

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395627	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Fairlane Gardens Nursing and Rehab at Reading		STREET ADDRESS, CITY, STATE, ZIP CODE 21 Fairlane Road Reading, PA 19606	

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 - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45840</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the Minimum Data Set (MDS) assessment was completed to accurately reflect the resident's status for two of 20 sampled residents. (Residents 11, 21)</p> <p>Findings include:</p> <p>Clinical record review revealed that Section N (Medications) of Resident 11's MDS assessment dated [DATE], indicated that the resident was not on an opioid medication during the seven-day review period, however review of the resident's record revealed that the resident did receive an opioid (tramadol) during the seven-day review period.</p> <p>Clinical record review revealed that section P of the MDS assessment dated [DATE], indicated that Resident 21 used a chair or other alarm less than daily during the seven-day review period. Review of Resident 21's clinical record revealed that the resident was not ordered and did not use a chair or other alarm during the seven-day review period, as inaccurately identified on the MDS assessment.</p> <p>In an interview on July 12, 2024, at 9:50 a.m., the Nursing Home Administrator confirmed the MDS assessments had not accurately reflected the residents' status and had to be modified by the facility.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36935</p> <p>Based on clinical record review, observation, and staff and resident interview, it was determined that the facility failed to provide services to maintain adequate grooming and personal hygiene for two of 20 sampled residents. (Residents 16, 40)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 16 had diagnoses that included bilateral hand contractures and diabetes mellitus. Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed that the resident required assistance from staff for activities of daily living including personal hygiene. On July 11, 2024, at 10:35 a.m., Resident 16 was observed in his wheelchair and his fingernails and beard were long. The resident stated that he preferred his nails and beard to be short and that he had asked for them to be cut.</p> <p>Clinical record review revealed that Resident 40 had diagnoses that included diabetes mellitus and hypertension. Review of the MDS assessment dated [DATE], revealed that the resident required assistance from staff for activities of daily living including personal hygiene. On July 11, 2024, at 10:50 a.m., the resident was observed in his room with long, discolored fingernails with sharp edges. He had a bandage to his right hand and stated that he had scratched himself. The resident further stated that he preferred his nails to be short and that staff had not provided nail care.</p> <p>In an interview on July 11, 2024, at 2:45 p.m., the Director of Nursing stated that nail care was to be completed on resident shower days (twice a week).</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36935</p> <p>Based on clinical record review and resident and staff interview, it was determined that the facility failed to ensure each resident received timely treatment and services to maintain hearing abilities for one of 20 sampled residents. (Resident 33)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 33 had diagnoses that included diabetes mellitus and congestive heart failure. Review of the Minimum Data Set assessment dated [DATE], revealed that the resident had some difficulty hearing and used a hearing appliance. In an interview on July 10, 2024, at 1:00 p. m., Resident 33 stated that she has not received her hearing aides and has been waiting almost a year. Review of facility documentation revealed that on August 9, 2023, Resident 33 was seen by audiology and the physician determined that she would benefit from hearing aides. There was no documented evidence that the resident received hearing aides or that facility addressed this recommendation until July 11, 2024.</p> <p>In an interview on July 12, 2024, at 12:40 p.m., the Nursing Home Administrator confirmed that the facility did not address the recommendation until July 11, 2024.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45840</p> <p>Based on clinical record review and interview, it was determined that the facility failed to provide restorative nursing services to prevent a reduction in range of motion and/or to improve or maintain mobility on a consistent basis for two of 20 sampled residents. (Residents 11, 21)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 11 had diagnoses that included traumatic brain injury, functional quadriplegia (complete inability to move due to severe disability), and bilateral hand contractures. The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident was cognitively impaired and dependent on staff for all activities of daily living. Review of Resident 11's current care plan revealed that the resident is at high risk for contractures due to immobility and that staff was to provide a restorative nursing program for passive range of motion to bilateral upper extremities at fingers and shoulders to reduce risk for further contracture twice a day. There was a lack of documentation to support that the resident was offered restorative range of motion on 18 of 30 days.</p> <p>Clinical record review revealed that Resident 21 had diagnoses that included chronic pain and osteoarthritis. The MDS assessment dated [DATE], indicated that the resident was alert and oriented and required limited assistance from staff for activities of daily living. In an interview on July 10, 2024, at 10:55 a.m. Resident 21 stated no one was walking him like they were supposed to. Review of Resident 21's current care plan revealed that he had self-care performance deficit due to his physical limitations and that staff was to provide a restorative nursing program to ambulate with a four wheeled walker and gait belt, with assistance of one staff person with a wheelchair to follow 50 to 125 feet twice a day. There was a lack of documentation to support that the resident was offered restorative ambulation on 17 of 30 days.</p> <p>In an interview on July 12, 2024, at 12:25 p.m. the Nursing Home Administrator confirmed that there was no documented evidence that the restorative nursing programs were completed.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>45840</p> <p>Based on observation and staff interview, it was determined that the facility failed to ensure that the environment remained free of accident hazards on two of four nursing units. (Station 2A, Station 2B)</p> <p>Findings include:</p> <p>Observation on July 9, 2024, from 10:48 a.m. through 10:57 a.m., on Station 2A, medication in applesauce was left unattended on top of the medication cart. The medication was accessible to three cognitively impaired, mobile residents in the area.</p> <p>Observation on July 10, 2024, from 09:03 a.m. through 09:16 a.m., on Station 2B, medication in vanilla pudding was left unattended on top of the medication cart. The medication was accessible to three cognitively impaired, mobile residents in the area.</p> <p>In an interview on July 11, 2024, at 02:45 p.m., the Nursing Home Administrator confirmed that medication should not be unattended on the medication cart.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>36935</p> <p>Based on clinical record review and observation, it was determined that the facility failed to provide adaptive equipment to assist with eating meals for one of 20 sampled residents. (Resident 44)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 44 had diagnoses that included aspiration pneumonia and dysphagia. On May 13, 2024, the physician ordered for staff to provide assistance to Resident 44 at meals and for all food to be served in bowls. The care plan indicated that the resident was to receive her food in bowls. On July 9, 2024, from 11:45 a.m. through 12:30 p.m., the resident was observed in the dining room for lunch. She was served her meal on a regular plate. The resident was feeding herself and had a large amount of food spilt on her clothing protector.</p> <p>In an interview on July 12, 2024, at 12:20 p.m., the Director of Nursing confirmed that the resident should have received her food in bowls.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>