| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395672 | A. Building<br>B. Wing | 11/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lecom at Village Square, LLC | 149 West 22nd Street<br>Erie, PA 16502 |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496<br><br>Based on review of facility policies and documentation and clinical record review, and resident and staff interviews, it was determined that the facility failed to ensure that one of two residents reviewed regarding transfers (Resident R72) was free of neglect during care which resulted in actual harm of an anterior dislocation of left shoulder (when the shoulder slides forward out of the socket). This deficiency is cited as past non-compliance.<br><br>Findings include:<br><br>Review of facility policy entitled Abuse and Neglect Definitions dated 10/14/24, indicated Neglect: The failure to provide the goods and services necessary to avoid physical harm .<br><br>Review of facility policy entitled Abuse and Neglect dated 10/14/24, indicated It is the policy .to have zero tolerance for incidents of abuse and/or neglect.<br><br>Review of facility policy entitled Safe Lifting and Movement of Residents dated 10/14/24, revealed that Resident safety, dignity, comfort, and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents.<br><br>Review of facility policy entitled Lifting Machine, Using a Mechanical dated 10/14/24, revealed that At least two (2) nursing assistants are needed to safely move a resident with a mechanical lift [machine used to lift someone and transport from one location to another].<br><br>Review of Resident R72's clinical record revealed an admitted [DATE], with diagnoses that included Dementia (a disease that affects short term memory and the ability to think logically), Diabetes (a health condition caused by the body's inability to produce enough insulin), and Cognitive Communication Deficit (a condition that makes it difficult to communicate due to memory issues).<br><br>Review of Resident R72's Quarterly Functional Abilities and Goals Assessment (an assessment tool used to facilitate the management of care) dated 11/7/24, revealed that Resident R72 required dependent assistance for transfer from chair to bed, bed to chair. The Functional Abilities and Goals Assessment defined dependent as Helper does all of the effort. Resident does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity<br><br>(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: 395672 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lecom at Village Square, LLC | 149 West 22nd Street<br>Erie, PA 16502 |

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 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Review of Resident R72's Kardex (an easy to read document of resident care needs for the nursing assistants (NA) to reference), revealed under transferring mechanical lift and assist X 2 [times two staff].<br><br>Review of Resident R72's Tasks (a place that the nursing assistants document their care for the resident), revealed under Mechanical lift and assist times two, Transfer support provided. Documentation marked was for two plus person's physical assist.<br><br>Review of Resident R72's care plan with a focus of Has an ADL [Activities of Daily Living] self-care performance deficit with an initiated date of 8/5/24, revealed under interventions Transfer: mechanical lift and assist X 2.<br><br>Review of Resident R72's clinical record revealed a nurse's note dated 11/7/24, that the nurse was informed that Resident R72 sustained an injury to his/her left shoulder during transfer from wheelchair to bed with the stand-up lift [a type of mechanical lift to assist with transfers]. Resident felt like he/she was slipping and grabbed ahold of left lift bar and did not let go. Resident R72 complained of pain to his/her left shoulder with movement and touch. Resident R72's left shoulder also had dimpling (a symptom that makes the skin look bumpy or textured like an orange peel). Notification was made to the physician and the physician ordered to send Resident R72 to the emergency room .<br><br>Review of Resident R72's emergency room visit records dated 11/7/24, revealed a diagnosis of anterior dislocation of left shoulder.<br><br>Review of information submitted by facility dated 11/8/24, revealed that Resident R72 was transferred to the hospital and returned with a diagnosis of an anterior dislocation of left shoulder.<br><br>Review of the facility's investigation revealed that on 11/7/24, NA Employee E10 was transferring Resident R72 with a sit-to-stand lift without two staff members as required. NA Employee E10's statement revealed he/she was getting Resident R72 up with the sit-to-stand trying to put Resident R72 to bed to go to sleep. Resident R72's knees gave in on the lift and Resident R72 started sliding down slowly, NA Employee E10 then requested his/her fell ow teammate for help. NA Employee E10 stated that Resident R72 complained that his/her arms were hurting. An addendum on 11/8/24, on NA Employee E10's statement by the Director of Nursing (DON) revealed that NA Employee E10 was lifting Resident R72 without a second staff member present at the start of using the sit-to-stand lift.<br><br>Review of documentation submitted by the facility dated 11/8/24, revealed that the facility initiated an investigation, regarding resident neglect on 11/7/24. The investigation revealed NA Employee E10 was suspended pending investigation.<br><br>Interview with Physical Therapist (PT) Employee E9 on 11/19/24, at 10:15 a.m. revealed that Resident R72's therapy ended on 9/11/24, and upon Resident R72's therapy ending, his/her discharge transfer status was a mechanical lift with assist of two staff. PT Employee E9 also revealed that upon therapy ending Resident R72's special instructions in his/her clinical record were updated by therapy to a mechanical lift with assist of two staff.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395672 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Lecom at Village Square, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 149 West 22nd Street Erie, PA 16502 | |

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 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Interview with the Nursing Home Administrator on 11/19/24, at 10:30 a.m. confirmed that NA Employee E10 did not get another staff member to assist in the transfer of a resident that required transfers of two staff. Interview also revealed that NA Employee E10 had not worked in the facility since the incident on 11/7/24.<br><br>The facility failed to ensure that Resident R72 was free from neglect resulting in actual harm of an anterior dislocation of left shoulder from a transfer with assistance of one staff that required assistance of two staff.<br><br>This deficiency is cited as past non-compliance. On 11/8/24, the facility initiated a plan of correction that included the following:<br><br>On 11/8/24, the facility initiated education for all nursing staff including Registered Nurse's (RN's), Licensed Practical Nurses (LPN's), and NA's to ensure that resident transfers were performed per facility policy and resident care plans.<br><br>Immediate suspension of NA Employee E10.<br><br>Immediate education regarding resident mechanical lifts and checking transfer status before transferring a resident was provided to nursing staff which included RN's, LPN's, and NA's, which occurred 11/8/24, and was ongoing.<br><br>Therapy Department conducted competencies of staff included in the education to ensure that they understood the education and could perform the task correctly. Competencies were reviewed during this onsite investigation.<br><br>Interviews with LPN Employees E3 and E4, NA Employees E5, E6 and E7, and RN Employee E8 confirmed the facility initiated education and competencies starting 11/8/24, which included education on where to find transfer status for the resident and performing a return demonstration to ensure proper knowledge and technique while using mechanical lifts.<br><br>Audits were conducted to ensure safe transfers for residents which occurred on 11/8/24, through 11/18/24, and remain ongoing. During an interview with the Nursing Home Administrator (NHA), these audits will be reviewed by the Quality Assurance Performance Improvement (QAPI) Committee meeting post incident. The NHA also identified that review of resident transfers will continue to be reviewed at QAPI meeting and will continue until determined otherwise by the QAPI committee.<br><br>The facility has demonstrated compliance with using correct transfer status for residents since 11/14/24.<br><br>During an interview with the NHA on 11/19/2024, at 10:30 a.m. and review of the facility's immediate actions, education, competencies, audits, and review of the QAPI monitoring process to sustain solutions, it was verified that the facility had implemented a plan of correction to ensure residents are free from neglect regarding transfer status of residents and had achieved substantial compliance.<br><br>28 Pa. Code 201.14(a) Responsibility of licensee<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395672 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lecom at Village Square, LLC | 149 West 22nd Street<br>Erie, PA 16502 |

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 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | 28 Pa. Code 201.18(b)(1) Management<br><br>28 Pa. Code 201.18(e)(1) Management<br><br>28 Pa. Code 211.12(c) Nursing services<br><br>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395672 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Lecom at Village Square, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 149 West 22nd Street Erie, PA 16502 | |

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 0625<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47356<br><br>Based on review of facility policy and clinical records, and staff interview it was determined that the facility failed to provide the resident and/or resident representative with a written notice of the facility bed-hold policy (explanation of how long a bed can be held during a leave of absence and the cost per day) upon or within 24 hours of transfer for two of 19 residents reviewed (Residents R41 and R7).<br><br>Findings include:<br><br>Review of facility policy entitled, Admission, Transfer, and Discharge Rights dated 10/14/24, revealed, In cases of emergency transfer, notice at the time of transfer means that the family, surrogate, or representative are provided with a written notification within 24 hours of the transfer.<br><br>Review of Resident R41's clinical record revealed an initial admitted [DATE], with diagnoses that included intellectual disabilities (certain limitations in cognitive functioning), dysphagia (difficulty swallowing), and hypertension (high blood pressure). A progress note dated 6/27/24, revealed that Resident R41 was transferred to the hospital. The clinical record lacked documentation indicating that Resident R41 and/or their representative was provided with a copy of the facility bed-hold policy.<br><br>Review of Resident R7's clinical record revealed an initial admitted [DATE], with diagnoses that included hyperlipidemia (high cholesterol), hypertension, and hypothyroidism (a condition when the thyroid produces low amounts of thyroid hormones). Progress notes dated 5/11/24, and 6/12/24, revealed that Resident R7 was transferred to the hospital. The clinical record lacked documentation indicating that Resident R7 and/or their representative was provided with a copy of the facility bed-hold policy.<br><br>During an interview on 11/18/24, at approximately 2:20 p.m. the Corporate Nursing Home Administrator confirmed that the clinical records lacked evidence that Residents R41 and R7 and/or their representative were provided with a copy of the facility bed-hold policy within 24 hours of transfer or upon transfer.<br><br>28 Pa. Code 201.18(e)(1) Management<br><br>28 Pa. Code 201.29(f) Resident rights |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395672 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Lecom at Village Square, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 149 West 22nd Street Erie, PA 16502 | |

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 0655

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47356

Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to provide a written summary of the baseline care plan and order summary to the resident and/or representative for four of 19 residents reviewed (Residents R71, R49, R28, and R7) and failed to ensure that a baseline care plan for an indwelling foley catheter (a medical device that helps drain urine from the bladder) was developed and implemented for one of 19 residents reviewed (Resident R178 ).

Findings include:

A facility policy entitled, Care Plans - Baseline dated 10/14/24, revealed The baseline care plan included instructions needed to provide effective, person-centered care of the resident to meet professional standards of quality care and must include the minimum healthcare information necessary to properly care for the resident .The resident and/or representative are provided a written summary of the baseline care plan in a language that the resident/representative can understand that includes, but is not limited to the following:

a. The stated goals and objective of the resident;

b. A summary of the resident's medications and dietary instructions;

c. Any services and treatments to be administered by the facility personnel acting on behalf of the facility; and

d. Any updated information based on the details of the comprehensive care plan, as necessary.

Resident R71's clinical record revealed an admitted [DATE], with diagnoses that included dementia (memory/thinking problems that interfere with daily life and activities), dysphagia (difficulty swallowing), and malignant neoplasm of the bronchus or lung (lung cancer).

Resident R71's clinical record lacked evidence that a written summary of the baseline care plan and order summary was provided to Resident R71 and/or his/her representative.

Resident R49's clinical record revealed an admitted [DATE], with diagnoses that included muscle wasting and atrophy, dementia and hyperlipidemia (high cholesterol).

Resident R49's clinical record lacked evidence that a written summary of the baseline care plan and order summary was provided to Resident R49 and/or his/her representative.

Resident R28's clinical record revealed an admitted [DATE], with diagnoses that included dementia and heart failure (a condition where the heart cannot supply the body with enough blood).

Resident R28's clinical record lacked evidence that a written summary of the baseline care plan and order summary was provided to Resident R28 and/or his/her representative.

(continued on next page)

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395672 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Lecom at Village Square, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 149 West 22nd Street Erie, PA 16502 | |

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 0655<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Resident R7's clinical record revealed an initial admitted [DATE], with diagnoses that included hyperlipidemia, hypertension (high blood pressure), and hypothyroidism (a condition when the thyroid produces low amounts of thyroid hormones).<br><br>Resident R7's clinical record lacked evidence that a written summary of the baseline care plan and order summary was provided to Resident R7 and/or his/her representative.<br><br>Resident R178's clinical record revealed an admitted [DATE], with diagnoses that included benign prostatic hyperplasia (enlarged prostate gland), heart failure, and dysphagia (difficulty swallowing). Resident R178's admission documentation revealed an indwelling foley catheter was present upon his/her entry into the facility.<br><br>Resident R178's clinical record lacked evidence that a baseline care plan was developed for an indwelling foley catheter.<br><br>During an interview on 11/18/24, at 12:15 p.m. Charge Nurse Employee E3 confirmed that a baseline care plan for an indwelling foley catheter had not been developed for Resident R178. During an interview on 11/18/24, at 2:00 p.m. the Nursing Home Administrator confirmed that the clinical record for Residents R71, R49, R28, and R7 lacked evidence that a written summary of the baseline care plan and order summary was provided to the resident and/or his/her representative.<br><br>28 Pa. Code 211.10(c) Resident care policies<br><br>28 Pa. Code 201.18 (b)(1) Management |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395672 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lecom at Village Square, LLC | 149 West 22nd Street<br>Erie, PA 16502 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident’s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496<br><br>Based on review of facility policy and clinical records and staff interview, it was determined that the facility failed to transcribe a physician's order for an anxiety medication for one of 19 residents reviewed (Resident R1).<br><br>Findings include:<br><br>Review of facility policy entitled Medication and Treatment Orders dated 10/14/24, indicated Drug and biological orders must be recorded on the physician's order sheet in the resident's chart.<br><br>Review of Resident R1's clinical record revealed an admitted [DATE], with diagnosis that include Anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), Diabetes (a health condition that caused by the body's inability to produce enough insulin), and Hypertension (high blood pressure).<br><br>Review of Resident R1's clinical record revealed a physician's progress note dated 11/12/24, that indicated to add Hydroxyzine (an antianxiety medication) 25 milligrams (mg) every six hours as needed for anxiety.<br><br>Further review of Resident R1's clinical record revealed his/her physician's orders lacked evidence that Hydroxyzine 25 mg every six hours as needed for anxiety was transcribed in his/her physician's orders.<br><br>During an interview on 11/18/24, at 1:15 p.m. the Director of Nursing confirmed that the physician had ordered Hydroxyzine 25 mg every six hours as needed and the order was not transcribed on the physician's orders. He/she also confirmed that the Hydroxyzine order should have been transcribed on Resident R1's physician orders.<br><br>28 Pa. Code 211.10(d) Resident care policies<br><br>28 Pa. Code 211.12(d)(1)(5) Nursing services |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395672 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lecom at Village Square, LLC | 149 West 22nd Street<br>Erie, PA 16502 |

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 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47356<br><br>Based on review of clinical records and staff interview, it was determined that the facility failed to ensure adequate physician orders were in place for an indwelling urinary catheter (a medical device that helps drain urine from the bladder) for one resident reviewed for catheters (R178).<br><br>Findings include:<br><br>Resident R178's clinical record revealed an admitted [DATE], with diagnoses that included benign prostatic hyperplasia (enlarged prostate gland), heart failure, and dysphagia (difficulty swallowing). Resident R178's admission documentation revealed an indwelling foley catheter was present upon his/her entry into the facility.<br><br>Review of R178's order summary lacked evidence of that physician orders were in place for a urinary catheter, which would include but not limited to foley catheter and balloon size, foley catheter scheduled changes, foley catheter as needed changes due to soiling or dislodgement, draining the foley catheter collection bag, foley catheter collection bag changes, and foley catheter hygiene care.<br><br>During an interview on 11/18/24, at 12:15 p.m. Charge Nurse Employee E3 confirmed that physician orders were not in place regarding the overall care for an indwelling foley catheter for Resident R178.<br><br>28 Pa. Code 201.14(a) Responsibility of licensee<br><br>28 Pa. Code 211.12(d)(1)(5) Nursing services |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395672 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Lecom at Village Square, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 149 West 22nd Street Erie, PA 16502 | |

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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47356<br><br>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to provide a clinical rationale for the continued use of a PRN (as needed) psychotropic (affecting the mind) medication beyond 14-days and failed to provide evidence that non-pharmacological interventions (interventions attempted to calm a resident other than medication) were attempted prior to the administration of an as needed (PRN) psychotropic (mind altering) medication for two of six residents reviewed regarding psychotropic medications (Residents R12 and R67).<br><br>Findings include:<br><br>A facility policy entitled Antipsychotic Medication Use dated 10/14/24, revealed The need to continue PRN orders of psychotropic medications beyond 14 days requires that the practitioner document the rationale for the extended order. The duration of the PRN order will be indicated in the order Pertinent non-pharmacological interventions must be attempted, unless contraindicated, and documented following the resolution of the acute psychiatric situation.<br><br>Resident R12's clinical record revealed an admitted [DATE], with diagnoses that included anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), heart failure, and chronic pain. A physician's order dated 6/3/24, identified to administer Vistaril (anti-anxiety medication) 50 milligrams (mg) by mouth every 24 hours as needed for anxiety, and lacked the required stop date within 14 days or a clinical rationale with a duration for continued use beyond 14 days.<br><br>Review of the October 2024 and November 2024 Medication Administration Records (MAR) for Resident R12 revealed that the PRN Vistaril was used on 10/1/24, 10/2/24, 10/3/24, 10/5/24, 10/6/24, 10/7/24, 10/9/24, 10/10/24, 10/12/24, 10/13/24, 10/15/24, 10/18/24, 10/19/24, 10/21/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 10/27/24, 10/29/24, 11/2/24, 11/3/24, 11/5/24, 11/6/24, 11/11/24, 11/12/24, and 11/16/24. The October 2024 MAR, November 2024 MAR, and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions attempted prior to the administration of the PRN Vistaril for the 20 administrations in October 2024 and seven administrations in November 2024.<br><br>Resident R67's clinical record revealed an admitted [DATE], with diagnoses that included anxiety and dementia (a disease that affects short term memory and the ability to think logically). A physician's order dated 12/8/23, identified to administer Vistaril 10 mg by mouth every 12 hours as needed for anxiety, and lacked the required stop date within 14 days or a clinical rationale with a duration for continued use beyond 14 days.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395672 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Lecom at Village Square, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 149 West 22nd Street Erie, PA 16502 | |

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 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of the October 2024 and November 2024 MARs for Resident R67 revealed that the PRN Vistaril was used on 10/1/24, 10/2/14, 10/3/24, 10/7/24, 10/10/24, 10/11/24, 10/12/24, 10/13/24, 10/15/24, 10/16/24, 10/17/24, 10/19/24, 10/20/24, 10/21/24, 10/24/24, 10/27/24, 10/28/24, 10/29/24, 10/30/24, 11/2/24, 11/3/24, 11/4/24, 11/5/24, 11/6/24, 11/8/24, 11/9/24, 11/10/24, 11/11/24, 11/12/24, 11/13/24, 11/14/24, 11/15/24, and 11/16/24. The October 2024 MAR, November 2024 MAR, and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions attempted prior to the administration of the PRN Vistaril for 19 administrations in October 2024 and 14 administrations in November 2024.<br><br>During an interview on 11/18/24, at 1:20 p.m. the Director of Nursing confirmed that Resident R12's and R67's Vistaril orders lacked the required stop date within 14 days or a clinical rationale with a duration for continued use beyond 14 days and that R12's and R67's clinical record lacked evidence that non-pharmacological interventions were being attempted prior to administering the Vistaril.<br><br>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395672 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Lecom at Village Square, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 149 West 22nd Street Erie, PA 16502 | |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496<br><br>Based on review of facility policy and manufacturer's guidelines, observations, and staff interviews, it was determined that the facility failed to appropriately discard outdated medications for one of two medication carts reviewed (two east medication cart) and one of two medication rooms reviewed (first floor medication room).<br><br>Findings include:<br><br>Review of a facility policy entitled Expiration and Disposal of Medication dated [DATE], revealed Refrigerated items will be received from pharmacy with date opened sticker, nursing to write appropriate date once item is opened and/or removed from fridge. Nursing staff will inventory medications to assure medications are discarded when expired. And Guidelines: Medication Insulin Expiration after opening 28 days Medication PPD/TB [solution to test for tuberculosis] Expiration after opening 30 days.<br><br>Review of manufacturer's guidelines revealed that an open pen of Aspart Insulin (medication to treat diabetes) must be used within 28 days after opening or be discarded.<br><br>Review of manufacturer's guidelines revealed that an open pen of Glargine Insulin must be used within 28 days after opening or be discarded, even if the vial still contains insulin.<br><br>Review of manufacturer's guidelines revealed that an open vial of Tubersol (solution used to test for tuberculosis) should be discarded within 30 days after opening.<br><br>Observation of drug storage on [DATE], at 3:05 p.m. of the first floor medication room refrigerator revealed two open multi dose vials of Tubersol with no date indicating when the vials were opened.<br><br>Observation of drug storage on [DATE], at 3:30 p.m. of two east medication cart revealed an opened Glargine Insulin pen with an open date of [DATE], and an expiration date of [DATE], an opened Aspart Insulin pen with an open date of [DATE], and an expiration date of [DATE]. Further observation revealed an open bottle of cholestacare tablets (a supplement), with a best by date of [DATE].<br><br>During an interview on [DATE], at 3:05 p.m. with Registered Nurse (RN) Employee E2, he/she confirmed that the opened Tubersol vials lacked open dates and staff were unable to determine the discard date. He/she also confirmed that the vials of Tubersol should have been discarded.<br><br>During an interview on [DATE], at 3:30 p.m. the Director of Nursing confirmed that the Glargine Insulin pen, Aspart Insulin pen, and the bottle of cholestacare tablets were expired. He/she also confirmed that the Insulin pens and the bottle of cholestacare tablets should have been discarded.<br><br>28 Pa. Code 201.18(b)(1) Management<br><br>28 Pa. Code 211.9(a)(1) Pharmacy services<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395672 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lecom at Village Square, LLC | 149 West 22nd Street<br>Erie, PA 16502 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 28 Pa. Code 211.12(d)(1) Nursing services |