

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 30 Fourth Avenue Curwensville, PA 16833	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>42079</p> <p>Based on review of facility policies and clinical records, as well as observations and staff interviews, it was determined that facility failed to determine if a resident was safe to self-administer medications for one of 138 residents reviewed (Resident 69).</p> <p>Findings include:</p> <p>The facility's self administration of medication policy, dated January 16, 2024, indicated that self-administration was permitted when the interdisciplinary team has determined that it was clinically appropriate and safe for the resident to do so.</p> <p>An annual Minimum Data Set (MDS) for Resident 69, dated July 12, 2024, indicated that the resident was cognitively intact, required assistance for daily care needs, and had diagnoses that included stroke, anxiety, depression, and hypertension (high blood pressure).</p> <p>Physician's orders for Resident 69, dated October 19, 2024, included an order for the resident to receive 25 milligrams (mg) of metoprolol twice a day for hypertension, and to receive 20 mg of omeprazole twice a day for gastroesophageal reflux (GERD - heartburn). Physician's orders for Resident 69, dated March 14, 2024, included an order for the resident to receive 81 mg of aspirin one time a day for cerebral infarction (stroke) and atrial fibrillation (irregular heart beat), and 10 milliequivalent (meq) of potassium chloride once a day for supplement. Physician's orders for Resident 69, dated May 3, 2024, included an order for the resident to receive 75 mg of Pradaxa twice a day for atrial fibrillation. Physician's orders for Resident 69, dated May 8, 2024, included an order for the resident to receive 225 mg of venlafaxine once a day for depressive mood disorder. Physician's orders for Resident 69, dated October 15, 2024, included an order for the resident to receive 5 mg of buspirone three times a day for anxiety. Physician's orders for Resident 69, dated October 19, 2024, included an order for the resident to receive 1 mg of bumetanide twice a day for edema (swelling).</p> <p>Observation of Resident 69 on October 21, 2024, at 11:33 a.m. revealed that the resident was sitting in a wheelchair with her lunch tray in front of her on the over-bed stand. An unsupervised medicine cup with 11 unlabeled pills in it was sitting on the over-bed table. An interview with Resident 69 at that time revealed that she did not know the pills were on her table and that she forgot to take them.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with Licensed Practical Nurse 1 on October 21, 2024, at 11:43 a.m. revealed that she did leave medication in Resident 69's room because she thought she was still in bed and was going to take them when she sat up. She did not stay in the room to observe the resident take the medication. Licensed Practical Nurse 1 then offered to remove the medication, but the resident said she was going to take them. Licensed Practical Nurse 1 left the room and Resident 69 took her medication.</p> <p>An interview with the Nursing Home Administrator on October 24, 2024, at 3:45 p.m. confirmed that an assessment to determine if Resident 69 was safe to self-administer her medications was not completed.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>48941</p> <p>Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to document the opportunity for the resident and/or resident representative to formulate advance directives (instructions regarding the provision of health care and life sustaining measures when the resident is incapacitated), and failed to document the resident's and/or resident representative's decision to accept or decline assistance to formulate advance directives for three of 138 residents reviewed (Residents 37, 40, 53).</p> <p>Findings include:</p> <p>The facility's policy regarding advance directives, dated January 16, 2024, indicated that upon admission, the resident or resident representative will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. If the resident or resident representative indicates that he or she has not established advance directives, the healthcare center staff will offer assistance in establishing advance directives. The resident or resident representative will be given the option to accept or decline the assistance, and care will not be contingent on either decision. Nursing staff will document in the medical record the offer to assist and the resident's or resident representative's decision to accept or decline assistance. Information about whether or not the resident has executed an advance directive is displayed prominently in the medical record in a section of the record that is retrievable by any staff. If the resident or the resident's representative has executed one or more advance directives, or executes one upon admission, copies of these documents are obtained and maintained in the same section of the resident's medical record and are readily retrievable by any facility staff. The interdisciplinary team will review annually with the resident his or her advance directives to ensure that such directives are still the wishes of the resident. Such reviews will be made during the annual assessment process and recorded in the medical record.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 37, dated September 27, 2024, indicated that the resident was cognitively impaired, was able to be clearly understood and usually able to understand others, required assistance with care needs, and had diagnoses that included diabetes and dementia.</p> <p>An annual MDS assessment for Resident 40, dated May 17, 2024, revealed that the resident was cognitively intact, was clearly understood and clearly able to understand others, required assistance for care needs, and had diagnoses that included chronic kidney disease Stage 3b (moderate to severe loss of kidney function) and peripheral vascular disease (a disease causing poor blood circulation to lower limbs).</p> <p>An annual MDS assessment for Resident 53, dated October 5, 2024, revealed that the resident was cognitively intact, was clearly understood and clearly able to understand others, required supervision to independent with care needs, and had diagnoses that included dementia, diabetes, chronic obstructive pulmonary disease (COPD) (chronic lung disease making breathing difficult), atrial fibrillation (irregular heart rhythm), cerebral infarction (lack of blood supply to the brain resulting in brain death to parts of the brain).</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 37, 40 and 53's clinical records indicated that they did not have advance directives. There was no documented evidence in the resident's clinical records that indicated the residents and/or their representative was informed of their rights to develop advance directives, no documented evidence that the residents and/or their representatives were provided the opportunity and assistance to formulate an advance directive, and no documented evidence that advanced directives were reviewed with the residents and/or resident representatives annually during the annual assessment process and recorded in the medical record.</p> <p>Interview with the Nursing Home Administrator on October 24, 2024, at 4:00 p.m. indicated that advance directives are addressed with residents during the admission process and noted in the admission paperwork. He indicated that they are uploaded into the documents section of the chart; however, he was not able to produce any advance directives for Residents 37, 40 and 53 or any documented evidence that the residents and/or their representatives were informed of their rights to develop advance directives, that the residents and/or their representatives were provided the opportunity and assistance to formulate an advance directive, or that advanced directives were reviewed with the residents and/or resident representatives annually during the annual assessment process and recorded in the medical record per facility policy.</p> <p>28 Pa. Code 201.29(a)(d) Resident Rights.</p>

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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>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>48941</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to provide the required notice to the resident or the resident's representative following the end of their Medicare coverage for one of three residents reviewed (Resident 101) who remained in the facility for long-term care.</p> <p>Findings include:</p> <p>A Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review form, completed by the facility and dated September 12, 2024, revealed that Medicare coverage for Resident 101 started on August 2, 2024, and that his last covered day was September 16, 2024. The form indicated that the facility initiated discontinuation from Medicare Part A coverage and that the resident's benefit days were not exhausted.</p> <p>There was no documented evidence that Resident 101 was provided with an Advance Beneficiary Notice of Noncoverage (ABN - a notice given to Medicare beneficiaries to convey that Medicare is not likely to provide coverage in a specific case).</p> <p>Interview with the Director of Social Services on October 24, 2024, at 10:58 a.m. revealed that the ABN for Resident 101 was not issued because she was not aware of the form and that it needed to be completed.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>38012</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to notify the resident and legal guardian, in writing, regarding the reason for hospitalization for three of 138 residents reviewed (Residents 12, 74, 106).</p> <p>Findings include:</p> <p>A nursing note for Resident 12, dated July 18, 2024, at 1:49 p.m., revealed that the resident was admitted to the hospital with respiratory failure.</p> <p>There was no documented evidence that a written notice of Resident 12's transfer to the hospital was provided to the resident's responsible party regarding the reason for transfer.</p> <p>A nursing note for Resident 74, dated May 15, 2024, at 11:03 a.m., revealed that the resident was admitted to the hospital with uncontrolled bleeding.</p> <p>There was no documented evidence that a written notice of Resident 74's transfer to the hospital was provided to the resident's responsible party regarding the reason for transfer.</p> <p>A nursing note for Resident 106, dated September 28, 2024, 2024, at 7:26 p.m., revealed that the resident was admitted to the hospital with chronic obstructive pulmonary disease.</p> <p>There was no documented evidence that a written notice of Resident 106's transfer to the hospital was provided to the resident's responsible party regarding the reason for transfer.</p> <p>Interview with the Nursing Home Administrator on October 23, 2024, at 9:37 a.m. confirmed that the facility did not provide a written notice to Resident 12, Resident 74, or Resident 106, or to the resident's responsible parties when the residents were transferred to the hospital.</p> <p>28 Pa. Code 201.25 Discharge Policy.</p> <p>28 Pa. Code 201.29(f)(g) Resident Rights.</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>19102</p> <p>Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that comprehensive admission Minimum Data Set assessments were completed in the required time frame for 57 of 138 residents reviewed (Residents 6, 10, 11, 13, 23, 27, 28, 30, 32, 38, 39, 43, 56, 57, 69, 70, 81, 83, 84, 85, 86, 89, 90, 94, 96, 97, 98, 99, 100, 101, 102, 103, 110, 113, 115, 118, 120, 121, 124, 129, 130, 131, 132, 133, 134, 137, 139, 140, 141, 143, 145, 147, 149, 150, 151, 153, 154).</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that an admission MDS assessment was to be completed no later than 14 days (admitted + 13 calendar days) following admission.</p> <p>A comprehensive admission MDS assessment for Resident 6, dated July 12, 2024, revealed that the resident's admission MDS assessment was dated as completed on July 27, 2024, which was 16 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 10, dated August 1, 2024, revealed that the resident's admission MDS assessment was dated as completed on August 18, 2024, which was 18 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 11, dated September 3, 2024, revealed that the resident's admission MDS assessment was dated as completed on September 18, 2024, which was 16 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 13, dated June 20, 2024, revealed that the resident's admission MDS assessment was dated as completed on July 16, 2024, which was 27 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 23, dated June 28, 2024, revealed that the resident's admission MDS assessment was dated as completed on July 16, 2024, which was 19 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 27, dated July 18, 2024, revealed that the resident's admission MDS assessment was dated as completed on August 5, 2024, which was 29 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 28, dated September 9, 2024, revealed that the resident's admission MDS assessment was dated as completed on September 30, 2024, which was 22 days after admission.</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A comprehensive admission MDS assessment for Resident 30, dated September 3, 2024, revealed that the resident's admission MDS assessment was dated as completed on September 24, 2024, which was 22 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 32, dated August 26, 2024, revealed that the resident's admission MDS assessment was dated as completed on September 10, 2024, which was 16 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 38, dated September 15, 2024, revealed that the resident's admission MDS assessment was dated as completed on October 8, 2024, which was 24 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 39, dated October 1, 2024, revealed that the resident's admission MDS assessment was dated as completed on October 16, 2024, which was 16 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 43, dated June 5, 2024, revealed that the resident's admission MDS assessment was dated as completed on June 20, 2024, which was 16 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 56, dated September 23, 2024, revealed that the resident's admission MDS assessment was dated as completed on October 9, 2024, which was 17 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 57, dated September 27, 2024, revealed that the resident's admission MDS assessment was dated as completed on October 11, 2024, which was 15 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 69, dated July 12, 2024, revealed that the resident's admission MDS assessment was dated as completed on July 30, which was 19 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 70, dated June 17, 2024, revealed that the resident's admission MDS assessment was dated as completed on July 1, 2024, which was 15 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 81, dated September 20, 2024, revealed that the resident's admission MDS assessment was dated as completed on October 9, 2024, which was 20 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 83, dated August 27, 2024, revealed that the resident's admission MDS assessment was dated as completed on September 16, 2024, which was 21 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 84, dated September 10, 2024, revealed that the resident's admission MDS assessment was dated as completed on October 1, 2024, which was 22 days after admission.</p> <p>(continued on next page)</p>

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A comprehensive admission MDS assessment for Resident 85, dated August 27, 2024, revealed that the resident's admission MDS assessment was dated as completed on September 18, 2024, which was 23 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 86, dated August 29, 2024, revealed that the resident's admission MDS assessment was dated as completed on September 23, 2024, which was 26 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 89, dated September 26, 2024, revealed that the resident's admission MDS assessment was dated as completed on October 12, 2024, which was 17 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 90, dated September 26, 2024, revealed that the resident's admission MDS assessment was dated as completed on October 11, 2024, which was 16 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 94, dated September 6, 2024, revealed that the resident's admission MDS assessment was dated as completed on September 27, 2024, which was 22 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 96, dated September 12, 2024, revealed that the resident's admission MDS assessment was dated as completed on October 2, 2024, which was 21 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 97, dated July 9, 2024, revealed that the resident's admission MDS assessment was dated as completed on July 25, 2024, which was 17 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 98, dated July 15, 2024, revealed that the resident's admission MDS assessment was dated as completed on August 1, 2024, which was 18 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 99, dated July 17, 2024, revealed that the resident's admission MDS assessment was dated as completed on August 3, 2024, which was 18 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 100, dated September 12, 2024, revealed that the resident's admission MDS assessment was dated as completed on October 3, 2024, which was 22 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 101, dated August 2, 2024, revealed that the resident's admission MDS assessment was dated as completed on August 19, 2024, which was 18 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 102, dated September 9, 2024, revealed that the resident's admission MDS assessment was dated as completed on October 1, 2024, which was 23 days after admission.</p> <p>(continued on next page)</p>

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A comprehensive admission MDS assessment for Resident 133, dated June 21, 2024, revealed that the resident's admission MDS assessment was dated as completed on July 12, 2024, which was 22 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 134, dated July 17, 2024, revealed that the resident's admission MDS assessment was dated as completed on August 2, 2024, which was 17 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 137, dated July 19, 2024, revealed that the resident's admission MDS assessment was dated as completed on August 5, 2024, which was 18 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 139, dated July 16, 2024, revealed that the resident's admission MDS assessment was dated as completed on August 2, 2024, which was 18 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 140, dated July 12, 2024, revealed that the resident's admission MDS assessment was dated as completed on August 1, 2024, which was 21 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 141, dated July 2, 2024, revealed that the resident's admission MDS assessment was dated as completed on July 24, 2024, which was 23 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 143, dated June 28, 2024, revealed that the resident's admission MDS assessment was dated as completed on July 12, 2024, which was 15 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 145, dated July 5, 2024, revealed that the resident's admission MDS assessment was dated as completed on July 24, 2024, which was 20 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 147, dated July 23, 2024, revealed that the resident's admission MDS assessment was dated as completed on August 6, 2024, which was 15 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 149, dated July 15, 2024, revealed that the resident's admission MDS assessment was dated as completed on August 1, 2024, which was 18 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 150, dated February 13, 2024, revealed that the resident's admission MDS assessment was dated as completed on September 12, 2024, which was 213 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 151, dated July 9, 2024, revealed that the resident's admission MDS assessment was dated as completed on July 25, 2024, which was 17 days after admission.</p> <p>(continued on next page)</p>

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A comprehensive admission MDS assessment for Resident 153, dated September 4, 2024, revealed that the resident's admission MDS assessment was dated as completed on September 25, 2024, which was 22 days after admission.</p> <p>A comprehensive admission MDS assessment for Resident 154, dated July 12, 2024, revealed that the resident's admission MDS assessment was dated as completed on July 27, 2024, which was 16 days after admission.</p> <p>An interview with Nursing Home Administrator on October 24, 2024, at 11:29 a.m. confirmed that the admission MDS assessments listed above were not completed within the required time frames.</p> <p>28 Pa. Code 211.5(f) Clinical Records.</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>19102</p> <p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that Quarterly Minimum Data Set assessments were completed within the required timeframe for 42 of 138 residents reviewed (Residents 1, 2, 3, 7, 12, 16, 18, 19, 20, 21, 25, 29, 31, 34, 35, 36, 37, 41, 44, 46, 47, 49, 50, 52, 53, 55, 59, 60, 63, 65, 71, 78, 82, 87, 91, 92, 93, 114, 116, 117, 125, 144).</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of residents' abilities and care needs), dated October 2024, indicated that the completion date for a quarterly assessment is the Assessment Reference Date (ARD - the last day of an assessment's look-back period) plus 14 days. A quarterly assessment is due every 92 days (ARD of most recent assessment + 92 days).</p> <p>A quarterly MDS assessment for Resident 1, with an ARD of June 27, 2024, was completed on July 18, 2024, which was eight days late.</p> <p>A quarterly MDS assessment for Resident 2, with an ARD of July 5, 2024, was completed on July 24, 2024, which was six days late.</p> <p>A quarterly MDS assessment for Resident 3, with an ARD of August 2, 2024, was completed on August 22, 2024, which was seven days late.</p> <p>A quarterly MDS assessment for Resident 7, with an ARD of June 18, 2024, was completed on July 3, 2024, which was two days late.</p> <p>A quarterly MDS assessment for Resident 12, with an ARD of July 16, 2024, was completed on July 31, 2024, which was two days late.</p> <p>A quarterly MDS assessment for Resident 16, with an ARD of July 2, 2024, was completed on July 20, 2024, which was five days late.</p> <p>A quarterly MDS assessment for Resident 18, with an ARD of July 30, 2024, was completed on August 16, 2024, which was four days late.</p> <p>A quarterly MDS assessment for Resident 19, with an ARD of July 24, 2024, was completed on August 8, 2024, which was two days late.</p> <p>A quarterly MDS assessment for Resident 20, with an ARD of July 5, 2024, was completed on July 28, 2024, which was 10 days late.</p> <p>A quarterly MDS assessment for Resident 21, with an ARD of August 2, 2024, was completed on August 21, 2024, which was six days late.</p> <p>(continued on next page)</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A quarterly MDS assessment for Resident 25, with an ARD of September 4, 2024, was completed on September 19, 2024, which was two days late.</p> <p>A quarterly MDS assessment for Resident 29, with an ARD of July 11, 2024, was completed on July 29, 2024, which was five days late.</p> <p>A quarterly MDS assessment for Resident 31, with an ARD of July 12, 2024, was completed on July 29, 2024, which was four days late.</p> <p>A quarterly MDS assessment for Resident 34, with an ARD of August 1, 2024, was completed on August 16, 2024, which was two days late.</p> <p>A quarterly MDS assessment for Resident 35, with an ARD of June 27, 2024, was completed on July 18, 2024, which was eight days late.</p> <p>A quarterly MDS assessment for Resident 36, with an ARD of July 12, 2024, was completed on July 29, 2024, which was four days late.</p> <p>A quarterly MDS assessment for Resident 37, with an ARD of June 27, 2024, was completed on July 17, 2024, which was seven days late.</p> <p>A quarterly MDS assessment for Resident 41, with an ARD of September 14, 2024, was completed on September 30, 2024, which was three days late.</p> <p>A quarterly MDS assessment for Resident 44, with an ARD of July 11, 2024, was completed on July 29, 2024, which was five days late.</p> <p>A quarterly MDS assessment for Resident 46, with an ARD of April 17, 2024, was completed on June 18, 2024, which was 63 days late.</p> <p>A quarterly MDS assessment for Resident 47, with an ARD of July 5, 2024, was completed on July 23, 2024, which was five days late.</p> <p>A quarterly MDS assessment for Resident 49, with an ARD of July 2, 2024, was completed on July 22, 2024, which was seven days late.</p> <p>A quarterly MDS assessment for Resident 50, with an ARD of August 28, 2024, was completed on September 12, 2024, which was two days late.</p> <p>Resident 52 had no quarterly assessment in the prior 92 days.</p> <p>A quarterly MDS assessment for Resident 53, with an ARD of July 5, 2024, was completed on July 29, 2024, which was 11 days late.</p> <p>A quarterly MDS assessment for Resident 55, with an ARD of July 16, 2024, was completed on July 31, 2024, which was two days late.</p> <p>(continued on next page)</p>

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A quarterly MDS assessment for Resident 59, with an ARD of August 3, 2024, was completed on August 22, 2024, which was six days late.</p> <p>A quarterly MDS assessment for Resident 60, with an ARD of July 14, 2024, was completed on July 30, 2024, which was three days late.</p> <p>A quarterly MDS assessment for Resident 61, with an ARD of July 2, 2024, was completed on July 21, 2024, which was six days late.</p> <p>A quarterly MDS assessment for Resident 63, with an ARD of July 5, 2024, was completed on July 23, 2024, which was five days late.</p> <p>A quarterly MDS assessment for Resident 65, with an ARD of June 20, 2024, was completed on July 16, 2024, which was 13 days late.</p> <p>A quarterly MDS assessment for Resident 71, with an ARD of July 2, 2024, was completed on July 21, 2024, which was six days late.</p> <p>A quarterly MDS assessment for Resident 78, with an ARD of August 3, 2024, was completed on August 23, 2024, which was seven days late.</p> <p>A quarterly MDS assessment for Resident 82, with an ARD of June 18, 2024, was completed on July 3, 2024, which was two days late.</p> <p>A quarterly MDS assessment for Resident 87, with an ARD of July 24, 2024, was completed on August 8, 2024, which was two days late.</p> <p>A quarterly MDS assessment for Resident 91, with an ARD of July 2, 2024, was completed on July 21, 2024, which was six days late.</p> <p>A quarterly MDS assessment for Resident 92, with an ARD of July 2, 2024, was completed on July 22, 2024, which was seven days late.</p> <p>A quarterly MDS assessment for Resident 93, with an ARD of June 18, 2024, was completed on July 8, 2024, which was seven days late.</p> <p>A quarterly MDS assessment for Resident 114, with an ARD of July 17, 2024, was completed on July 3, 2024, which was four days late.</p> <p>A quarterly MDS assessment for Resident 116, with an ARD of June 19, 2024, was completed on July 8, 2024, which was four days late.</p> <p>A quarterly MDS assessment for Resident 117, with an ARD of July 12, 2024, was completed on July 29, 2024, which was four days late.</p> <p>A quarterly MDS assessment for Resident 125, with an ARD of August 2, 2024, was completed on August 22, 2024, which was seven days late.</p> <p>(continued on next page)</p>

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 144 had no quarterly assessment in the prior 92 days.</p> <p>An interview with Nursing Home Administrator on October 24, 2024, at 11:29 a.m. confirmed that the admission MDS assessments listed above were not completed within the required time frames.</p> <p>28 Pa. Code 211.5(f) Clinical Records.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>19102</p> <p>Based on review of the Resident Assessment Instrument, clinical records, and the Minimum Data Set validation report, as well as staff interviews, it was determined that the facility failed to transmit Minimum Data Set (MDS) assessments to the required electronic system, the Centers for Medicare and Medicaid Services (CMS) Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) System, within 14 days of completion for 31 of 138 residents reviewed (Residents 6, 12, 22, 37, 52, 80, 84, 96, 111, 112, 114, 118, 119, 123, 124, 128, 130, 131, 132, 133, 135, 136, 138, 140, 141, 142, 143, 145, 150, 152, 153).</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that Entry/Reentry and Death in Facility tracking record must be completed within seven days of the Event date (section A1600 for Entry/reentry records plus seven days and section A2000 for Discharge/death in facility records plus seven days) and transmitted within 14 days of the Event Date (Section A1600 plus 14 days for Entry/reentry records and Section A2000 plus 14 days for Death in Facility records). Discharge tracking records must be completed and transmitted within 14 days of the Event Date (Section A2000 plus 14 days).</p> <p>A nurse's note for Resident 37, dated October 12, 2024, at 10:06 p.m. indicated that the resident had a left hip x-ray revealing a fracture and was transferred to the hospital.</p> <p>A nurse's note for Resident 37, dated October 16, 2024, at 2:45 p.m. indicated that the resident was readmitted to the facility from the hospital.</p> <p>Review of the clinical record for Resident 37 revealed that a Discharge tracking record and an Entry/reentry record was not completed as of October 24, 2024, at 8:36 a.m.</p> <p>A nursing note for Resident 84, dated September 20, 2024, at 2:21 p.m. revealed that the resident was being admitted to the hospital with diagnoses of renal failure, dehydration, and COVID positive.</p> <p>A nursing note for Resident 84, dated September 20, 2024, at 9:41 p.m. revealed that the resident returned from the hospital with new admission orders.</p> <p>Review of the clinical record for Resident 84 revealed that a Discharge tracking record and an Entry/reentry record were not completed as of October 24, 2024.</p> <p>Interview with the Nursing Home Administrator on October 24, 2024, at 8:27 a.m. confirmed that the Discharge tracking records and an Entry/reentry records.</p> <p>(continued on next page)</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (federally-mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that comprehensive MDS assessments must be transmitted electronically within 14 days of the Care Plan Completion Date (V0200C2 + 14 days). All other MDS assessments must be submitted within 14 days of the MDS Completion Date (Z0500B + 14 days).</p> <p>The MDS assessment validation report from iQIES (a federal government website for the Centers for Medicare and Medicaid), dated June 1, 2024 to October 18, 2024, revealed that the following MDS assessments were completed late for Residents 6, 12, 22, 52, 80, 96, 111, 112, 114, 118, 119, 123, 124, 128, 130, 131, 132, 133, 135, 136, 140, 141, 142, 143, 145, 150, 152, and 153.</p> <p>The MDS assessment validation report from iQIES, dated June 1, 2023 to October 18, 2024, revealed that the following MDS assessments were submitted late:</p> <p>Resident 13 due September 20, submitted October 7, 2024.</p> <p>Resident 15 due July 6, submitted July 23, 2024.</p> <p>Resident 38 due September 15, submitted October 9, 2024.</p> <p>Resident 43 due June 12, submitted June 20, 2024.</p> <p>Resident 46 due April 17, submitted June 18, 2024.</p> <p>Resident 71 due April 5, submitted June 20, 2024.</p> <p>Resident 95 due September 16, submitted October 18, 2024.</p> <p>Resident 96 due July 2, submitted July 19, 2024.</p> <p>Resident 100 due September 13, submitted October 7, 2024.</p> <p>Resident 110 due September 22, submitted September 6, 2024.</p> <p>Resident 116 due July 8, submitted August 12, 2024.</p> <p>Resident 122 due June 10, submitted September 18, 2024.</p> <p>Resident 126 due June 25, submitted September 18, 2024.</p> <p>Resident 127 due June 18, submitted September 18, 2024.</p> <p>Resident 128 due July 12, submitted July 29, 2024.</p> <p>Resident 133 due August 16, submitted September 6, 2024.</p> <p>Resident 144 due June 10, submitted June 18, 2024.</p> <p>(continued on next page)</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 146 due July 27, submitted September 18, 2024.</p> <p>Resident 147 due July 23, submitted August 7, 2024.</p> <p>Resident 148 due June 9, submitted September 13, 2024.</p> <p>Resident 154 due July 27, submitted August 12, 2024.</p> <p>Interview with the Nursing Home Administrator on October 24, 2024, at 11:39 a.m. confirmed that the above MDS assessments were not submitted in a timely manner.</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>19102</p> <p>Based on review of the Resident Assessment Instrument (RAI) User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate Minimum Data Set (MDS) assessments for five of 56 residents reviewed (Residents 37, 43, 84, 88, 91).</p> <p>Findings include:</p> <p>The RAI User's Manual, dated October 2023, revealed that Section N0415A1 Antipsychotic Medications (medications used to treat mental health disorders) was to be coded if the resident took the medication during the seven-day look-back period. Section N0450A Antipsychotic Medication Review was to be coded (0) if the resident did not receive an antipsychotic medication and was to be coded (1), (2) or (3) if the resident received an antipsychotic medication. Section N0450B was to be coded (0) if a gradual dose reduction (GDR) was not attempted or (1) if a GDR had been attempted. Section N0450C was to be coded to indicate the date of the last attempted GDR.</p> <p>Physician's orders for Resident 37, dated August 15, 2024, indicated that the resident was to receive 5 milligrams (mg) of olanzapine (an antipsychotic medication) daily related to dementia, mood disturbance, and anxiety.</p> <p>A nurse's note for Resident 37, dated August 15, 2024, at 3:46 p.m., revealed that orders were received for a gradual dose reduction (GDR) of olanzapine to 5 mg daily.</p> <p>Review of the Medication Administration Record (MAR) for Resident 37, dated September 2024, revealed that staff administered 5 mg of Olanzapine daily as ordered.</p> <p>A quarterly MDS assessment for Resident 37, dated September 27, 2024, revealed that Section N0415A1 was not coded, indicating that the resident did not receive an antipsychotic medication and Section N0450 was not coded, indicating that the resident did not receive an antipsychotic medication and did not receive a gradual dose reduction.</p> <p>Interview with the Nursing Home Administrator on October 24, 2024, at 8:36 a.m. confirmed that the MDS assessment for Resident 37 was coded incorrectly.</p> <p>The RAI User's Manual, dated October 2023, revealed that Section O0250A (Influenza Vaccine) was to be coded (0) if the resident did not receive the influenza vaccine, and (1) if the resident did receive the influenza vaccine, Section O0250A was to be completed with the date the influenza vaccine was received, and Section O0250C was to be coded with the reason why the influenza vaccine was not received; (1) if the resident was not in the facility during the flu season; (2) if received outside the facility; (3) if not eligible; (4) if offered and declined; (5) if not offered; (6) inability to obtain influenza vaccine due to a declared shortage; and (9) none of the above.</p> <p>A quarterly MDS assessment for Resident 43, dated September 11, 2024, revealed that the resident did not have his influenza vaccine information assessed.</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>Interview with the Infection Control Nurse on October 22, 2024, at 2:00 p.m. confirmed that the facility had no documented evidence that Resident 43 was offered, received, or refused an influenza vaccine since his admission on July 20, 2023.</p> <p>The RAI User's Manual, dated October 2023, revealed that Section N0415J1 Hypoglycemic Medications was to be coded if the resident took the medication during the seven-day look-back period.</p> <p>Physician's orders for Resident 84, dated September 10, 2024, included orders for the resident to receive 1000 mg of Metformin (medication used to lower blood sugars) twice a day for diabetes.</p> <p>Review of the MAR for Resident 84, dated September 2024, revealed that staff had administered the Metformin and insulin September 10 through 19, 2024.</p> <p>An admission MDS assessment for Resident 84, dated September 17, 2024, revealed that section N0415J1 was not coded, indicating that the resident did not receive hypoglycemic medication during the seven-day look-back assessment period.</p> <p>Physician's orders for Resident 88, dated August 1, 2023, included orders for the resident to receive 0.5 mg of Risperidone at bedtime and 0.25 mg twice day for vascular dementia with behavioral disturbances. Physician's orders, dated February 14, 2024, included orders for the resident's Risperidone be decreased to 0.25 mg twice a day.</p> <p>Review of the MAR for Resident 88, dated February 2024, revealed that staff started to administer 0.25 mg of Risperidone twice a day on February 14, 2024.</p> <p>A quarterly MDS assessment for Resident 88, dated September 16, 2024, revealed that Section N0415A1 was coded, indicating that the resident received an antipsychotic, and Section N0450C was not coded, indicating that the resident to did not receive a gradual dose reduction.</p> <p>Physician's orders for Resident 91, dated January 20 and 24, 2024, included orders for the resident to receive 25 mg of alogliptin benzoate (medication used to lower blood sugars) daily for diabetes and 8 units of Insulin Glargine subcutaneously twice a day for diabetes.</p> <p>Review of the MAR for Resident 91, dated July 2024, revealed that staff had administered the alogliptin benzoate and insulin glargine July 1 through 31, 2024.</p> <p>A quarterly MDS assessment for Resident 91, dated July 2, 2024, revealed that section N0415J1 was not coded, indicating that the resident to did not receive hypoglycemic medication during the seven-day look-back assessment period.</p> <p>Interview with the Nursing Home Administrator on October 24, 2024, at 8:27 a.m. confirmed that the MDS assessments mentioned above were coded incorrectly.</p> <p>28 Pa. Code 211.5(f) Clinical Records.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 30 Fourth Avenue Curwensville, PA 16833	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>19102</p> <p>Based on review of facility policies, clinical records, and staff interviews, it was determined that the facility failed to develop a comprehensive care plan that included specific and individualized interventions to address the care needs of residents for two of 138 residents reviewed (Residents 37, 84).</p> <p>Findings include:</p> <p>A facility policy for Comprehensive Person-Centered Care Plans, dated January 16, 2024, included that the interdisciplinary team, in conjunction with the resident and his or her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. The comprehensive person-centered care plan is developed within seven days of the completion of the required comprehensive Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs). Assessments of residents are ongoing and care plans are revised as information about the residents' conditions change.</p> <p>A quarterly MDS assessment for Resident 37, dated September 27, 2024, indicated that the resident was cognitively impaired, was able to be clearly understood and usually able to understand others, required assistance with care needs, and had diagnoses that included diabetes and dementia.</p> <p>Physician's orders for Resident 37, dated October 19, 2024, included an order for the resident to receive 0.4 milliliter (ml) of Enoxaparin (anticoagulant-used to prevent blood clots) subcutaneously (injection of medication into the fat layer between the skin and the muscle) daily for four weeks.</p> <p>There was no documented evidence that a care plan was developed to address Resident 37's individual care and treatment needs related to her use of anticoagulant medication.</p> <p>Interview with Nursing Home Administrator on October 23, 2024, at 2:17 p.m. confirmed that a care plan was not developed to address the care needs related to Resident 37's need for anticoagulant medication use and it should have been.</p> <p>An admission MDS assessment for Resident 84, dated September 17, 2024, indicated that the resident was cognitively intact, was incontinent of urine, and had a urinary tract infection.</p> <p>Physician's orders, dated October 1, 2024, included an order for the resident to have a urinary catheter, 18 French (size) with a 10 cubic centimeters (cc) balloon (located on the bladder end of the catheter and filled with sterile water to hold the tube in place) for urinary retention (a condition that makes it difficult to empty the bladder, either partially or completely).</p> <p>A review of the nurse aide documentation, dated October 1 through October 18, 2024, revealed that catheter care was provided each shift.</p> <p>There was no documented evidence that a care plan was developed to address Resident 84's individual care and treatment needs related to his use of a urinary catheter.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Nursing Home Administrator on October 24, 2024, at 12:17 p.m. confirmed that Resident 84's care plan did not include the use of a urinary catheter prior to him being discharged to the hospital.</p> <p>28 Pa. Code 201.24(e)(4) Admission Policy.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>19102</p> <p>Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident's care plan was updated/revised to reflect the resident's specific care needs for two of 138 residents reviewed (Residents 33, 81).</p> <p>Findings include:</p> <p>A facility policy for Comprehensive Person-Centered Care Plans, dated January 16, 2024, included that the interdisciplinary team, in conjunction with the resident and his or her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. The comprehensive person-centered care plan is developed within seven days of the completion of the required comprehensive Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs). Assessments of residents are ongoing and care plans are revised as information about the residents' conditions change.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 33, dated July 18, 2024, indicated that the resident was cognitively intact and did not receive a diuretic medication (water pill). A current care plan indicated that the resident was receiving a diuretic medication.</p> <p>Review of Resident 33's Medication Administration Record (MAR) for October 2024 and current physician's orders revealed that the resident was not ordered to receive a diuretic.</p> <p>Interview with the Nursing Home Administrator on October 24, 2024, at 12:17 p.m. confirmed that Resident 33's care plan was not revised to reflect that he was not receiving a diuretic.</p> <p>An admission MDS assessment for Resident 81, dated September 27, 2024, indicated that the resident was cognitively intact, was understood and able to understand others, required assistance with care needs, and had an indwelling catheter (a thin, flexible tube inserted into the bladder to drain urine from the bladder).</p> <p>A nurse's note for Resident 81, dated October 3, 2024, at 6:15 p.m. indicated that the resident was ordered to trial discontinuing his foley (indwelling) catheter.</p> <p>Review of Resident 81's Treatment Administration Record (TAR) for October 2024 and review of his current physician's orders revealed that the resident was not ordered to have an indwelling catheter. An active care plan for Resident 81, dated September 20, 2024, indicated that the resident had an indwelling catheter.</p> <p>Interview with the Nursing Home Administrator on October 23, 2024, at 2:17 p.m. confirmed that Resident 81's care plan was not revised to reflect that his foley catheter was discontinued.</p> <p>28 Pa. Code 201.24(e)(4) Admission Policy.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>38012</p> <p>Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders for medications were followed for four of 138 residents reviewed (Residents 67, 97, 100, 311).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 67, dated September 23, 2024, indicated that the resident was cognitively intact, required assistance from staff for daily care needs, and had diagnosis of hypotension (low blood pressure).</p> <p>Physician's order for Resident 67, dated October 7, 2024, included an order for the resident to receive 10 milligrams (mg) of Midodrine HCL (treats hypotension) every Monday, Wednesday, and Friday, hold if systolic blood pressure (top number) is greater than 130. Physician's order for Resident 67, dated October 19, 2024, included an order for the resident to receive 5 mg Midodrine every Tuesday, Thursday, Saturday, and Sunday and to hold if the systolic blood pressure is greater than 130.</p> <p>Review of Resident 67's Medication Administration Record (MAR), dated October 2024, revealed that staff were not obtaining or documenting the resident's blood pressure results but were administering the Midodrine.</p> <p>Interview with Nursing Home Administrator on October 23, 2024, at 8:30 a.m. confirmed that staff were not obtaining Resident 67's blood pressure prior to administering the Midodrine and they should have been.</p> <p>A quarterly MDS assessment for Resident 97, dated October 1, 2024, revealed that the resident was cognitively impaired, was understood and was able to sometimes understand others, required assistance with daily care needs, received insulin, and had a diagnosis that included diabetes.</p> <p>Physician's orders for Resident 97, dated August 8, 2024, included an order for the resident to receive 10 units of Insulin Lispro (a rapid acting insulin) subcutaneously (injection of medication into the fat layer between the skin and the muscle) for a blood sugar of greater than 400 milligrams per deciliter (mg/dl) and notify the Medical Director (MD).</p> <p>A review of Resident 97's Medication Administration Record (MAR) for August 2024 revealed that the resident's blood sugar on August 17, 2024, at 8:00 a.m. was 490 mg/dl and at 12:00 p.m. it was 515 mg/dl; on August 18, 2024, at 8:00 a.m. it was 450 mg/dl and at 12:00 p.m. it was 450 mg/dl; on August 27, 2024, at 5:00 p.m. it was 450 mg/dl; and on August 29, 2024, at 12:00 p.m. it was 436 mg/dl and at 5:00 p.m. it was 450 mg/dl. There was no documented evidence that the physician was notified of the blood sugars greater than 400 mg/dl on the above-mentioned dates and times.</p> <p>Physician's orders for Resident 97, dated August 30, 2024, included an order for the resident to receive 12 units of Insulin Lispro subcutaneously for a blood sugar of greater than 400 mg/dl and notify the physician.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 97's MAR for September 2024 revealed that the resident's blood sugar on September 18, 2024, at 12:00 p.m. was 479 mg/dl. There was no documented evidence that the physician was notified of the blood sugar greater than 400 mg/dl on the above-mentioned date and time.</p> <p>Physician's orders for Resident 97, dated October 1, 2024, included an order for the resident to receive six units of Novolog insulin (a rapid acting insulin) subcutaneously for a blood sugar of 501 mg/dl and above and notify the physician.</p> <p>A review of Resident 97's MAR for October 2024 revealed that the resident's blood sugar on October 12, 2024, at 12:00 p.m. was 569 mg/dl. There was no documented evidence that the physician was notified of the blood sugar that was greater than 400 mg/dl on the above-mentioned date and time.</p> <p>Interview with the Assistant Director of Nursing on October 24, 2024, at 3:14 p.m. confirmed that physician's orders were not being followed for Resident 97 and confirmed that the physician was not notified of the blood sugar results as ordered on the above-mentioned dates and times.</p> <p>An admission MDS assessment for Resident 100, dated September 20, 2024, revealed that the resident was cognitively intact, required assistance from staff for care needs, and had diagnoses that included heart failure.</p> <p>Physician's orders for Resident 100, dated September 18, 2024, included an order for the resident to receive 2.5 milligrams of Midodrine HCL (a medication to treat low blood pressure) with the medication to be held when the systolic blood pressure (SBP - the maximum pressure in the arteries when the heart contracts) was greater and 130 millimeters of mercury (mmHg).</p> <p>A review of Resident 100's Medication Administration Record (MAR) for September and October 2024 revealed that the resident's SBP on September 22, 2024, at 5:00 p.m. was 140 mmHg; on October 2, 2024, at 5:00 p.m. the SBP was 132 mmHg; on October 15, 2024, at 8:00 a.m. the SBP was 132 mmHg; on October 17, 2024, at 8:00 a.m. the SBP was 136 mmHg; on October 22, 2024, at 5:00 p.m. the SBP was 136 mmHg; and on October 23, 2024, at 8:00 a.m. the SBP was 136 mmHg. There was no documented evidence that the medication was held for a SBP above 130 mm Hg on the above-mentioned dates and times.</p> <p>Interview with the Nursing Home Administrator on on October 23, 2024, at 3:33 p.m. confirmed that Resident 100 was administered his medication outside of the parameters per the physician orders and the medication should have been held.</p> <p>Admission documentation for Resident 311, dated October 12, 2024, revealed that the resident had diagnoses that included hypertension (high blood pressure). Physician's order for Resident 311, dated October 12, 2024, included an order for the resident to receive 100 mg of Metoprolol every day and to hold if systolic blood pressure was less than 100 or heart rate was less than 60.</p> <p>Review of Resident 311's MAR, dated October 2024, revealed that staff were not obtaining the resident's blood pressure or heart rate prior to administering the Metoprolol.</p> <p>Interview with Nursing Home Administrator on October 23, 2024, at 8:24 a.m. confirmed that staff were not obtaining Resident 311's blood pressure prior to administering the Metoprolol and they should have.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>38012</p> <p>Based on review of clinical records and facility assessment reports, as well as staff interviews, it was determined that the facility failed to provide the correct consistency of food to one of 138 residents reviewed (Resident 71) and failed to complete safety assessments for two of 138 residents reviewed (Residents 85, 100) who used an air mattress.</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a federally-mandated assessment of the resident's abilities and care needs) for Resident 71, dated September 10, 2024, revealed that the resident was cognitively intact and required a mechanically-altered diet. Physician's order for Resident 71 included an order, dated March 15, 2024, for the resident to receive a pureed texture diet, add sauce and gravy, with nectar consistency liquids (thickened liquids).</p> <p>A nursing note for Resident 71, dated July 25, 2024, revealed that the resident was choking and that the licensed practical nurse had performed the Heimlich maneuver. The resident was choking on his lunch.</p> <p>A witness statement by the Speech Therapist, dated July 25, 2024, revealed that Resident 71 spit out a chunk of chicken when the Heimlich maneuver was performed.</p> <p>An interview with the Speech Therapist on October 22, 2024, at 2:01 p.m. revealed that Resident 71's pureed chicken was not the proper consistency and had chunks in it on July 25, 2024. She stated that she talked to the cook to inform him that the pureed chicken had chunks in it and that a resident had choked on the chunks.</p> <p>A facility policy, dated January 16, 2024, regarding support surface guidelines indicated that any individual at risk for developing pressure ulcers should be placed on a redistribution support surface. Elements of support surfaces that were critical to pressure ulcer prevention and general safety include pressure redistribution.</p> <p>A quarterly MDS assessment for Resident 85, dated September 3, 2024, revealed that the resident was cognitively intact, required partial to moderate assistance to roll from left and right and move from sitting to lying flat on the bed, and had a Stage 4 and Stage 2 pressure ulcers upon admission (Stage 4 - wound caused by pressure that has wound that may expose bone, tendon, or muscle, and Stage 2 - wound caused by pressure that was a shallow open wound).</p> <p>Observations on October 21, 2024, at 12:36 p.m. revealed that Resident 85 was lying in bed, and the bed was equipped with an air mattress; however, there was no documented evidence that the use of an air mattress was assessed for potential safety hazards prior to being placed on the resident's bed.</p> <p>Interview with the Assistant Director of Nursing on on October 24, 2024, at 10:50 a.m. confirmed that there was no assessment for potential safety hazards prior to the air mattress being placed on the Resident 85's bed and there should have been.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An admission MDS assessment for Resident 100, dated November 16, 2023, revealed that the resident was cognitively intact, required partial to moderate assistance to roll from left and right and move from sitting to lying flat on the bed, and had a Stage 4 pressure ulcers upon admission.</p> <p>Observations of Resident 100 on October 21, 2024, at 12:27 p.m. of the resident lying in bed revealed that the bed was equipped with an air mattress; however, there was no documented evidence that the use of an air mattress was assessed for potential safety hazards prior to being placed on the resident's bed.</p> <p>Interview with the Assistant Director of Nursing on on October 24, 2024, at 10:50 a.m. confirmed that there was no assessment for potential safety hazards prior to the air mattress being placed on the Resident 100's bed and there should have been.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>38012</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to respond timely to a pharmacy recommendation for one of 138 residents reviewed (Resident 74).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a federally-mandated assessment of the resident's abilities and care needs) for Resident 74, dated August 23, 2024, revealed that the resident was cognitively intact and had diagnoses that included diabetes.</p> <p>A pharmacy medication regimen review, dated June 4, 2024, revealed that the pharmacist recommended that the physician change the resident's Allopurinol from 50 milligrams (mg) twice per day to 100 mg once per day and that the resident's Zoloft (antidepressant) be moved to morning as it causes insomnia. The physician agreed to the recommendations and made the changes on July 6, 2024, over a month later.</p> <p>An interview with the Nursing Home Administrator on October 23, 2024, at 3:49 p.m. confirmed that the pharmacy medication regimen reviews were not addressed timely for Resident 74 and they should have been.</p> <p>28 Pa. Code 211.9(f)(3) Pharmacy Services.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>38012</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that residents were free from unnecessary drugs for two of 138 residents reviewed (Residents 74, 81).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a federally-mandated assessment of the resident's abilities and care needs) for Resident 74, dated August 23, 2024, revealed that the resident was cognitively intact and had diagnoses that included diabetes.</p> <p>Pharmacy Medication Regimen Review for Resident 74, dated August 10, 2024, included recommendation for the physician to discontinue the resident's Arixtra (blood thinner) and to taper the resident's fingerstick monitoring with sliding scale insulin coverage. The physician agreed with the pharmacist recommendations and discontinued the Arixtra and the fingerstick monitoring with sliding scale coverage on September 15, 2024, 36 days later.</p> <p>Resident 74's Medication Administration Records (MAR's) for August and September 2024 revealed that the resident received the Arixtra and the fingerstick monitoring with sliding scale insulin coverage from August 10, 2024, until September 15, 2024.</p> <p>Interview with the Nursing Home Administrator on October 23, 2024, at 3:49 p.m. confirmed that the physician did not address the pharmacy review recommendation timely and that the resident continued to receive the Arixtra and sliding scale insulin coverage.</p> <p>An admission MDS assessment for Resident 81, dated September 27, 2024, indicated that the resident was cognitively intact, was understood and able to understand others, required assistance with care needs, and had diagnoses including atrial fibrillation (irregular heart rhythm) and peripheral vascular disease (a disease causing poor blood circulation to lower limbs).</p> <p>Physician's orders for Resident 81, dated September 22, 2024, included an order for the resident to receive a 14 milligram (mg)/24-hour nicotine transdermal (placed on the skin) patch daily to help with quitting smoking, and remove per schedule.</p> <p>A pharmacy recommendation for Resident 81, dated September 23, 2024, indicated that the resident was recently added on a 14 mg nicotine patch for smoking cessation without a stop date. The pharmacist recommended to taper the nicotine patch to seven mg after six weeks and indicated to evaluate and add an order to discontinue the 14 mg nicotine patch in six weeks and start the seven mg nicotine patch for two weeks then discontinue, if appropriate. The Certified Registered Nurse Practitioner (CRNP) agreed with the recommendations on September 28, 2024, as documented on the pharmacist's recommendations and indicated to add a stop date as per the recommendations. There was no documented evidence in the resident's clinical record that the pharmacy recommendation was completed as recommended by the pharmacist and as agreed upon by the CRNP.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the MAR for Resident 81 for September and October 2024 revealed that the resident received a 14 milligram (mg)/24-hour nicotine transdermal patch daily on September 29 and 30, 2024; October 1 through October 12, 2024; and on October 21 and 22, 2024.</p> <p>Interview with the Infection Control Nurse on October 24, 2024, at 1:05 p.m. confirmed that she addressed the pharmacy recommendation for Resident 81 with the CRNP and the nicotine patch was to be decreased with a stop date added as per the pharmacy recommendations; however, this was not done, and it should have been.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>19102</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that non-pharmacological (non-medication) interventions were attempted prior to the administration of anti-anxiety medications for one of 138 residents reviewed (Resident 43).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 43, dated September 11, 2024, indicated that the resident was cognitively impaired, received an antianxiety medication, and had diagnoses that included anxiety.</p> <p>Physician's orders for Resident 43, dated June 6 and October 19, 2024, included orders for the resident to receive 0.5 milligrams (mg) of Ativan (an antianxiety medication) every four hours as needed for mild anxiety and shortness of breath. Resident 43's care plan, dated July 25, 2023, revealed that the resident used an antianxiety medication related to anxiety.</p> <p>Resident 43's Medication Administration Records (MAR's) for September and October 2024 revealed that staff administered as needed Ativan to the resident on September 1 at 9:56 p.m.; September 3 at 9:55 p.m.; September 4 at 10:20 p.m.; September 5 at 10:20 p.m.; September 7 at 8:02 p.m.; September 8 at 12:45 p.m.; September 11 at 10:29 p.m.; September 12 at 8:10 p.m.; September 15 at 4:53 p.m. and 7:35 p.m.; September 16 at 8:11 p.m.; September 17 at 9:28 p.m.; September 18 at 9:31 p.m.; September 21 at 10:30 a.m. and 7:35 p.m.; September 22 at 7:51 p.m.; September 25 at 7:14 p.m.; September 26 at 7:39 p.m.; September 27 at 7:25 p.m.; September 28 at 8:15 p.m.; September 30 at 5:27 p.m. and 9:42 p.m.; October 1 at 9:14 a.m.; October 2 at 12:22 p.m.; October 3 at 9:02 p.m.; October 4 at 9:11 p.m.; October 5 at 10:02 p.m.; October 6 at 7:53 p.m.; October 8 at 9:28 a.m. and 9:12 p.m.; October 9 at 8:20 p.m.; October 10 at 8:04 p.m.; October 11 at 8:25 p.m.; October 12 at 10:0 p.m.; October 13 at 7:56 p.m.; October 14 at 7:50 p.m.; October 15 at 7:58 p.m.; October 16 at 8:45 p.m.; October 18 at 4:00 p.m. and 8:45 p.m.; October 19 at 10:09 p.m.; October 20 at 7:17 p.m.; and October 21 at 9:19 p.m.</p> <p>There was no documented evidence in Resident 43's clinical record regarding any non-medication interventions that were attempted prior to the administration of Ativan on the above days and times.</p> <p>Interview with the Nursing Home Administrator on October 23, 2024, at 8:32 a.m. confirmed that there was no documented evidence of any non-medication interventions attempted prior to the administration of Ativan, and staff were to document the attempts at non-medication interventions.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing Services.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42079</p> <p>Based on review of facility policies, as well as observations and staff interviews, it was determined that the facility failed to label insulin with the date it was opened in one of three medication carts reviewed (Walnut hall); failed to discard two expired multi-dose vials of insulin in one of three medication carts reviewed (Maple hall); failed to provide a separately-locked, permanently-affixed compartment in the refrigerator for the storage of controlled drugs in one of two medication rooms reviewed (medication room on East Wing); and failed to ensure that medications were properly stored and labeled for one of 138 residents reviewed (Resident 69).</p> <p>Findings include:</p> <p>The facility's policy regarding medication labeling and storage, dated [DATE], indicated that controlled substances (medications with the potential to be abused) and other drugs subject to abuse are separately locked in permanently-affixed compartments. Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial. Each resident's medications are assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medications of several residents. Medications and biologicals are stored in packaging, containers, or other dispensing systems in which they are received. Nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.</p> <p>Manufacturer's directions for the use of Lantus insulin Solostar pen (a long-acting insulin used to lower blood sugar levels), dated [DATE], revealed that unused Lantus should be stored in a refrigerator between 36 degrees Fahrenheit (F) to 46 degrees F. After initial use it may be kept at temperatures up to 86 degrees F for up to 28 days.</p> <p>Observations of the Walnut medication cart on the East Wing on [DATE], at 2:07 p.m. revealed a Lantus insulin Solostar pen for Resident 12 that was opened and not dated.</p> <p>Interview with Licensed Practical Nurse 2 for the Walnut medication cart at the time of observation confirmed that the opened Lantus insulin Solostar pen for Resident 12 was opened and not dated.</p> <p>Manufacturer's instructions for Novolog insulin (injectable medication to lower blood sugar levels), dated February 2015, revealed that the vial of Novolog was to be discarded after 28 days of being opened and manufacturer's instructions for Lantus (injectable medication to lower blood sugar levels), dated [DATE], revealed that the vial of Lantus was to be discarded after 28 days of being opened.</p> <p>Observations of the medication cart on Maple hall on [DATE], at 1:32 p.m. revealed that a multi-use vial of Novolog insulin for Resident 41 was opened and was labeled as being opened on [DATE], and a multi-use vial of Lantus insulin for Resident 6 was opened and was labeled as being opened on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Licensed Practical Nurse 2 at that time confirmed that the Novolog for Resident 41 and the Lantus for Resident 6 should have been discarded 28 days after being opened.</p> <p>Observations in the facility's East Wing medication room refrigerator on [DATE], at 2:19 p.m. revealed an unlocked box not permanently affixed. Licensed Practical Nurse 2 removed the box from the refrigerator to show that the box was not able to be locked, indicating it was broken. The unsecured, unlocked compartment contained Dronabinol (a controlled medication used for nausea, vomiting, and appetite stimulant and is tightly controlled because it may be abused or cause addiction) for Resident 68.</p> <p>Interview with Nursing Home Administrator [DATE], at 2:46 p.m. confirmed that the narcotic box in the refrigerator in the medication room on the East wing, containing a controlled medication for Resident 68, was not locked and permanently affixed. He indicated that he was unaware that the refrigerator was replaced, and the box was never secured to the new refrigerator.</p> <p>An annual Minimum Data Set (MDS) for Resident 69, dated [DATE], indicated that the resident was cognitively intact, required assistance for daily care needs, and had diagnosis that included stroke, anxiety, depression, and hypertension (high blood pressure).</p> <p>Observation of Resident 69 on [DATE], at 11:33 a.m. revealed that the resident was sitting in her wheelchair with her lunch in front of her on the overbed stand. An unsupervised medicine cup containing 11 unlabeled pills was sitting on her overbed table. An interview with Resident 69 at that time revealed that she did not know the pills were on her table and that she forgot to take them.</p> <p>An interview with Licensed Practical Nurse 1 on [DATE], at 11:43 a.m. revealed that she did leave medication in Resident 69's room because she thought she was still in bed and was going to take them when she sat up. She did not stay in the room to observe the resident take the medication, and they were the resident's morning medication.</p> <p>An interview with the Assistant Director of Nursing on [DATE], at 10:50 p.m. confirmed that medications should not have been left unsupervised and unlabeled at the bedside for Resident 69.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy Services.</p> <p>28 Pa. Code 211.12(d)(1) Nursing Services.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>19102</p> <p>Based on review of facility policies and dishwasher temperature logs, as well as staff interviews, it was determined that the facility failed to record proper dishwasher temperatures for each meal in the main kitchen.</p> <p>Findings include:</p> <p>The facility policy for dish machine temperatures, dated January 16, 2024, revealed that dietary aides were responsible for recording dish machine temperatures each meal period. The wash temperature was to be 150 degrees Fahrenheit (F) and the rinse temperature was to be 180 degrees F. To ensure that the wash and rinse temperatures were properly monitored and controlled, a log was to be completed by those who were directly involved in the dish washing process. Entries were to be made for each meal.</p> <p>Review of the Dish Machine Temperature Log, dated August 21 through October 21, 2024, revealed that from August 21 to September 13, September 15 to September 28, September 29 to October 12, and October 14 to October 21, 2024, there was no documented evidence that proper dish machine temperatures were obtained and recorded for each meal.</p> <p>Interview with the Dietary Manager on October 23, 2024, at 12:49 p.m. confirmed that the dish machine temperature log was not complete and staff should have been recording the dish machine temperature for each meal.</p> <p>28 Pa. Code 211.6(f) Dietary Services.</p>

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>38012</p> <p>Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies.</p> <p>Findings include:</p> <p>The facility's deficiencies and plans of corrections for a State Survey and Certification (Department of Health) survey ending November 16, 2023, as well as a complaint visit on May 13, 2024, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending October 24, 2024, identified repeated deficiencies related to inaccurate Minimum Data Set (MDS) assessments, failing to create an individualized plan of care, quality of care, safety/accidents, label/store drugs and biologicals, and food procurement/storage/preparation.</p> <p>The facility's plan of correction for a deficiency regarding inaccurate MDS assessments, cited during the survey ending November 16, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F641, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding inaccurate MDS assessments.</p> <p>The facility's plan of correction for a deficiency regarding individualized plan of care, cited during the surveys ending November 16, 2023, and March 4, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F656, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding individualized plan of care.</p> <p>The facility's plan of correction for a deficiency regarding quality of care, cited during the survey ending November 16, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F684, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding quality of care.</p> <p>The facility's plan of correction for a deficiency regarding safety/accident hazards, cited during the survey ending November 16, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F689, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding safety/accident hazards.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's plan of correction for a deficiency regarding label/store drugs and biologicals, cited during the survey ending November 16, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F761, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding label/store drugs and biologicals.</p> <p>The facility's plan of correction for a deficiency regarding food procurement/storage/preparation, cited during the survey ending November 16, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F812, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding food procurement/storage/preparation.</p> <p>Refer to F641, F656, F684, F689, F761, F812.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48941</p> <p>Based on review of established infection control guidelines and residents' clinical records, as well as observations and staff interviews, it was determined that the facility failed to follow infection control guidelines from the Centers for Medicare/Medicaid Services (CMS) and the Centers for Disease Control (CDC) to reduce the spread of infections and prevent cross-contamination for one of 138 residents reviewed (Resident 81).</p> <p>Findings include:</p> <p>CDC guidance on Implementation of Personal Protective Equipment (PPE) use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), dated July 12, 2022, indicates that multidrug-resistant organism (MDRO) transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs. Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. CMS updated its infection prevention and control guidance effective April 1, 2024. The recommendations now include the use of EBP during high-contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their MDRO status, in addition to residents who have an infection or colonization with a CDC-targeted or other epidemiologically important MDRO when contact precautions do not apply.</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 81, dated September 27, 2024, indicated that the resident was cognitively intact, was understood and able to understand others, required assistance with care needs, had arterial and pressure ulcers present on admission, and had a diagnosis of peripheral vascular disease (a disease causing poor blood circulation to lower limbs). A care plan for Resident 81, dated September 20, 2024, revealed that the resident had actual skin breakdown. A care plan for Resident 81, dated October 17, 2024, revealed that the resident had an infection to his left toe.</p> <p>A progress note for Resident 81, dated October 2, 2024, at 10:16 p.m., indicated that the resident was seen by Healing Partners that morning. Documentation revealed that the resident had two unstageable pressure ulcers to the right posterior heel and left heel that were present on admission and that the residents had a total of 18 wounds.</p> <p>A progress note for Resident 81, dated October 16, 2024, at 12:16 p.m., indicated that the resident's left second and third toe wounds had purulent drainage. The Certified Registered Nurse Practitioner was made aware, and orders were received for a wound culture and the resident was started on doxycycline (an antibiotic) twice daily for 10 days.</p> <p>A progress note for Resident 81, dated October 16, 2024, at 5:57 p.m. indicated that the resident was seen by Healing Partners that morning. Documentation revealed that the resident's left second toe and left third toe had new wounds noted and new orders were obtained. The wound culture was done, and they were waiting for the results.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note for Resident 81, dated October 18, 2024, at 5:12 p.m. indicated that the wound culture and sensitivity results were received and the nurse practitioner indicated to continue with the doxycycline.</p> <p>Observations of Resident 81 on October 22, 2024, at 9:54 a.m. revealed that the resident had no signage at the entrance to his room or in his room to indicate infection control measures for EBP were in place related to his chronic wounds.</p> <p>A progress note for Resident 81, dated October 23, 2024, at 5:36 p.m., indicated that the resident was seen by Healing Partners that morning. Documentation revealed that the left heel and left third toe were worsening and new orders were obtained for the left heel. Other wounds were noted to be improving with delayed wound closure.</p> <p>Interview with the Infection Preventionist on October 24, 2024, at 10:30 a.m. confirmed that Resident 81 was not currently on EBP and should have been related to his chronic wounds.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>19102</p> <p>Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that each resident was offered and/or received the influenza immunization for one of 138 residents reviewed (Resident 43).</p> <p>Findings include:</p> <p>The facility's policy regarding the influenza vaccine, dated January 16, 2024, indicated that all residents and employees who had no contraindications to the vaccine would be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against influenza. Between October 1 and March 31 each year, the influenza vaccine would be offered to residents and employees.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 43, dated September 11, 2024, revealed that the resident could make himself understood and could usually understand others, was cognitively impaired, and did not have the influenza vaccine information assessed.</p> <p>An informed consent form for the influenza vaccine, dated October 31, 2023, revealed that the resident's representative requested that Resident 43 receive the influenza vaccine.</p> <p>Review of the immunization records for Resident 43 revealed no documented evidence that the resident was offered, received, or refused an influenza vaccine since admission on July 20, 2023.</p> <p>Interview with the Infection Control Nurse on October 22, 2024, at 2:00 p.m. confirmed that the facility had no documented evidence that Resident 43 was offered, received, or refused an influenza vaccine since his admission.</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 211.12(d)(1)(5) Nursing Services.</p>		