

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395626	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Penn Highlands Jefferson Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  417 Route 28 Brookville, PA 15825	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40177</b></p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to comprehensively assess and monitor pressure ulcers within required timeframes for one of two residents with pressure ulcers reviewed (Resident R14).</p> <p>Findings include:</p> <p>A facility policy dated 6/11/24, entitled Pressure Ulcer Assessment / Prevention indicated When a pressure ulcer is found, regardless if upon admission or after, it must be documented in the electronic medical record and The Wound Nurse/RN [Registered Nurse] will complete weekly skin rounds and measure pressure ulcers, arterial / vascular ulcers, and surgical incisions. The findings will be documented in the electronic medical record.</p> <p>Resident R14's clinical record revealed an admitted [DATE], with diagnoses that included diabetes (a chronic condition that affects the way the body processes blood sugar), diverticulitis (inflammation of pouches in the wall of the large intestines, and venous thrombosis (blood clot in the deep vein most commonly located in the leg or pelvis).</p> <p>Resident R14's clinical record progress notes revealed that on 7/11/24, staff observed an open area to Resident R14's coccyx. The progress note lacked an initial assessment including description and measurement of the pressure area. Further review of clinical record progress notes revealed the coccyx pressure ulcer was assessed / measured on 7/12/24, and then not again until 7/22/24, a period of 10 days and then not again until 8/5/24, a period of 14 days.</p> <p>During an interview on 8/15/24, at 1:22 p.m. the Director of Nursing confirmed that Resident R14's coccyx pressure ulcer was not assessed / measured upon initial finding of the area or as frequently as required from 7/12/24, through 8/5/24.</p> <p>28 Pa. Code 211.5(ii)(viii)(ix) Clinical records</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</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:  395626	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Penn Highlands Jefferson Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  417 Route 28 Brookville, PA 15825	

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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40177</b></p> <p>Based on review of Title 49. Professional and Vocational Standards, facility policy, and clinical records and staff interview, it was determined that the facility failed to assure that a Registered Nurse (RN) conducted initial and/or follow-up resident wound assessments for two of two residents reviewed with wounds (Residents R14 and R15).</p> <p>Findings include:</p> <p>Review of the Title 49. Professional and Vocational Standards, Department of State Chapter 21, State Board of Nursing, dated 5/25/24, indicated that under Responsibilities of the RN, 21.22, General Functions. (a) The registered nurse assesses human responses and plans, implements and evaluates nursing care for individuals or families for whom the nurse is responsible, and (b) The registered nurse is fully responsible for all actions as a licensed nurse and is accountable to clients for the quality of care delivered. The 21.141 Definitions, Practice of practical nursing revealed The performance of selected nursing acts in the care of the ill, injured or infirm under the direction of a licensed professional nurse, a licensed physician or a licensed dentist, which do not require the specialized skill, judgement and knowledge required in professional nursing. The 21.145 Functions of the LPN [Licensed Practical Nurse], (a) . The LPN participates in the planning, implementation and evaluation of nursing care using the focused assessment in settings where nursing takes place.</p> <p>A facility policy dated 6/11/24, entitled Pressure Ulcer Assessment / Prevention indicated The Wound Nurse/RN will complete weekly skin rounds and measure pressure ulcers, arterial / vascular ulcers, and surgical incisions. The findings will be documented in the electronic medical record.</p> <p>Resident R14's clinical record revealed an admitted [DATE], with diagnoses that included diabetes (a chronic condition that affects the way the body processed blood sugar), diverticulitis (inflammation of pouches in the wall of the large intestines, and venous thrombosis (blood clot in the deep vein most commonly located in the leg or pelvis).</p> <p>Resident R14's clinical record progress notes revealed that on 7/11/24, staff observed an open area to Resident R14's coccyx. Progress note dated 7/12/24, revealed an assessment of the coccyx wound that was completed by Licensed Practical Nurse (LPN) Employee E1. Progress notes dated 7/22/24, and 8/05/24, revealed an assessment of the coccyx wound that was completed by LPN Employee E2. Progress note dated 8/12/24, revealed an assessment of the coccyx wound that was completed by LPN Employee E3. There was no evidence that the comprehensive wound assessment was completed by an RN on 7/12/24, 7/22/24, 8/05/24, or 8/12/24.</p> <p>Resident R15's clinical record revealed an admitted [DATE], with diagnoses that included dementia (a condition that affects a persons memory, thinking, and behaviors), osteoarthritis (degenerative joint disease that results from the breakdown of joint cartilage and bones), and peripheral vascular disease (disorder of the blood vessels outside the heart that can affect the brain, legs, feet, and other organs).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395626	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Penn Highlands Jefferson Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  417 Route 28 Brookville, PA 15825	
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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident R15's clinical record progress notes dated 6/07/24, 6/14/24, 6/21/24, 6/28/24, 7/05/24, 7/12/24, 7/29/24, 7/26/24, 8/02/24, and 8/09/24, revealed an assessment of the right hip wound that was completed by LPN Employee E1. Progress note dated 8/06/24, revealed an assessment of the right hip wound that was completed by LPN Employee E2. Progress note dated 8/13/24, revealed an assessment of the right hip wound that was completed by LPN Employee E4. There was no evidence that the comprehensive wound assessment was completed by an RN on 6/07/24, 6/14/24, 6/21/24, 6/28/24, 7/05/24, 7/12/24, 7/29/24, 7/26/24, 8/02/24, 8/06/24, 8/09/24, or 8/13/24.</p> <p>During an interview on 8/14/24, at 1:27 p.m. the Nursing Home Administrator and Director of Nursing confirmed that wound assessments and documentation were conducted by an LPN, and not completed by an RN or completed with the oversight of an RN for Residents R14, and R15.</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		