 12, 2025. Current occupational therapy and physical therapy staff were provided with education on the recliner/lift chair evaluation policy by the Nursing Home Administrator or designee by April 12, 2025. Current nurse aides were provided education on reviewing and adhering to individualized interventions that have been linked to the electronic nurse aide charting system by April 12, 2025.</p> <p>An audit of five random residents will be completed to ensure that any recliner interventions are linked to the electronic charting system by the Director of Nursing or designee weekly for four weeks and then monthly for two months to ensure that recliner interventions are linked to the nurse aide electronic charting system. The results of these audits will be reviewed by the Quality Assurance Performance Improvement committee for review and recommendations.</p> <p>(continued on next page)</p> |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few  | Review of the facility's corrective actions and interviews completed with staff regarding their re-education revealed that they were in compliance with F689 on April 12, 2025.<br><br>28 Pa. Code 201.24(e)(4) admission Policy.<br><br>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services. |  |  |