

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395607	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Shipperville Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21158 Paint Boulevard Shipperville, PA 16254	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31185</p> <p>Based on review of clinical records and facility documentation, and staff interview, it was determined that the facility failed to complete the Minimum Data Set (MDS-periodic assessment of resident care needs) to accurately reflect the resident's status at the time of the assessment for one of 19 residents reviewed (Resident R50).</p> <p>Findings include:</p> <p>Review of Resident R50's clinical record revealed an admitted [DATE], with diagnoses that included Alzheimer's disease (a disease that affects short term memory and the ability to think logically), anxiety, depression, diabetes and high blood pressure.</p> <p>Review of Resident R50's clinical record revealed that the resident sustained a fall on 4/16/24, without injury. Nurses notes dated 4/20/24, revealed that a large bruise was noted to Resident R50's right ribs and that resident had a recent fall on 4/16/24. Nurses note dated 4/21/24, revealed x-ray results of the right rib received showing a right 8th anterior rib fracture and possibly the 7th rib also.</p> <p>Review of the Annual MDS dated [DATE], under the Health Conditions Section J1900 Number of Falls Since Admission indicated that Resident R50 had no falls with major injury.</p> <p>During an interview on 7/10/24, at 1:15 p.m. the Registered Nurse Assessment Coordinator confirmed that Section J1900 of the Annual MDS dated [DATE], was incorrectly coded for Resident R50 regarding falls with major injury.</p> <p>28 Pa. Code 211.5(f)(ix) Medical records</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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496</p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to provide a clinical rationale and duration for the continued use of a PRN (as needed) psychotropic (affecting the mind) medication beyond 14 days for one of 19 residents reviewed (Resident R57).</p> <p>Findings include:</p> <p>A facility policy entitled Antipsychotic Medication Use dated 1/19/2024, indicated that PRN orders for antipsychotic medications will not be renewed beyond 14 days unless the healthcare practitioner has evaluated the resident for the appropriateness of that medication and documented the rational for continued use. The duration of the PRN order will be indicated in the order.</p> <p>Resident R57's clinical record revealed an admitted [DATE], with diagnoses that included dementia (a disease that affects short term memory and the ability to think logically), arthritis (a condition when there is swelling and tenderness of one or more joints in the body), and cerebral atherosclerosis (a disease where blood vessels become blocked and decrease blood flow in the brain and can lead to stroke).</p> <p>Review of Resident R57's medication orders revealed a physician order dated 6/17/24, to administer Lorazepam (anti-anxiety medication) 2 milligrams (mg) per milliliter (ml) give 0.25 ml by mouth every four hours as needed for anxiety, restlessness, and agitation. The medication order lacked the required stop date within 14 days or a clinical rationale for continuing beyond 14 days.</p> <p>During an interview on 7/10/24, at 12:57 p.m. the Assistant Director of Nursing confirmed that Resident R57's Lorazepam order lacked the required stop date within 14 days and a clinical rationale for continued use beyond 14 days. He/she also confirmed that the medication should have a clinical rationale and duration to continue beyond 14 days.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</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>48496</p> <p>Based on review of facility policies, observations and staff interviews, it was determined that the facility failed to appropriately discard outdated medications for two of three medication carts reviewed (B wing skilled and A wing medication carts).</p> <p>Findings include:</p> <p>Review of facility policy entitled Medication Storage in the Facility dated 1/19/24, indicated Outdated, contaminated or deteriorated medications . are immediately removed from stock, disposed of according to procedures for medication disposal .</p> <p>Review of manufacturer's guidelines revealed that an open vial of Humalog Insulin must be used within 28 days after opening or be discarded, even if the vial still contains insulin.</p> <p>Review of manufacturer's guidelines revealed that an open vial of Lantus Insulin must be used within 28 days after opening or be discarded, even if the vial still contains insulin.</p> <p>Observation of drug storage on 7/8/24, at 3:55 p.m. of A wing medication cart revealed an open vial of Lantus with an open date of 6/9/24, which was beyond the 28 days after opening.</p> <p>Observation of drug storage on 7/8/24, at 4:00 p.m. of B wing skilled medication cart revealed an open vial of Lantus with no date indicating when it was opened. Further review of B wing skilled medication cart revealed an open vial of Humalog Insulin with an open date of 4/24/24, which was beyond the 28 days after opening.</p> <p>During an interview at the time of observation, LPN Employee E1 confirmed that the open date on the Lantus Insulin was beyond the 28 days and should have been discarded.</p> <p>During an interview at the time of observation with LPN Employee E2 confirmed that there was no open date on the Lantus Insulin and the open date on the Humalog Insulin was beyond the 28 days and should have been discarded.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy services</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p>		