

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 11/08/2024
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26071</p> <p>Based on a review of facility admission documents and staff interview, it was determined that the facility failed to ensure resident rights to make informed decisions and choices about important aspects of residents' health, safety and welfare by making certain residents understand the Notice of Medicare Non-Coverage (NOMNC - a form that providers must deliver to a patient covered under a Medicare when services are terminating. The NOMNC informs beneficiaries of their right to request a review of the discharge) form and failed to ensure the agreement is explained to the resident and his or her representative in a form and manner that he or she understands for one of three residents (Resident R203).</p> <p>Findings include:</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019 indicated that a Brief Interview for Mental Status (BIMS), is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:</p> <p>13-15: cognitively intact</p> <p>8-12: moderately impaired</p> <p>0-7: severe impairment</p> <p>Review of Resident R203's admission records indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R203's demographic information available in the electronic medical record indicated that Resident R203's spouse was designated as the emergency contact.</p> <p>Review of the Minimum Data Set (MDS - periodic assessment of care needs) dated 8/14/24, included diagnoses of Parkinson's disease (progressive movement disorder of the nervous system) and insomnia (a sleep disorder characterized by difficulty falling asleep, staying asleep, or both). Review of Section C: Cognitive Patterns, Questions C0500 BIMS Summary Score revealed Resident R203's score to be 15, intact cognition.</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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the NOMNC dated 9/06/24, as a last covered day and it was never signed or received by Resident R203 or his contact.</p> <p>During an interview on 11/06/24, at 11:10 a.m. the Director of Nursing Registered Nurse Assessment Coordinator (RNAC) Employee E1 confirmed Resident R203 did not receive the arbitration agreement, and confirmed the facility failed to ensure the NOMNC is explained to the resident and his or her representative in a form and manner that he or she understands for one of three residents.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(b)(2) Management.</p> <p>28 Pa. Code 201.29(a)(j) Resident Rights.</p>		

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<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>26071</p> <p>Based on a review of facility policy, federal regulation and staff interview, it was determined that the facility failed to provide transfer notices to representatives of the Office of the Long-Term Care Ombudsman Division for eight of 10 months (December 2023 and January, February, March, April, May, June, July, and August 2024).</p> <p>Findings include:</p> <p>Review of the facility policy Discharge and Transfer dated 1/6/24, indicated a monthly list will be sent to the Ombudsman of residents who were facility-initiated transfer or discharged .</p> <p>Review of Title 42 Code of Federal Regulations S483.15(c)(3) Notice Before Transfer: indicates, before a facility transfers or discharges a resident, the facility must (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>Federal Regulations further define emergency transfers as, When a resident is temporarily transferred on an emergency basis to an acute care facility, this type of transfer is considered to be a facility-initiated transfer.</p> <p>During an interview on 11/7/24, at 2:30 p.m., the Director of Nursing confirmed the facility failed to provide transfer notices to representatives of the Office of the Long-Term Care Ombudsman Division since 12/31/23.</p> <p>28 Pa. Code 201.18(b)(3)(e)(2) Management.</p>

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to complete a significant change Minimum Data Set (MDS- assessments completed indicating a change in condition of a resident requiring change in care) assessment for one of four residents reviewed (Residents R40).</p> <p>Findings include:</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual (reference used to complete an MDS) effective October 2023, indicated that the facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition.</p> <p>Review of the clinical record indicated that Resident R40 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS, periodic assessment of resident care needs) dated 9/25/24, included diagnoses of Alzheimer ' s disease (a type of brain disorder that causes problems with memory, thinking and behavior) and neuropathy (nerve problem that causes pain, numbness, tingling, swelling, or muscle weakness in different parts of the body).</p> <p>Review of a physician order dated 10/7/24, indicated Resident R40 was admitted to hospice care (a special model of care for patients who are in the late phase of an incurable illness and wish to receive end-of-life care).</p> <p>Review of Resident R40's MDS assessments revealed a MDS significant change was not completed to include hospice services.</p> <p>During an interview on 11/8/24, at 11:18 a.m. Registered Nurse Assessment Coordinator Employee E1 confirmed that a Significant Change MDS was not completed for Resident R40.</p> <p>During an interview on 11/8/24, at approximately 2:30 p.m. the Nursing Home Administrator confirmed the facility failed to complete a Significant Change Minimum Data Set (MDS- assessments completed indicating a change in condition of a resident requiring change in care) assessment for one of four residents.</p> <p>28 Pa. Code: 211.5(f) Clinical records.</p>		

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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>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 two of 18 residents (Resident R41 and R45) and failed to make certain that BIMS and/or PHQ-9 assessments were completed accurately for six of 12 residents (R13, R35, R41, R169, R174, and R190).</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>Review of the admission record indicated Resident R41 was admitted to the facility on [DATE]. Review of Resident R41's MDS dated [DATE], Section I: Active Diagnoses, Question 16100, included diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles) and hemiplegia (paralysis on one side of the body).</p> <p>Review of the facility provided list of residents who receive hospice services included Resident R41.</p> <p>Review of Resident R41's MDS dated [DATE], Section O: Special Treatments, Procedures, and Programs, Question O100K, indicated that Resident R39 did not receive hospice services while a resident at the facility.</p> <p>During an interview on 11/8/24, 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 two of 18 residents.</p> <p>-Resident R13 had an MDS completion date of 8/14/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R13 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R13 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R13 is rarely understood, and the Resident Mood Interview was not completed.</p> <p>(continued on next page)</p>		

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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 R35 had an MDS completion date of 10/16/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R35 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that the BIMS assessment should be completed; No further questions on the assessment were completed. Review of Section D: Mood, Question D0100 indicated that the BIMS assessment should be completed; No further questions on the assessment were completed.</p> <p>-Resident R41 had an MDS completion date of 7/31/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R41 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that the BIMS assessment should be completed; No further questions on the assessment were completed. Review of Section D: Mood, Question D0100 indicated that the BIMS assessment should be completed; No further questions on the assessment were completed.</p> <p>-Resident R53 had an MDS completion date of 8/7/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R53 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that the BIMS assessment should be completed; No further questions on the assessment were completed.</p> <p>-Resident R169 had an MDS completion date of 10/11/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R169 is understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R169 is rarely understood, and the BIMS assessment was not completed.</p> <p>-Resident R174 had an MDS completion date of 8/26/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R174 is usually understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R76 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R174 is rarely understood, and the Resident Mood Interview was not completed.</p> <p>-Resident R190 had an MDS completion date of 8/17/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R105 is understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R190 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R190 is rarely understood, and the Resident Mood Interview was not completed.</p> <p>During an interview on 11/8/24, at 11:40 a.m. the Social Services Director Employee E2 confirmed that the facility failed to make certain that BIMS and/or PHQ-9 assessments were completed accurately for six of 12 residents.</p> <p>During an interview on 11/8/24, at approximately 2:30 p.m. the Nursing Home Administrator confirmed the facility failed to make certain that comprehensive MDS assessments were completed accurately for two of 18 and failed to make certain that BIMS and/or PHQ-9 assessments were completed accurately for six of 12 residents.</p> <p>28 Pa. Code: 211.5(f) Clinical records.</p>		