

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  04/25/2025
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 0575</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p>51307</p> <p>Based on observations and staff interview, it was determined the facility failed to post contact information for Adult Protective Services (APS) as required, in the building.</p> <p>Findings include:</p> <p>The facility must post, in a form and manner accessible and understandable to residents, resident representatives; a list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit.</p> <p>Observations conducted on 4/21/25, at approximately 10:30 a.m., on the third, fourth, fifth floor nursing units, and main lobby, revealed the facility did not have any elements of the APS contact information (agency name, address, email, and phone number) information posted or accessible to residents or resident representatives.</p> <p>During rounds on 4/21/25, at 10:30 a.m., Employee E1 social worker, confirmed that the APS contact information, was not posted in areas accessible to residents or resident representatives.</p> <p>During an interview, on 4/21/25, at 12:20 p.m., the Nursing Home Administrator, confirmed the facility failed to post contact information for Adult Protective Services (APS) as required, in the building.</p> <p>28 Pa. Code: 201.14(a)Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(e) Management.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>51307</p> <p>Based on review of facility policy, observations, and resident and staff interviews, it was determined that the facility failed to make grievance boxes accessible to residents on four of four locations, nursing units (three, four and five) and main lobby.</p> <p>Findings include:</p> <p>A review of the facility policy Skilled Nursing-Grievance Policy Form and Log reviewed 11/20/24. Grievances may be submitted orally or in writing. These may be anonymous.</p> <p>The Centers for Medicare &amp; Medicaid Services (CMS) does not specify exact height requirements for grievance boxes in skilled nursing facilities. However, CMS mandates that grievance procedures be accessible to all residents, including those with disabilities, in compliance with the Americans with Disabilities Act (ADA).</p> <p>In Pennsylvania, the Department of Health incorporates by reference the federal requirements outlined in 42 CFR Part 483, Subpart B, which pertain to long-term care facilities. These regulations emphasize the importance of accessibility but do not provide additional specifications regarding grievance box placement.</p> <p>To ensure accessibility, the ADA Standards for Accessible Design recommend that operable parts, such as slots on grievance boxes, be mounted between 15 and 48 inches above the floor. This range accommodates individuals using wheelchairs and ensures usability for a broad range of residents.</p> <p>During rounds on 4/21/25, at approximately 10:30 a.m., Employee E1 social worker and surveyor observed and measured the height of the grievance boxes. Employee E1 social worker confirmed on the third, fourth, fifth floor nursing units, and main lobby, the grievance boxes were not accessible. Three of three nursing units (third, fourth and fifth) grievance boxes were blocked by equipment. The grievance box on the third-floor nursing unit had been mounted at approximately 59 inches and the lobby box at approximately 52 inches above the floor, out of the reach of residents in wheelchairs.</p> <p>During an interview, on 4/21/25, at 12:20 p.m., the Nursing Home Administrator confirmed the facility failed to make grievance boxes accessible to residents on four of four locations, nursing units (three, four and five) and main lobby.</p> <p>28 PA Code: 201.18(e)(4) Management.</p> <p>28 PA Code: 201.29(a)(b)(c) Resident rights.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</b></p> <p>Based on review of clinical records and staff interviews, it was determined that facility staff failed to maintain ongoing communication with the dialysis (a machine filters wastes, salts and fluid from your blood when your kidneys are no longer healthy enough to do this work adequately) center for one of three residents reviewed (Resident R6).</p> <p>Findings include:</p> <p>Review of the facility policy Skilled Nursing - Dialysis Communication reviewed 12/16/24, indicated a dialysis communication binder will be initiated and utilized for all residents receiving dialysis. Section A to be completed by the nurse on duty prior to the transfer to the dialysis center. Section B to be completed by the dialysis center. Section C to be completed by the nurse on duty at the time of residents return to the facility.</p> <p>Review of the clinical record indicated Resident R6 was readmitted to the facility on [DATE], with diagnoses that included end-stage renal disease (ESRD - the kidneys permanently fail to work),dependence on renal dialysis, and diabetes.</p> <p>Review of the Minimum Data Set (MDS - periodic assessment of care needs) date 3/5/25, indicated the diagnoses remain current.</p> <p>Review of a physician ' s order dated 2/14/25, indicated Resident R6 was to receive dialysis three days a week on Monday, Wednesday, and Friday.</p> <p>Review of a care plan dated 6/7/23 and 7/31/23, indicated the following interventions:</p> <ul style="list-style-type: none"> <li>- Monitor vital signs before and after dialysis, notify doctor of any abnormalities.</li> <li>- Encourage the resident to go for the scheduled dialysis appointments.</li> <li>- Nursing will assess for pain over access area.</li> <li>- Nursing will assess for presence of adequate blood flow daily.</li> </ul> <p>Review of the dialysis communication forms from January 2025 through April 2025, revealed 17 communication forms out of 47 not fully completed either by the dialysis center, or after the residents return to the facility.</p> <p>During an interview on 4/24/25, at 011:30 a.m. the Assistant Director of Nursing (ADON) Employee E confirmed the facility failed to ensure the dialysis communication form was completed pre and post treatment between the facility and dialysis center.</p> <p>28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.</p>		