

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 01/29/2025
NAME OF PROVIDER OR SUPPLIER Richland Nursing and Rehab		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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>42079</p> <p>Based on review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that oxygen was provided as ordered by the physician for one of four residents reviewed (Resident 3).</p> <p>Findings include:</p> <p>The facility's policy regarding oxygen use, dated May 8, 2024, indicated that the facility was to verify the physician's order and provide safe oxygen administration.</p> <p>An admission Minimum Data Set (MDS) assessment (a federally-mandated assessment of a resident's abilities and care needs) for Resident 3, dated November 20, 2024, revealed that the resident was severely cognitively impaired and received oxygen. A care plan, dated November 27, 2024, revealed that Resident 3 was at risk for respiratory impairment related to congestive heart failure (CHF) and had a history of pneumonia. Physician's orders, dated November 30, 2024, included an order for the resident to receive oxygen at zero to four liters per minute (lpm) every shift to maintain an oxygen saturation (measurement of the percentage of oxygen-rich hemoglobin in arterial blood) of 90 percent or more.</p> <p>Observations of Resident 3 on January 29, 2025, at 12:56 p.m. revealed that the resident had oxygen in use at 3 lpm via nasal cannula (tube that delivers oxygen through the nose). Resident 3 requested to use the bed pan. Nurse Aide 1 and Nurse Aide 2 removed Resident 3's oxygen and transferred her into bed using a full body mechanical lift but did not reapply her oxygen.</p> <p>Resident 3 was confused and did not use her call bell when finished, she just yelled out that she wanted off the bed pan. She was provided care and repositioned in the bed at 1:33 p.m. by Nurse Aides 1 and 2. Resident 3 said that she was not comfortable and that her neck and chest did not feel right. Licensed Practical Nurse 3 got a pulse oximeter (measures the oxygen saturation of arterial blood) measurement at 2:04 p.m. with a reading of 87 percent.</p> <p>Interview with Nurse Aide 1 at 2:04 p.m. confirmed that Resident 3's oxygen was not reapplied after she was transferred to the bed and it should have been. Interview with Nurse Aide 2 at 2:05 p.m. confirmed that Resident 3 did not have her oxygen reapplied, and that is why she got so upset and angry.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Director of Nursing on January 29, 2025, at 5:05 p.m. confirmed that Resident 3 should have been provided her oxygen therapy as ordered. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.		