

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  01/23/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>47819</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure the accountability of controlled medications (drugs with the potential to be abused) for two of five residents reviewed (Residents 2, 5).</p> <p>Findings include:</p> <p>The facility's policy regarding Medication Administration, dated May 16, 2024, revealed that staff are required as policy to document the administration of medication in the resident's medical record.</p> <p>An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated December 23, 2024, revealed that the resident was cognitively intact, required assistance from staff for daily care needs, and had diagnosis that include high blood pressure and cerebral palsy (medical condition that affects muscle tone, movement and posture).</p> <p>Physician's orders for Resident 2, dated December 31, 2024, included an order for the resident to receive 325 milligrams (mg) Oxycodone-Acetaminophen (a controlled narcotic pain medication) orally every 12 hours for pain as needed.</p> <p>A review of the controlled drug record (a form that accounts for each tablet/pill/dose of a controlled drug) for Resident 2 for January 2025 indicated that a dose of 5-325 mg of Oxycodone was signed out on January 8, 2025, at 7:12 p.m. However, the resident's clinical record contained no documented evidence that the signed-out tablet of Oxycodone was administered to the resident on the dates that were mentioned.</p> <p>A quarterly (MDS) assessment for Resident 5, dated November 27, 2024, revealed that the resident was cognitively impaired, required assistance with daily care needs, and had diagnoses that included high blood pressure and dementia.</p> <p>Physician's orders for Resident 5, dated April 23, 2023, included an order for the resident to receive 5 mg of Oxycodone every eight hours as needed for pain.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the controlled drug record (a form that accounts for each tablet/pill/dose of a controlled drug) for Resident 5 for January 2025 indicated that a dose of 5 mg of Oxycodone was signed out on January 14, 2025, at 3:10 a.m. However, the resident's clinical record contained no documented evidence that the signed-out tablet of Oxycodone was administered to the resident on the dates that were mentioned.</p> <p>Interview with the Director of Nursing on January 23, 2025, at 1:14 p.m. confirmed that there was no documented evidence that staff administered Oxycodone to Residents 2 and 5 on the dates mentioned above.</p> <p>28 Pa. Code 211.9(h) Pharmacy Services.</p> <p>28 Pa. Code 211.12(d)(1) Nursing Services.</p>