

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395671	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Southmont of Presbyterian Seniorcare		STREET ADDRESS, CITY, STATE, ZIP CODE 835 South Main Street Washington, PA 15301	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on review of facility policy, facility documents, clinical records, and staff interview, it was determined that the facility failed to identify and investigate incidents of possible neglect and abuse for two of three residents (Residents R27 and R35).</p> <p>Findings include:</p> <p>Review of the facility policy Abuse Investigation/reporting Procedure, last reviewed 11/20/23, indicated that if the facility suspects alleged violations of abuse, neglect, exploitation or mistreatment(including injuries of unknown origin), the facility immediately conducts an investigation including interviews, observations and notification of necessary persons. The facility protects he resident(s) involved.</p> <p>Review of the clinical record indicated that Resident R27 was admitted to the facility on [DATE], with diagnoses which included heart failure, kidney failure, a stroke with right sided hemiplegia. A MDS (Minimum Data Set- a periodic review of resident care needs) dated 5/3/24, indicated the diagnoses remained current.</p> <p>Review of an incident report dated 5/12/24, indicated that while staff were transporting the resident from the bathroom, staff bumped Resident R27's elbow on the doorframe causing a 1 cm x 1 cm skin tear. The treatment indicated a tegaderm(a clear, adhesive plastic dressing) was applied.</p> <p>Review of a progress note dated 5/29/24, indicated that the wound worsened to 2.7 c.m. x 1.7 c.m. requiring a Xeroform dressing(A non adherent dressing).</p> <p>Review of the clinical record indicated that Resident R35 was admitted to the facility with diagnoses which included dementia, difficulty walking, restless leg syndrome, anxiety and diabetes. A MDS dated [DATE], indicated the diagnoses remained current.</p> <p>Review of the physicians order summary indicated Resident R35 is a transfer with two assist.</p> <p>Review of an incident report indicated that while Resident R35 was being transferred with assistance of one staff, she obtained a skin tear of her left forearm when it hit into a walker. The incident report indicated a skin flap needed to be placed before a treatment was applied. An additional page attached to the incident report identified as skin tear/bruise check list indicated the area as a bruise measuring 7.5 cm x 2.5 cm.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/29/24, at 1:22 p.m. the Director of Nursing confirmed that the facility failed to identify, investigate and report potential neglect for two of three residents.</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)(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>31343</p> <p>Based on a review of clinical records and staff interviews, it was determined the facility failed to provide person-centered care consistent with professional standards of practice by failing to follow physician orders for proper transfer of one of three residents(Resident R35) causing an injury.</p> <p>Findings included:</p> <p>Review of the clinical record indicated that Resident R35 was admitted to the facility with diagnoses which included dementia, difficulty walking, restless leg syndrome, anxiety and diabetes. A MDS(Minimum Data Set- a periodic review of resident care needs) dated 5/14/24, indicated the diagnoses remained current.</p> <p>Review of the physicians order summary indicated Resident R35 is a transfer with two assist.</p> <p>Review of an incident report indicated that while Resident R35 was being transferred with assistance of one staff, she obtained a skin tear of her left forearm when it hit into a walker. The incident report indicated a skin flap needed to be placed before a treatment was applied. An additional page attached to the incident report identified as skin tear/bruise check list indicated the area as a bruise measuring 7.5 cm x 2.5 cm.</p> <p>During an interview on</p> <p>During an interview on 5/29/24, at 11:45 a.m., Nurse Aide Employee E3 stated that she followed the Southmont 5th Floor Need to Know Care Sheet while transferring Resident R35 as that is how the staff provide care. The nurse aide staff do not have computer access.</p> <p>During an interview on 5/29/24, at 2:50 p.m., the Nursing Home Administrator(NHA) stated that the facility Nurse Aides(NA) do not have access to kardex at this time. Stated that when a physician order is changed on the Care Sheet is to be updated by the unit secretary. Resident R35's care sheet transfer status had not been changed as the night nurse who took the order off did not update the sheet.</p> <p>During an interview on 5/29/24, at 1:22 p.m. the Director of Nursing confirmed that the facility failed to fully investigate and review the incident and the information was not accurate on some of the report and the facility did not provide the Nurse Aide with the correct transfer order and the facility failed to provide person-centered care consistent with professional standards of practice by failing to follow physician orders for proper transfer of one of three residents causing an injury.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		

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<p>F 0689</p> <p>Level of Harm - 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on review of facility policy, clinical records, facility provided documents, and staff interview, it was determined that the facility failed to implement effective safety measures by not providing hot liquids in a manner that promotes safety for one of four residents reviewed (Resident R78), which resulted in actual harm of a second degree burn (involving the epidermis and dermis layers of the skin that is red blistered swollen and painful). This was identified as harm for past non-compliance for one resident (Resident R78).</p> <p>Findings include:</p> <p>Review of the facility policy Investigating Adverse Events last reviewed, November 2023, indicated the facility will implement measures for residents at risk for accidents to prevent serious injury when possible.</p> <p>A review of the clinical record revealed that Resident R78 was admitted to the facility on [DATE], with diagnoses that included Parkinson's disease, dementia, and chronic kidney disease.</p> <p>A review of the Minimum Data Set (MDS - periodic assessment of care needs) dated 4/3/24, indicated that Resident R78 had moderately impaired cognitive ability and required extensive assist of one person for eating.</p> <p>A review of a nurse progress note dated 5/11/24, indicated resident R78's right upper thigh was noted to have blistering. The family and physician was notified.</p> <p>A review of an incident report dated 5/13/24, indicated Resident R78 had redness and blistering noted to right upper thigh, noted to be a possible burn.</p> <p>A review of a facility witnesses statements dated 5/12/24 and 5/13/24, indicated the following:</p> <p>Nursing Assistant (NA) Employee E1 indicated resident grabbed the bowl of soup off the dinner table and it ended up on the floor and in [resident] lap.</p> <p>NA Employee E2 indicated heard silverware and plate hit the floor, [resident] had knocked [resident's] food over, didn't see it on her clothes, was on her blanket and floor.</p> <p>A review of a physician order dated 5/12/24, indicated cleanse right thigh blister with saline solution, apply adaptic (non adhering wound dressing) to blister and cover with gauze and wrap with kling (dry dressing) wrap.</p> <p>A review of a wound progress note dated 5/14/24, indicated Resident R78 had a fluid-filled blister on top of right thigh measuring 5.5 centimeters (cm) in length and 5 cm in width.</p> <p>A review of a kitchen temperature log report dated 5/10/24, indicated the soup was served at 184 degrees Fahrenheit.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of resident's care plan date initiated 6/29/23, indicated Resident R1 is to be offered mugs with lids to prevent burns due to history of Parkinson's disease.</p> <p>During a telephone interview on 5/30/24 at 2:08 p.m., NA Employee E1, revealed the soup was placed in middle of table and was uncovered.</p> <p>During an interview on 5/28/24 at 9:30 a.m., The Nursing Home Administrator (NHA) revealed Resident R1 is dependent on staff for eating. On 5/10/24, Resident R78 was set up at table and hot soup was placed in the middle of table when resident grabbed for soup and pulled soup onto lap and floor. The NHA confirmed that the facility failed to implement effective safety measures by not providing hot beverages in a manner that promotes safety for Resident R78, which resulted in actual harm of a second-degree burn. This deficiency is cited as past non-compliance.</p> <p>The facility provided documentation of in-service training that was provided to the dietary staff, including Registered Nurses, Licensed Practical Nurses, and Nurse Aides, at the facility on 5/20/24, which addressed following the facility policy and procedures for abuse neglect and serving hot beverages.</p> <p>The facility reviewed like residents for non-compliance with hot beverages and meal service on 5/20/24, and audited all residents' meals for accuracy daily times five days, and to continue weekly times three weeks, and monthly time two months thereafter.</p> <p>The facility has adjusted employee workflow's to allow for increased supervision of the dining area while meals are being served. Protective aprons have been ordered for residents in the dementia unit in case of spills of hot liquids.</p> <p>A review of the QA (Quality Assurance) documentation indicated substantial compliance for serving hot beverages has been achieved 5/20/24 and is ongoing.</p> <p>During interviews with staff on 5/30/24, from 2:00 p.m. through 1:35 p.m. revealed NHA, DON, NA Employee E1, and NA Employee E2 confirmed proper procedure for serving hot beverages.</p> <p>During interviews with Nurse Aide staff on duty on 5/30/24 from 2:00 p.m. through 2:35 p.m. confirmed proper procedures for serving hot beverages.</p> <p>During an interview on 5/28/24, at 9:30 a.m. with the NHA, and review of the facility's immediate actions, education, and review of the QA monitoring process to sustain solutions, it was verified that the facility had implemented a plan of correction and achieved compliance on 5/20/24, which ensured residents are provided hot liquids in a manner that promotes safety.</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: 211.10 (c)(d) Resident care policies.</p> <p>28 Pa Code: 211.11 Resident care plan.</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** 31343</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility to make certain that medical supplies were properly stored and/or disposed of on one of two nursing units (Third Floor Nursing Unit).</p> <p>Findings include:</p> <p>During an observation on [DATE], at 10:50 a.m., the third floor emergency cart identified the following expired items:</p> <ul style="list-style-type: none"> 5- [NAME] suction tubing kits, dated [DATE] 3- intravenous catheter start kits, dated ,d+[DATE] 2- intravenous luer lock kits dated ,d+[DATE] 1- nasal cannula oxygen tubing kit dated ,d+[DATE] 2- 100 cc saline bottles for oxygen use dated [DATE] <p>During an interview on [DATE], at 11:30 a.m., Registered Nurse Supervisor Employee E4 confirmed the facility failed to properly dispose of expired emergency cart biologicals.</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: 211.9 (a)(1) Pharmacy services.</p> <p>28 Pa. Code: 211.12 (d)(1)(3)(5) 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 - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>31343</p> <p>Based on a review of policy, observations and staff interviews, it was determined that the facility failed to properly maintain kitchen equipment in a sanitary condition and failed to properly label and date food products in the walk in coolers creating the potential for unsafe conditions and the potential for cross contamination in the main kitchen and in two of three kitchenettes(4th and 5th floor kitchenettes).</p> <p>Findings include:</p> <p>A review of the facility Dietary- Sanitation, dated 11/20/23, indicated that the food service area will be maintained in a clean and sanitary manner.</p> <p>During an observation on 5/29/24, at 9:29 a.m. the following was observed in the Main Kitchen:</p> <p>In cooler #1</p> <p>2 staff lunch bags</p> <p>a piece of an aloe plant</p> <p>undated opened mayo, 2 water bottles, a chocolate syrup</p> <p>a beverage dispenser with a red liquid undated.</p> <p>Cooler #2 Fans had white splotches, supposed mold on both fans</p> <p>Cooler #3</p> <p>bag of chicken tenders and potatoes undated</p> <p>During an interview on 5/29/24 at 9:45 a.m., Director of Dietary Employee E5 confirmed the facility failed to properly label and date food products and maintain kitchen equipment as required.</p> <p>During an observation of the 5th floor kitchenette on 5/29/24, at 11:00 a.m., the following was observed:</p> <p>Gnats flying</p> <p>all cabinets handles sticky</p> <p>lower freezer has ice build up, possible seal not functioning.</p> <p>cabinets have food debris dried</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>bread and buns moldy</p> <p>cabinet with one bottle of ketchup, two mustards, one relish and chocolate syrup undated when opened.</p> <p>During an observation of the 4th floor kitchenette on 5/29/24, at 11:15 a.m., the following was observed:</p> <p>Gnats flying</p> <p>cabinets sticky</p> <p>cabinets soiled with food debris, bowls not stored properly</p> <p>lower freezer has ice build up</p> <p>During an interview on 5/29/24, at 11:39 a.m., the Nursing Home Administrator confirmed that the facility failed to maintain the kitchenettes of the 4th and 5th floors in a sanitary manner allowing for the potential for cross contamination.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>28 Pa. Code: 211.6(c) Dietary services.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p>