

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Wecare at Rolling Meadows Rehab and Nursing Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Curry Road Waynesburg, PA 15370	

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 - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>39311</p> <p>Based on review of the Resident Assessment Instrument User's Manual, clinical records, and staff interview, it was determined that the facility failed to make certain that comprehensive Minimum Data Set assessments were completed accurately for nine of 11 residents (Resident R3, R39, R71, R72, R73, R74, R79, R82, and R83).</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set Assessments (MDS - periodic assessment of care needs) dated October 2023 indicated:</p> <p>-Section C, C0100, Brief Interview for Mental Status: Resident interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available.</p> <p>-Section D, D0100, Resident Mood Interview: Resident interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available.</p> <p>-Resident R3 had an MDS completion date of 8/16/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R3 is usually understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R3 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R3 is rarely understood, and the Resident Mood Interview was not completed.</p> <p>-Resident R39 had an MDS completion date of 6/19/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R39 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R39 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R39 is rarely understood, and the Resident Mood Interview was not completed.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident R71 had an MDS completion date of 8/9/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R71 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R71 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R71 is rarely understood, and the Resident Mood Interview was not completed.</p> <p>-Resident R72 had an MDS completion date of 6/26/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R72 is usually understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R72 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R72 is rarely understood, and the Resident Mood Interview was not completed.</p> <p>-Resident R73 had an MDS completion date of 8/14/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R73 is understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R73 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R73 is rarely understood, and the Resident Mood Interview was not completed.</p> <p>-Resident R74 had an MDS completion date of 8/19/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R74 is usually understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R74 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R74 is rarely understood, and the Resident Mood Interview was not completed.</p> <p>-Resident R79 had an MDS completion date of 6/28/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R79 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R79 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R79 is rarely understood, and the Resident Mood Interview was not completed.</p> <p>-Resident R82 had an MDS completion date of 8/3/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R82 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R82 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R82 is rarely understood, and the Resident Mood Interview was not completed.</p> <p>-Resident R83 had an MDS completion date of 8/10/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R83 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R83 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R83 is rarely understood, and the Resident Mood Interview was not completed.</p> <p>During an interview on 9/6/24, at 11:18 a.m. the Registered Nurse Assessment Coordinator (RNAC) Employee E1 confirmed that the facility failed to make certain that MDS assessments were completed accurately for nine of eleven residents.</p> <p>28 Pa. Code: 211.5(f) Clinical records.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to provide prescribed treatment and services related to the care of pressure ulcers for one of three residents (Resident R82).</p> <p>Findings include:</p> <p>Review of the facility policy Pressure Ulcers / Skin Breakdown dated 3/28/23, indicated the physician will help identify factors contributing or predisposing residents to skin breakdown.</p> <p>Review of the clinical record indicated Resident R82 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS - periodic assessment of care needs) dated 8/3/24, included the diagnoses of history of a stroke, hemiplegia (paralysis on one side of the body), muscle weakness, and the need for assistance with personal care.</p> <p>Review of Section GG - Functional Abilities and Goals indicated that Resident R82 required substantial/maximal assistance (Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) to roll left and right.</p> <p>Review of Section M - Skin Conditions indicated that Resident R82 was at risk for pressure ulcer development and that Resident R82 had one unhealed, Stage II pressure ulcer (partial-thickness skin loss with exposed middle layer of skin) and Stage III pressure ulcer (full-thickness loss of skin, in which fat is visible in the ulcer and granulation tissue. Slough and/or eschar may be visible).</p> <p>Review Resident R82's care plan dated 12/27/23, for risk Wound Risk, indicated for staff to encourage/remind/assist to turn/reposition as needed or requested.</p> <p>Review of Resident R82's Kardex (document that outlines the patients' ADLs, continence levels, and behaviors, as well as physician, advanced directives, diet, and allergies) utilized by nurse aide staff as of 9/6/24, indicated for staff to encourage/remind/assist to turn/reposition as needed or requested.</p> <p>Review of a wound nurse practitioner's report dated 9/3/24, indicated Resident R82 had a Stage II pressure ulcer that had developed in the facility on 7/17/24.</p> <p>Review of a physician's order dated 3/6/24, indicated for staff to Encourage and Assist Resident To Turn and Reposition Every 2 Hours.</p> <p>Observations were completed on:</p> <p>-9/4/24, at approximately 11:30 a.m. and 12:28 p.m.</p> <p>-9/5/24, at approximately 10:18 a.m., 12:55 p.m., and 2:09 p.m.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-9/6/24, at approximately 10:15 a.m. and 12:17 p.m.</p> <p>During the above observations, Resident R82 was lying on the bed, on his back, with the head of the bead slightly elevated. During these observations a positioning wedge was noted to be on a chair in the room, not utilized.</p> <p>Review of Resident R82's physician's orders failed to include an order for a positioning wedge.</p> <p>During an interview on 9/6/24, at 11:22 a.m. the Director of Nursing confirmed the facility failed to assist Resident R82 to turn and reposition, and further confirmed the facility failed to provide prescribed treatment and services related to the care of pressure ulcers for one of three residents.</p> <p>28. Pa Code 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code: 211.10(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p>

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<p>F 0944</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>39311</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Quality Assurance and Performance Improvement (QAPI) for four of ten staff members (Employees E2, E3, E4, and E5).</p> <p>Findings include:</p> <p>Review of the policy Inservice Training dated 3/28/23, indicated it is the policy of this facility that all staff must participate in initial orientation and annual in-service training. All staff are required to participate in regular in-service education.</p> <p>Review of the In-Service Training, All Staff updated August 2022, indicated the training program content at a minimum included QAPI.</p> <p>Review of facility provided documents and training record for E2, E3, E4, E5 revealed the following staff members did not have documented training on QAPI.</p> <p>Nurse Aide (NA) Employee E2 had a hire date of 6/14/99, failed to have QAPI in-service education between 6/14/23, and 6/14/24.</p> <p>Nurse Aide (NA) Employee E3 had a hire date of 7/17/23, failed to have QAPI in-service education between 7/17/23, and 7/17/24.</p> <p>NA Employee E4 had a hire date of 8/2/23, failed to have QAPI in-service education between 8/2/23, and 8/2/24.</p> <p>Central Supply Employee E5 had a hire date of 9/8/21, failed to have QAPI in-service education between 9/8/22, and 9/8/23.</p> <p>During an interview on 9/5/24, at approximately 12:40 p.m. the Director of Nursing confirmed that the facility failed to provide training on QAPI for four of ten staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p>		