STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395661	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casselman Healthcare and Rehabilitation Center	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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 31760 Based on clinical record reviews and staff interviews, it was determined that the facility failed to notify the resident and resident's representative in writing of the transfer and reason for hospitalization for one of 31 residents reviewed (Resident 54). Findings include: A nursing note for Resident 54, dated May 20, 2024, revealed that the resident was admitted to the facility that afternoon. A nursing note for Resident 54, dated May 25, 2024, revealed that the writer received a call from the resident's son at 7:28 p.m. that the resident was not answering her cell phone. The resident's son stated that he felt that the resident has had a decline over the last few days. The writer relayed information to the resident's son that she received in report about the resident's increased weakness and orthostatic blood pressures (a condition where blood pressure drops suddenly when someone stands up from a sitting or lying position). The writer assured the resident's son that she would go back and assess the resident, update him, and make sure the resident's phone was charged and within reach. The writer went into the resident's room to assess her. The resident was alert and oriented, and appeared very fatigued and weak. The resident appeared to have had a significant decline since admission. The resident stated that she has episodes of dizziness, especially with standing. Orthostatic blood pressures were monitored, and a significant change was noted when going from a sitting to a standing position. The resident was tearful during the conversation, stating that she feels like she is going backward instead of forward. The resident reported, I just don't feel well. I am weak and have no energy. The resident stated that she felt that she should be evaluated at the hospital. The resident's son was notified of the transfer to the hospital, and the resident was transported to the hospital via ambulance at 8:14 p.m. The resident took her cell phone, charger, and glasses with her to the hospital. There was no documented evidence that a written notice of Resident 54's transfer to the hospital was provided to the resident and/or resident's representative regarding the reason for transfer. Interview with the Nursing Home Administrator on August 15, 2024, at 3:35 p.m. confirmed that the facility did not provide a written notice to the resident and/or the resident's representative when the resident was transferred to the hospital, because the resident was her own responsible party. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395661	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casselman Healthcare and Rehabilitation Center	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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 201.25 Discharge Policy. 28 Pa. Code 201.29(f)(g) Resident Rights.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395661	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casselman Healthcare and Rehabilitation Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 42079 Based on review of facility policies, clinical records, and staff interviews, it was determined that the facility failed to ensure that physicians orders were followed for one of 31 residents reviewed (Resident 21). Findings include: An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 21, dated June 25, 2024, revealed that the resident was understood and able to understand others, was cognitively impaired, required substantial assistance from staff for daily care needs, and had diagnoses that included heart failure and hypertension (high blood pressure). A care plan for for Resident 21, dated August 5, 2024, indicated that the resident had an actual fall due to poor balance and an unsteady gait. A nursing note for Resident 21, dated August 4, 2024, at 1:31 a.m., revealed that resident was found sitting on his buttocks on the floor in his room. The resident was incontinent of bowel at the time of the fall. A nursing note for Resident 21, dated August 4, 2024, at 9:40 p.m., revealed that he had a witnessed fall. The resident was standing by his closet and was trying to keep the room door open while closing the closet door. He lost his balance and fell to the floor onto his left hip before he could be assisted back to wheelchair. Resident 21 stated his left hip hurt to stand on, and he had a skin tear on his left hand. A Certified Registered Nurse Practitioner (CRNP - an advance practitioner) note for Resident 21, dated August 5, 2024, revealed that he was seen to follow up on recent falls. Resident 21 was found to have intermittent dizziness when standing, though it does not happen all the time. As a fall precaution with the dizziness, orthostatic vital signs (series of blood pressure and pulse vital signs of a patient taken while the patient is lying down, sitting, and then again while standing) were ordered for three days. Physician's orders for Resident 21, dated August 5, 2024, included orders for the resident to have orthostatic blood pressures taken for three days. If the resident was unable to stand, check the lying and sitting blood pressures. A CRNP note for Resident, dated August 7, 2024, revealed that there were no orthostatic blood pressures available for review. There was no documented evidence in the clinical record that the facility obtained orthostatic blood pressures from Resident 21 as ordered. Interview with the Director of Nursing on August 14, 2024, at 12:56 p.m. confirmed that staff should have obtained the orthostatic blood pressure reading for Resident 21 as ordered following a fall. The order was entered incorrectly and staff were not prompted to complete the task. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395661	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casselman Healthcare and Rehabilitation Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(1)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395661	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casselman Healthcare and Rehabilitation Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 19102 Based on review of policies, as well as observations and staff interviews, it was determined that the facility failed to ensure that medications were properly secured in the medication cart. Findings include: The facility's policy regarding medication labeling and storage, dated May 31, 2024, indicated that compartments (including but not limited to drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others. Observations on August 13, 2024, at 8:58 a.m. revealed that Licensed Practical Nurse 1 left a medication cart out of sight, unattended and unlocked in the hallway when she entered a resident's room. An interview with Licensed Practical Nurse 1 at the time of the observation confirmed that her medication cart was not locked when she entered a resident's room, and it should have been. Interview with the Nursing Home Administrator on August 13, 2024, at 9:17 a.m. confirmed that the medication cart should have been locked when unattended. 28 Pa. Code 211.9(a)(1) Pharmacy Services. 28 Pa. Code 211.12(d)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395661	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casselman Healthcare and Rehabilitation Center	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)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. 19102 Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the designated interdisciplinary team member obtained the required information from the contracted hospice provider for one of 31 residents reviewed (Resident 26) who were receiving hospice services. Findings include: The facility's Hospice Program policy, dated May 31, 2024, indicated that in general, it was the facility's responsibility to meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided was appropiately based on the individual resident's need, which included communicating with the hospice provider (and documenting such communication) to ensure that the needs of the resident were addressed and met 24 hours per day. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 26, dated July 24, 2024, indicated that the resident was cognitively intact, received hospice services, and had a diagnosis of multiple sclerosis (a chronic, typically progressive disease involving damage to the sheaths of nerve cells in the brain and spinal cord, whose symptoms may include numbness, impairment of speech and of muscular coordination, blurred vision, and severe fatigue). Physician's orders for Resident 26, dated July 26, 2023, included an order for the resident to be treated by hospice (end-of-life services). A care plan for Resident 26, dated June 13, 2024, indicated that the resident was receiving hospice services due to a terminal illness related to multiple sclerosis. As of August 15, 2024, there was no documented evidence in the resident's clinical record, or in the hospice provider's clinical record, that the facility obtained updated hospice nurse aide, licensed practical nurse or registered nurse charting. The last hospice nurse aide charting located on the resident's hospice chart was dated September 20, 2023, the last licensed practical nurse charting was dated January 11, 2024, and the last registered nurse charting was dated February 5, 2024. Interview with the Director of Nursing on August 15, 2024, at 10:25 a.m. confirmed that Resident 26's hospice nurse aide, licensed practical nurse and registered nurse charting was not in the resident's clinical record and/or in the hospice provider's clinical record, and should have been. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.