

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395640	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER John J Kane Regional Center-MC		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Ninth Street McKeesport, PA 15132	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>26414</p> <p>Based on review of facility policy, clinical records, facility documents and staff interview, it was determined that the facility failed to make certain a resident was free from a physical restraint for one of five residents reviewed (Resident R1). This was identified as past non-compliance.</p> <p>Findings include:</p> <p>A review of the facility policy, Restraint, Physical last reviewed, 2/07/23, defined a restraint as anything that restricted freedom from movement, and limited one's sense of control and independence.</p> <p>Review of the clinical record indicated that Resident R1 was admitted to the facility 10/6/23. The Minimum Data Set (MDS - periodic assessment of care needs) dated 3/7/24, included diagnoses of unspecified dementia, muscle wasting, diabetes and adult failure to thrive. The Brief Interview of Mental Status (BIMS - a screening too to determine cognition) recorded a score of 5, indicating the resident is cognitively impaired.</p> <p>Review of facility provided documents dated 3/13/24, indicated Resident R1 was found by the 7-3 shift with the sheet tied behind the lower back and corners of the lower gown tied behind the resident's thighs.</p> <p>Review of facility provided documents dated 3/13/24, revealed that Nurse Aide (NA) Employee E1, was identified as the individual that tied the sheet behind the resident and the gown behind the thighs.</p> <p>Review of a written statement from NA Employee E1 dated 3/13/24, indicated, Resident was very active all night, could not rest, kept tying her gown herself, I changed her and had a gown on her the right way, I cleaned BM (feces) off her hands and face.</p> <p>Review of a written state from NA Employee E2 dated 3/13/24 (worked the on-coming 7 a.m. shift) indicated, When I went in to see Resident R1, I tried to pull down her sheet to pull her up in bed but it wouldn't come out so I turned her over to see why and found the sheet was tied under her, I reported this, when we went in to pull up in bed, we seen her gown was was tied around her legs as well.</p> <p>Review of NA Employee E1's employee file indicated that on 4/4/23 she had a previous verbal warning for abuse and neglect and was re-educated at that time. Further review indicated that NA Employee E1 was suspended on 3/13/24 and employment was terminated on 3/20/24.</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R1's clinical record indicated a physician note dated 3/16/24, that the facility made him aware of the incident on the date it occurred.</p> <p>On 3/18/24, the facility initiated education on physical restraints.</p> <p>This education included:</p> <ol style="list-style-type: none"> 1) defining restraints 2) identifying physical risks and psychosocial impacts of restraint use 3) determining if the use of position change alarms are restraints 4) denitrifying key elements of non-compliance <p>During interviews on 3/26/24 from 11:00-11:30, seven direct care staff indicated they had received education on physical restraints.</p> <p>The facility has demonstrated compliance with the regulation since 3/20/24.</p> <p>During an interview on 3/26/24 at 1:00 p.m., the Nursing Home Administrator, and a review of of the QAPI monitoring process to sustain solutions, it was verified that the facility had implemented a plan of correction and achieved compliance to make certain ensuring residents are free from physical restraints.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>28 Pa. Code: 201.29(a) Resident rights.</p> <p>28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services.</p>		