

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395610	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Richland Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  349 Votech Drive Johnstown, PA 15904	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>48941</p> <p>Based on clinical record reviews, and resident and staff interviews, it was determined that the facility failed to ensure that a reasonable accommodation of a resident's preferences for toileting was provided for two of six residents reviewed (Residents 1, 2).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated May 7, 2024, revealed that the resident was understood and able to understand others, required assistance with care needs, was frequently incontinent of bowel and bladder, and had a diagnosis of Malignant Carcinoid Tumor of Stomach (stomach cancer). A care plan for Resident 1, revised on April 12, 2024, revealed that the resident had a potential for alteration in bowel elimination related to the need for assistance with toilet use, occasional incontinence, occasional diarrhea, bouts of constipation, and GI tumor.</p> <p>An interview with Resident 1 on June 20, 2024, at 5:24 p.m. revealed that she does not get toileted during meals. She stated that the staff are not allowed to toilet residents until after meal trays are passed out and collected due to it being an infection control issue. She stated she has bowel issues with a recent cancer diagnosis and when she has to go, she has to go and cannot wait. She stated that she often incontinent and feels that is not right. The resident indicated that she often needs to go to the bathroom during mealtimes and is often incontinent because she has to wait.</p> <p>A quarterly MDS assessment for Resident 2, dated May 9, 2024, revealed that the resident was cognitively intact, was understood and understands others, required assistance with care needs and was occasionally incontinent of urine.</p> <p>An interview with Resident 2 on June 20, 2024, at 8:42 a.m. revealed that she frequently gets urinary tract infections (infection involving any part of the urinary system including the kidney, ureters, bladder and urethra) and has to go to the bathroom frequently. She stated that she is not allowed to go to the bathroom while meal trays are being passed and until the meal trays are collected, that it can be an hour until she gets to go to the bathroom, and that she uses the bedpan when she is in bed. If she is up in wheelchair, she uses the toilet and is able to stand with walker to toilet. Nursing notes for Resident 2, dated March 7, 2024; March 24, 2024; and May 27, 2024, revealed that the resident had received orders for antibiotics on these dates to treat urinary tract infections.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with Nurse Aide 1 on June 20, 2024, at 6:10 p.m. revealed that he does not toilet residents during mealtimes because he was told he was not allowed. He would not explain further as to why he was not allowed.</p> <p>An interview with Nurse Aide 2 on June 20, 2024, at 6:15 p.m. revealed that she was taught in class not to toilet residents during mealtimes for infection control reasons. When asked what she would do if a resident did ask to be toileted during mealtimes, she stated that most of the residents will not ask, because they know not to.</p> <p>Interview with the Director of Nursing and the Nursing Home Administrator on June 20, 2024, at 6:35 p.m. revealed that they believed it was an infection control issue and also a dignity issue for other residents that may be in the room eating while other residents were being toileted. They did state that if the residents needed to toilet during meals, it would be addressed and situational depending on individual resident need.</p> <p>28 Pa. Code 201.29(j) Resident Rights.</p>