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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395606 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/16/2024 |
| NAME OF PROVIDER OR SUPPLIER John J Kane Regional Center-Ro | | STREET ADDRESS, CITY, STATE, ZIP CODE 110 McIntyre Road Pittsburgh, PA 15237 | |
| 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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41984</p> <p>Based on clinical record reviews, observations and staff interviews, it was determined that the facility failed to prepare food in an appropriate consistency to meet the resident's needs for one of seven residents (Resident R1).</p> <p>Findings include:</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 7/24/24, indicated diagnoses of muscle weakness, hemiplegia/hemiparesis following cerebral infarction and dysphagia (difficulty swallowing foods or liquids) .</p> <p>Physician orders for Resident R1, dated 11/8/23, included an order for the resident to receive a pureed diet with thin liquids.</p> <p>Review of reports submitted to the local state field office dated 10/13/24, at 8:45 a.m. revealed Resident R1 had an episode of coughing requiring suctioning after she ate a regular diet instead of pureed diet as ordered.</p> <p>A nurse's note for Resident R1, dated 10/13/24 at 8:57 a.m., revealed that nurse was preparing am medication for pt- as nurse was walking to the room nurse heard help and coughing from pt's room. upon entering the room nurse noted pt coughing, red in the face. Pt is on pureed food and thin liquids- regular consistency food on breakfast tray- including ham, 3 pieces of french toast, oat meal, and yogurt. PT stated that she consumed some of the french toast and oat meal.</p> <p>An interview with the Nursing Home Administrator on 10/16/24, at 1:30 p.m. confirmed that the incorrect food inconsistency was given to the resident prior to her coughing episode.</p> <p>28 Pa. Code 211.12(d)(3) Nursing services.</p> <p>28 Pa. Code 211.12(d)(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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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