

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395592	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/05/2024
NAME OF PROVIDER OR SUPPLIER  Haida Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  397 Third Avenue Extension Hastings, PA 16646	

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 0689</p> <p>Level of Harm - Minimal harm or potential for 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>48809</p> <p>Based on review of facility policies, clinical records, and facility investigative documents, as well as staff interviews, it was determined that the facility failed to ensure that each resident received adequate supervision by failing to ensure that care-planned interventions were in place for one of four residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a federally-mandated assessment of a resident's abilities and care needs) for Resident 2, dated March 21, 2024, indicated that the resident could usually understand, was usually understood, was cognitively intact, and required extensive assistance from staff for daily care.</p> <p>Resident 2's care plan, dated June 14, 2023, revealed that she was to have an extensive assist of two when providing care.</p> <p>A witness statement from Nurse Aide 1, dated March 27, 2024, revealed that she provided incontinence care to Resident 2 by herself around 12:00 a.m.</p> <p>A witness statement from Licensed Practical Nurse 2, dated March 27, 2024, revealed that Tylenol was administered to Resident 2 at 1:00 a.m. due to the resident complaining of pain.</p> <p>A witness statement from Nurse Aide 3, dated March 27, 2024, revealed that at around 3:30 a.m. to 4:00 a.m. she asked Resident 2 if she needed incontinence care, and the resident refused to roll due to severe pain.</p> <p>A witness statement from Licensed Practical Nurse 4, dated March 27, 2024, revealed that she observed a bruise to Resident 2's forehead during the 7:30 a.m. medication administration and notified the registered nurse.</p> <p>A nursing note for Resident 2, dated March 27, 2024, revealed that the resident had a raised, bruised area on her forehead; the resident stated she rolled out of bed but was not able to tell staff how she got back into bed; the resident's right hip was swollen; and the resident complained of pain to her right hip. The physician and Director of Nursing were notified. New orders were given for the resident to receive an x-ray, and the Director of Nursing notified the resident's responsible party.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A nursing note for Resident 2, dated March 27, 2024, revealed that the physician and responsible party were notified of the x-ray results, and the resident was sent to the emergency room for evaluation.</p> <p>A nursing note for Resident 2, dated March 27, 2024, revealed that the family called and notified the facility that the resident was being admitted to the hospital with a diagnosis of a right hip fracture, and she was scheduled for surgery.</p> <p>Interview with Resident 2 on April 5, 2024, at 10:54 a.m. revealed that she fell out of bed, but when asked if she notified staff, she denied it and stated, It's my little secret.</p> <p>Interview with Licensed Practical Nurse 5 on April 5, 2024, at 10:56 a.m. revealed that if Resident 2 fell out of bed she would be unable to get back into bed on her own.</p> <p>Interview with the Director of Nursing on April 5, 2024, at 11:42 a.m. confirmed that Nurse Aide 1 did provide care to Resident 2 on March 27, 2024, by herself at midnight when she should have had assistance.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 211.10(d) Resident Care Policies.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>