

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395618	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2024
NAME OF PROVIDER OR SUPPLIER Mulberry Healthcare and Rehabilitation Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 411 1/2 W Mahoning Street Punxsutawney, PA 15767	

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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>31760</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to follow recommendations from the optometrist for follow-up appointments for five of seven residents (Residents 2, 3, 4, 6, 7).</p> <p>Findings include:</p> <p>An optometrist (a healthcare provider who specializes in caring for your eyes) note for Resident 2, dated March 27, 2023, revealed that the resident presented for a diabetic eye exam, and the patient was receiving care pursuant to an order from the primary care physician. Upon the primary care physician's review of the most current consult note and plan of care, should the primary care physician not agree with the medical necessity of both the care and plan of care, the optometrist was to be notified immediately, and that the resident was to return in six to nine months for a dilated fundus exam (a diagnostic procedure that uses eye drops to dilate or enlarge the pupil in order to obtain a better view of the fundus, the inside, back surface of the eye).</p> <p>There was no documented evidence that the optometrist's recommendation for Resident 2 to return in six to nine months was completed or that the resident's physician disagreed with the optometrist's plan of care.</p> <p>An optometrist note for Resident 3, dated March 27, 2023, revealed that the resident was seen for a diabetic exam in the right and left eye, and upon the primary care physician's review of the most current consult note and plan of care, should the primary care physician not agree with the medical necessity of both the care and plan of care, the optometrist was to be notified immediately. Resident 3 was to return in six to nine months for a dilated fundus exam.</p> <p>There was no documented evidence that the optometrist's recommendation for Resident 3 to return in six to nine months was completed or that the resident's physician disagreed with the optometrist's plan of care.</p> <p>An optometrist note for Resident 4, dated March 27, 2023, revealed that the resident presented for an evaluation of blurry vision in the right and left eyes, and that the patient was receiving care pursuant to an order from the primary care physician. Upon the primary care physician's review of the most current consult note and plan of care, should the primary care physician not agree with the medical necessity of both the care and plan of care, the optometrist is to be notified immediately, and that the resident was to return in six to nine months for a dilated fundus exam.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395618	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2024
NAME OF PROVIDER OR SUPPLIER Mulberry Healthcare and Rehabilitation Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 411 1/2 W Mahoning Street Punxsutawney, PA 15767	
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>There was no documented evidence that the optometrist's recommendation for Resident 4 to return in six to nine months was completed or that the resident's physician disagreed with the optometrist's plan of care.</p> <p>An optometrist note for Resident 6, dated March 27, 2023, revealed that the resident was seen for a diabetic exam in the right and left eye, and upon the primary care physician's review of the most current consult note and plan of care, should the primary care physician not agree with the medical necessity of both the care and plan of care, the optometrist was to be notified immediately. Resident 6 was to return in six to nine months for a dilated fundus exam.</p> <p>There was no documented evidence that the optometrist's recommendation for Resident 6 to return in six to nine months was completed or that the resident's physician disagreed with the optometrist's plan of care.</p> <p>An optometrist note for Resident 7, dated March 27, 2023, revealed that the resident presented for an evaluation of Glaucoma (a group of eye diseases that can cause vision loss and blindness by damaging a nerve in the back of your eye called the optic nerve), and that the patient was receiving care pursuant to an order from the primary care physician. Upon the primary care physician's review of the most current consult note and plan of care, should the primary care physician not agree with the medical necessity of both the care and plan of care, the optometrist is to be notified immediately, and that the resident was to return in three to six months for intraocular pressure (IOP - the fluid pressure of the eye), gonioscopy (a test performed by an eye doctor to evaluate the internal drainage system of the eye), and pachymetry (a test that measures the thickness of the cornea, the clear membrane located at the front of the eye).</p> <p>There was no documented evidence that the optometrist's recommendation for Resident 7 to return in three to six months was completed or that the resident's physician disagreed with the optometrist's plan of care.</p> <p>Interview with the Nursing Home Administrator on March 4, 2024, at 11:20 a.m. confirmed that there was no documented evidence that Residents 2, 3, 4, 6, and 7 had follow up appointments completed as recommended by the optometrist.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing Services.</p>		