

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER Transitions Healthcare North Huntingdon		STREET ADDRESS, CITY, STATE, ZIP CODE 8850 Barnes Lake Road North Huntingdon, PA 15642	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>39311</p> <p>Based on review of resident group interview, Ombudsman interview, and observations it was determined that the facility failed to provide a private space for the resident group for ten of ten residents (GR100, GR101, GR102, GR103, GR104, GR105, GR106, GR107, GR108, and GR109).</p> <p>Findings include:</p> <p>During a group interview on 6/5/24, at 1:30 p.m. a Resident Group meeting was conducted in the facility dining room. Signage was posted by the facility on the doors of both sides of the dining room, indicating that a private resident group was being conducted, and not to enter.</p> <p>During the group interview, facility staff entered the group 13 times, to utilize the dining room to proceed from one side of the building to the other. When a facility staff member who entered the dining room was asked by the surveyor if signage was posted asking for staff not to enter the room, she confirmed that it was. When asked why she entered, she stated, To go to the front office.</p> <p>After this interruption, the surveyor facilitating the group interview exited the room, informed the Nursing Home Administrator (NHA) of the continued interruptions, and requested that the group was provided privacy.</p> <p>While continuing to conduct the group interview, a staff member was observed through the window of the dining room door, standing directly on the other side, which allowed her to hear the group discussion.</p> <p>The resident group interview was again paused to allow the surveyor to instruct the staff member that she cannot listen to the group meeting. The staff member confirmed that she was posted there to not allow any further entrance of staff to the meeting. The surveyor then had to request that she step further back, and gestured to an area approximately 10-15 feet from the door, and indicated that she can still prevent interruptions from there, without having to be within inches of the door.</p> <p>When the group was asked if the interruptions usually occurred during their Resident Council groups, Group Resident GR108 responded, Welcome to our world.</p> <p>During an interview with the Ombudsman on 6/6/24, at 12:05 p.m., she confirmed that she has been present in previous resident groups that have been interrupted and further confirmed that the trainings she holds for resident peers had also been interrupted.</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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/7/24, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility layout has a connecting hallway, and staff do not need to utilize the dining room to proceed from one side of the building to the other and further confirmed that the facility failed to provide a private space for the resident group for ten of ten residents,</p> <p>28 Pa. Code 201.18(b)(1) Management.</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</p> <p>Based on review of facility policy and clinical records and staff interview, it was determined that the facility failed to provide the opportunity to formulate an advance directive (a written instruction such as a living will or durable power of attorney for health care for when the individual is incapacitated) for four of five residents reviewed (Resident R23, R65, R84, and R87).</p> <p>Findings include:</p> <p>A review of the facility Advanced Directive and Advanced Care Planning reviewed 9/23/23, 1/10/24, and 4/10/24, indicated it is the policy and intent of the facility to inform and provide residents with written information regarding their right to formulate advanced directives for the purpose of prospectively identifying a healthcare decision maker, clarifying treatment preferences, and developing individualized goals of care near end of life.</p> <p>A review of the medical record indicated Resident R23 was admitted to the facility on [DATE], with diagnoses that included diabetes, depression, and high blood pressure.</p> <p>A review of the clinical record failed to reveal an advanced directive or documentation that Resident R23 was given the opportunity to formulate an Advanced Directive.</p> <p>A review of the clinical record indicated Resident R65 was admitted to the facility on [DATE], with diagnoses that included diabetes, depression, and high blood pressure.</p> <p>A review of the clinical record failed to reveal an advanced directive or documentation that Resident R65 was given the opportunity to formulate an Advanced Directive.</p> <p>A review of the clinical record indicated Resident R84 was admitted to the facility on [DATE], with diagnoses that included pulmonary fibrosis (lungs become scarred and damaged causing difficulty in breathing), reduced mobility, and obesity.</p> <p>A review of the clinical record failed to reveal an advance directive or documentation that Resident R84 was given the opportunity to formulate an Advance Directive.</p> <p>A review of the clinical record indicated Resident R87 was readmitted to the facility on [DATE], with diagnoses that included scoliosis (abnormal curvature of the spine), difficulty speaking, and diabetes.</p> <p>A review of the clinical record failed to reveal an advance directive or documentation that Resident R87 was given the opportunity to formulate an Advance Directive.</p> <p>During an interview on 6/7/24, at 9:40 a.m. Social Worker Employee E2 confirmed that the clinical record did not include documentation that Resident R23, R65, R84, and R87 were afforded the opportunity to formulate Advanced Directives.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>28 Pa. Code: 201.29(b)(d)(j) Resident rights.</p>

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of the Resident Assessment Instrument User's Manual, clinical records, and staff interview, it was determined that the facility failed to make certain that comprehensive Minimum Data Set assessments were completed in the required time frame for seven of 20 residents (Resident R9, R13, R17, R26, R36, R64, and R92).</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that an admission MDS assessment was to be completed no later than 14 days following admission (admitted plus 13 calendar days), and an annual MDS assessment was to be completed no later than the Assessment Reference Date (ARD).</p> <p>Resident R9 had an admitted [DATE], with an MDS completion due date of 2/21/24.</p> <p>Resident R13 had an ARD of 3/4/24, with an MDS completion date of 3/21/24.</p> <p>Resident R17 had an admitted [DATE], with an MDS completion due date of 2/21/24.</p> <p>Resident R26 had an admitted [DATE], with an MDS completion due date of 5/6/24.</p> <p>Resident R36 had an ARD of 3/8/24, with an MDS completion date of 3/25/24.</p> <p>Resident R64 had an ARD of 3/7/24, with an MDS completion date of 3/25/24.</p> <p>Resident R92 had an admitted [DATE], with an MDS completion due date of 4/14/24.</p> <p>During an interview on 6/7/24, at 9:52 a.m. the Registered Nurse Assessment Coordinator (RNAC) confirmed the above late MDS assessments, stating that the previous RNAC left without providing notice, and was found to have multiple assessments overdue.</p> <p>During an interview on 6/7/24, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to make certain that MDS assessments were completed in the required time frame for seven of 20 residents.</p> <p>28 Pa. Code: 211.5(f) Clinical records.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to make certain that medications and medication supplies were properly stored and/or disposed of in one of two medication rooms (Orchards medication room).</p> <p>Findings include:</p> <p>Review of the facility policy Storage of Medications dated [DATE], indicated medications are and biologicals are stored safely, securely, and properly, following manufacturer's recommendations.</p> <p>During an observation on [DATE], at 11:20 a.m. of the Orchards medication room, the following was observed:</p> <ul style="list-style-type: none"> -(57) vacutainers with an expiration date of [DATE]. -(1) intravenous access (IV) start kit with an expiration date of [DATE]. -(1) IV start kit with an expiration date of [DATE]. -(2) IV start kits with an expiration date of [DATE]. -(13) Povidone-iodine swabsticks with an expiration date of [DATE] -(10) disposable scalpels with an expiration date of [DATE]. -(1) bottle of glucometer testing solutions with an expiration date of [DATE]. -(1) vial of insulin, opened and undated. <p>During an interview on [DATE], at 11:30 a.m. the Director of Nursing confirmed the above items were expired.</p> <p>During an interview on [DATE], at approximately 1:00 p.m., the Nursing Home Administrator confirmed that the facility failed to make certain that medications and medication supplies were properly stored and/or disposed of in one of two medication rooms.</p> <p>28 Pa. Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18 (b)(1)(e)(1) Management.</p> <p>28 Pa. Code: 211.9 (a)(1) Pharmacy services.</p> <p>28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services.</p>		