

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395629	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER MT Macrina Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 520 West Main Street Uniontown, PA 15401	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>43725</p> <p>Based on review of facility policy, observations and staff interviews, it was determined that the facility failed to properly secure medication in a medication cart in one of five medication carts reviewed (unused medication cart).</p> <p>Findings include:</p> <p>Review of the facility policy Medication Carts (Securing of) reviewed 1/4/24, indicated the medication cart is kept closed and locked when out of sight of the medication nurse, and all outward sides must be inaccessible to residents or others passing by.</p> <p>During an observation on 8/26/24, at 11:30 a.m. an unused medication cart was observed located in Town Hall room unsecured with a resident medication in the bottom drawer.</p> <p>During an interview on 8/26/24, at 11:35 a.m. the Director of Nursing confirmed the medications should not have been left in the unused medication cart and accessible to residents and/or visitors.</p> <p>28 Pa. Code: 211.9(a)(1)(k) Pharmacy services.</p> <p>28 Pa. Code: 211.10(c) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(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
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