

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395661	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2024
NAME OF PROVIDER OR SUPPLIER  Casselman Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Hospital Drive Meyersdale, PA 15552	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>48941</p> <p>Based on a review of facility policy, clinical record reviews, and staff interviews, it was determined that the facility failed to ensure the accountability of controlled medications (drugs with the potential to be abused) for three of four residents reviewed (Residents 2, 3, 4).</p> <p>Findings include:</p> <p>A facility policy for medication administration, dated January 31, 2024, revealed that after the medication has been administered, the nurse will initial the resident's Medication Administration Record (MAR) on the appropriate line and will record the date and time.</p> <p>An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated March 7, 2024, revealed that the resident was cognitively intact, required assistance with care needs, was receiving hospice services, and received opioid (controlled drug used to treat pain) medication.</p> <p>Physician's orders for Resident 2, dated February 28, 2024, included an order for the resident to receive 50 milligrams (mg) of tramadol (controlled drug used to treat pain) every four hours as needed for pain.</p> <p>Physician's orders for Resident 2, dated April 26, 2024, included an order for the resident to receive 0.25 milliliters (ml) of morphine sulfate (controlled drug used to treat pain) every two hours as needed for pain, anxiety, or shortness of breath.</p> <p>Review of the controlled drug record (a form that accounts for each tablet/pill/dose of a controlled drug) for Resident 2, dated April 28, 2024, revealed that staff signed out a dose of morphine sulfate for administration to the resident on</p> <p>April 28, 2024, at 10:30 a.m. A controlled drug record, dated April 28, 2024, revealed that staff signed out a dose of tramadol for administration to the resident on April 28, 2024, at 10:30 a.m. However, a review of Resident 2's MAR for April 2024 and nursing notes revealed no documented evidence that the signed-out doses of morphine sulfate and tramadol were administered to the resident on those dates and times.</p> <p>A quarterly MDS assessment for Resident 3, dated April 23, 2024, revealed that the resident was understood, understands what is being said, was dependent for most care needs, was receiving hospice services, and received opioid (controlled drug used to treat pain) medication.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Physician's orders for Resident 3, dated February 29, 2024, included an order for the resident to receive 5 mg of oxycodone every eight hours as needed for moderate to severe pain.</p> <p>Review of the controlled drug record for Resident 3 revealed that staff signed out a dose of oxycodone for administration to the resident on March 7, 2024, at 10:30 a.m. A controlled drug record for Resident 3, dated March 8, 2024, revealed that staff signed out a dose of oxycodone for administration to the resident on March 8, 2024, at 4:30 p.m. However, a review of Resident 3's MAR for March 2024 and nursing notes revealed no documented evidence that the signed-out doses of oxycodone were administered to the resident on those dates and times.</p> <p>A significant change MDS assessment for Resident 4, dated March 12, 2024, revealed that the resident was cognitively intact, was understood and understands, was independent with care needs, had diagnoses that included end-stage renal disease, and was receiving an opioid (controlled drug used to treat pain) medication.</p> <p>Physician's orders for Resident 4, dated March 8, 2024, included an order for the resident to receive 7.5 milligrams (mg) of oxycodone (controlled drug used to treat pain) every six hours as needed for pain. Physician's orders for Resident 4, dated March 18, 2024, included an order for the resident to receive 7.5 milligrams (mg) of oxycodone (controlled drug used to treat pain) every 12 hours as needed for pain.</p> <p>Review of the controlled drug record for Resident 4, dated March, 2024, revealed that staff signed out a dose of oxycodone for administration to the resident on March 21, 2024, at 7:24 p.m. A controlled drug record, dated April 2024 revealed that staff signed out a dose of oxycodone for administration to the resident on April 6, 2024, at 9:07 p.m. However, a review of Resident 4's MAR and nursing notes revealed no documented evidence that the signed-out doses of oxycodone were administered to the resident on those dates and times.</p> <p>Interview with the Director of Nursing on May 15, 2024, at 3:43 p.m. confirmed that there was no documented evidence in Resident 2's, 3's, or 4's clinical records to indicate that the signed-out doses of a controlled drug were administered to the residents on the above-mentioned dates and times.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy Services.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>		