

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 12/30/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27424</p> <p>Based on review of facility documentation, clinical record review and staff interview it was determined that the facility failed to follow a care plan and failed to develop a care plan for one of four residents (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy All Policy and Procedures : General Guidelines dated 1/3/24, indicated Staff must document all care and services provided to the resident. Documentation should - d. Include identification, evaluation, intervention, and attempts to made to implement and revise the plan of care to address the changing needs of the resident.</p> <p>Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1 clinical record MDS (minimum data set - a periodic assessment of resident needs) dated 10/23/24, indicated diagnosis of unspecified dementia (a general term for memory, language, problem -solving, and other thinking abilities that are sever enough to interfere with daily living) hypertension (is when the pressure in your blood vessels is too high), and renal insufficiency (kidneys functioning poorly).</p> <p>Review of facility documentation dated 12/8/24, submitted to the State Regional Office indicated that Resident R1 was sent to the ER this morning with elevated blood pressure, increased pulse, heme test positive emesis .</p> <p>Review of Resident R1 clinical record indicated the following:</p> <p>Physician order: Clonidine patch weekly; 0.3mg/24hr Amount to administer:1 patch; transdermal.</p> <p>Review of Resident R1 November MAR (medication administration record - a record documenting residents medication) indicated the following:</p> <p>November 8, 2024 patch applied to lua.</p> <p>November 15, 2024 patch applied to right shoulder.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>November 22nd and 29th 2024, both blank with indication resident refused.</p> <p>Review of Resident R1 December MAR indicated the following:</p> <p>December 6th 2024, blank no reason for blank indicated.</p> <p>Review of the clinical record for Resident R1 failed to indicate a care plan for high blood pressure - with it being mentioned only in the care plan for nutrition.</p> <p>Review of Resident R1 clinical record indicated a care plan for - identified adverse behaviors 1. As evidence by resisting care behavioral symptoms approach and reapproach resident when they refuse care.</p> <p>Further review of Resident R1 clinical record failed to include documentation from staff of implementation of care plan for behaviors with refusal to apply patch.</p> <p>During an interview on 12/18/24, at 2:21 p.m. Nursing Home Administrator (NHA) confirmed, that the a care plan was in place for Resident R1 regarding behaviors of refusal and the facility staff did not follow this for receiving her patch. During another interview on 12/23/24, at 2:25 p.m. NHA and Director of Nursing confirmed that there was no care plan for High Blood Pressure, and the facility failed to follow a care plan and develop a care plan for Resident R1.</p> <p>28 Pa. Code 211.11(a)(d)Resident care plan.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27424</p> <p>Based on review of facility policy, clinical record, family and staff interview, it was determined that the facility failed to follow the physician order, with missed medication, resulting in a hospitalization for one of four residents (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy All Policy and Procedure: General Guideline dated 1/3/24, indicated Provide the necessary care and services to each resident to attain or maintain his or her practicable, physical mental, and psychosocial well-being in accordance with their comprehensive person centered care plan that is culturally -competent and trauma informed.</p> <p>Abide by rules and regulations and standards of practice.</p> <p>Ensure that resident obtains optimal improvement or does not deteriorate within the limits of a residents right to refuse treatment, goals of care, and within the limits of recognized pathology and the normal aging process.</p> <p>Review of facility policy Medication Administration General Guidelines dated 1/3/24, indicated It is the policy of [NAME] Community Living Center is to safely administer medications to residents as prescribed by the practitioner and in accordance with current standards of practice and regulatory requirements.</p> <p>Review of medication information for indicated: Clonidine should not be stopped without speaking with your physician.</p> <p>Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1 clinical record MDS (minimum data set - a periodic assessment of resident needs) dated 10/23/24, indicated diagnosis of unspecified dementia (a general term for memory, language, problem -solving, and other thinking abilities that are sever enough to interfere with daily living) hypertension (is when the pressure in your blood vessels is too high), and renal insufficiency (kidneys functioning poorly).</p> <p>Review of facility documentation dated 12/8/24, submitted to the State Regional Office indicated that Resident R1 was sent to the ER this morning with elevated blood pressure, increased pulse, heme test positive emesis .</p> <p>Review of Resident R1 clinical record indicated the following:</p> <p>Physician order: Clonidine patch weekly; 0.3mg/24hr Amount to administer:1 patch; transdermal</p> <p>Review of Resident R1: November MAR (medication administration record - a record documenting residents medication) indicated the following:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>November 8, 2024 patch applied to lua.</p> <p>November 15, 2024 patch applied to right shoulder.</p> <p>November 22nd and 29th 2024, both blank with indication resident refused.</p> <p>Review of Resident R1 December MAR indicated the following:</p> <p>December 6th 2024, blank no reason for blank indicated.</p> <p>Review of Resident R1 progress notes dated 12/8/24, 5:55 a.m. indicated: Pt presenting with dark coffee ground emesis x2 VS 97.8, 125, 18, 255/137. PRN Zofran administered per order. Call place to physician. Awaiting return phone call. HOB elevated. Aspiration precautions maintained. Will continue to monitor.</p> <p>Progress note dated 12/08/24, 6:08 a.m. V/O obtained Physician Hydralazine 10mg poq 6H PRN for SBP >180. Protonix 40mg, PO Q a.m. placed in in NAFM Dr book for follow up Monday morning.</p> <p>Review of December [DATE]/8/24, Hydralazine 10mg, at 6:48 a.m. BP before 255/135 PRN result E.</p> <p>Review of clinical record Vital report dated 12/8/24, 10:00 a.m. indicated Blood Pressure 220/130mmHg, respirations 22 per minute, pulse 130 per minute.</p> <p>Progress note dated 12/8/24, at 10:20 a.m. Pharmacy called the floor and notified RN that resident has allergy to hydralazine MD on call was paged and supervisor was notified. Resident was evaluated.</p> <p>Progress note dated 12/8/24, at 10:51 a.m. Resident was re-evaluated and follow up for hypertensive episode and coffee ground vomitus on previous shift. Residents BP obtained manually VS as follows: 98.6, 220/130, SA O2 92%, ra. MD on call notified and he wanted the family contacted and to determine the family decision, the family was contacted spoke to daughter, and she inquired along with granddaughter who was on the line if she was medicated for high blood pressure, and they were notified that she received hydralazine and allergy status. They wanted the resident sent to hospital.</p> <p>Review of facility documentation, dated 12/8/24, indicated Resident R1's family member called facility (from the hospital with Resident R1) and asked when the last time Resident R1 patch was changed, the physicians discovered one patch and it was dated 11/8/24.</p> <p>Review of Resident R1 hospital documentation indicated the following:</p> <p>Today's date 12/9/24, My Daily Plan of Care</p> <p>My Reason for being here is: Clonidine withdrawal/Uncontrolled HTN, constipation</p> <p>My allergies are: hydralazine; penicillin's, adhesive tape</p> <p>Vital signs reviewed. Patient hypertensive 226/139 and tachycardic 119</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident presenting to the ED after episode of vomiting felt to be Hematemesis. This occurred last evening. Felt to be constipated, they gave her a bunch of stool softeners last night and ultimately vomited. No reports of whether or not she actually had a bowel movement. This morning blood pressure was noted to be very hypertensive, was given a dose of hydralazine which unfortunately the Resident is allergic to. Because of the elevated blood pressure as well as the vomiting resident was sent here to the ED, on my initial exam resident is significantly hypertensive with blood pressure in the 250s, also tachycardic in the 1 teens. It was not noted until later that there was an old clonidine patch on which would explain why she is significantly hypertensive and very resistant to my ongoing therapy in addition to tachycardic. I do suspect the resident is in clonidine withdrawal because of the lack of clonidine in the last 4 weeks.</p> <p>Impression:</p> <p>Hypertensive urgency/clonidine withdrawal.</p> <p>During an interview on 12/17/24, at Resident Family Member R1 indicated, that she was notified of Resident R1's high blood pressure when the facility called to see if the family wanted Resident R1 sent to the hospital. RFM 1 indicated that she met her family member at the hospital and the hospital staff made her aware; of a old clonidine patch, and she observed a clonidine patch on Resident R1 dated 11/8/24. That Resident R1 has an allergy to hydralazine, and when she was at the hospital with her family member, she was lethargic and did not seem to be communicating as well as usual.</p> <p>During an interview on 12/18/24, at 2:25 p.m. Nursing Home Administrator and ADON (Associate Director of Nursing) confirmed that the facility failed to follow the physician order, and failed to provide a clonidine patch as prescribed for Resident R1, and failed to identify the physician order not being followed until alerted by hospital for admission to the hospital for hypertension.</p> <p>28 Pa. Code: 201.18(b)(1)Management.</p> <p>28 Pa. Code: 211.10c(d)Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5)Nursing services.</p>		