

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Kadima Rehabilitation & Nursing at Washington		STREET ADDRESS, CITY, STATE, ZIP CODE 1198 W. Wylie Avenue 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 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 provide concern forms and grievance boxes to residents and visitors on the nursing units and failed to provide an opportunity for anonymous grievances (Resident group).</p> <p>Findings include:</p> <p>A review of the facility policy Grievances reviewed 1/31/24 and 1/9/25, indicated it is the policy of the facility to support each resident's right to voice grievances without discrimination, reprisal, or fear of discrimination. A grievance may include a formal, written grievance process or a resident's verbalized complaint to facility staff.</p> <p>During an interview on 1/14/25, at 10:30 a.m. the Resident Group stated, you cannot file an anonymous grievance, the only box and forms are in front of the Nursing Home Administrator's (NHA) office.</p> <p>During an observation on 1/14/25, at 11:45 a.m. revealed the grievance box in the front lobby is in front of the NHA's office and within sight of the receptionist.</p> <p>During an observation on 1/14/25, at 1:45 p.m. revealed no grievance forms or boxes available for residents and visitors on the nursing units.</p> <p>During an interview on 1/15/25, at 10:00 a.m. the Nursing Home Administrator confirmed there was only one grievance box located in front of the NHA's office and the facility failed to provide the opportunity for residents and visitors to file an anonymous grievance.</p> <p>28 Pa Code: 201.18(e)(4) Management.</p> <p>28 Pa Code: 201.29(a)(b)(c) Resident rights.</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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>43725</p> <p>Based on facility policy review, personnel file review, and staff interview, it was determined that the facility failed to ensure that residents were protected from potential for abuse by failing to perform criminal history background checks prior to hire for two of five personnel files reviewed (Employee E7 and E12).</p> <p>Findings Include:</p> <p>Review of facility policy Abuse: Protection From Abuse reviewed 1/31/24 and 1/9/25, revealed the resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, neglect, and misappropriation of property. The facility conducts background checks and will not knowingly employ any individual who has been convicted of abusing, neglecting, or mistreating individuals.</p> <p>Review of facility policy Criminal Background Check reviewed 1/31/24 and 1/9/25, indicated a request for a criminal background check must be submitted to the Pennsylvania State Police prior to the start of active employment. Applicants may not be hired or attend orientation until such time as the criminal background clearance is completed.</p> <p>Review of the personnel file for Dietary Aide Employee E7 failed to reveal evidence that a Pennsylvania State Police background check or an FBI background check (for new hires that have not resided in Pennsylvania for two years) was completed prior to her hire on December 16, 2024.</p> <p>Review of personnel file for Registered Nurse (RN) Employee E12 failed to reveal evidence that a Pennsylvania State Police background check or an FBI background check was completed prior to her hire on November 18, 2024.</p> <p>During an interview on January 17, 2025, at 10:45 a.m., Human Resources Employee E12 confirmed the facility failed to provide background checks prior to employee hire date. She stated she thought the facility had 30 days after the date of hire to conduct the background checks. She stated they get a lot of staff do not report to work after being hired and did not want to waste the money on background checks if they were not going to show up for work.</p> <p>28 Pa. Code 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code 201.19(8) Personnel policies and procedures.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>26071</p> <p>Based on a review of facility policy, federal regulation, and staff interview, it was determined that the facility failed to provide transfer notices to representatives of the Office of the Long-Term Care Ombudsman Division for 12 of 12 months (January 2024 through December 2024).</p> <p>Findings include:</p> <p>Review of the facility policy Transfer and Discharge 1/31/24, indicated no resident will be discharged without timely notification of the resident, responsible party, or authorized representative.</p> <p>Review of Title 42 Code of Federal Regulations S483.15(c)(3) Notice Before Transfer: indicates, before a facility transfers or discharges a resident, the facility must (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>Federal Regulations further define emergency transfers as, When a resident is temporarily transferred on an emergency basis to an acute care facility, this type of transfer is considered to be a facility-initiated transfer.</p> <p>During an interview on 1/15/25, at 1:00 p.m., the Nursing Home Administrator confirmed the facility failed to provide transfer notices to representatives of the Office of the Long-Term Care Ombudsman Division since 1/1/24.</p> <p>28 Pa. Code 201.18(b)(3)(e)(2) Management.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>43725</p> <p>Based on review of facility policies, job descriptions, clinical records, and staff interviews, it was determined that the facility failed to adhere to acceptable standards of practice related to participation in interdisciplinary meetings, monitoring of Food Service operations, resident interviews, and participation in the Quality Assurance and Performance Improvement (QAPI), by the Registered Dietitian.</p> <p>Findings include:</p> <p>The Pennsylvania Code, Title 49, Chapter 21, Professional and Vocational Standards: Responsibilities of the Licensed Dietitian/ Nutritionist Section 21.711 Professional Conduct indicated that the Licensed Dietitian/ Nutritionist shall provide information which will enable patients to make their own informed decisions regarding nutrition and dietetic therapy, including the reasonable expectations of the professional relationship.</p> <p>Review of the Registered Dietitian's Job Description, states that dietitian encourages the resident/family to participate in the development and review of the residents' plan of care, maintains an adequate liaison with families and residents as necessary, meets with Dietary and Nursing staff as needed, attends departmental meetings, participates in QAPI, inspect food storage rooms, utility/janitorial closets, etc. for upkeep and supply control.</p> <p>During an interview on 1/15/25, at approximately 10:30 a.m., Registered Dietitian (RD) Employee E6 stated that she worked eight hours per week remotely. RD Employee E6 stated she has not physically been in the facility for more than a year. RD Employee E6 remotely assesses, reviews, and documents the required elements for each resident, she reviews the notes and documentation in the computer with remote access. RD Employee E6 stated the Dietary Manager (DM) Employee E2 does the in-person communication with the resident, RD Employee E6 and DM Employee E2 email each other with any issues. RD Employee E6 also does email communication with nursing for any clinical dietary issues. RD Employee E6 stated that she is aware of the Registered Dietitian Job Description, and she does not do any of the in-person duties in the job description, she reported she is located out of state. RD Employee E6 stated that she accepted this position temporarily as the facility has been unable to fill the posted position for an onsite Registered Dietitian. RD Employee E6 stated multiple times I been trying to help the facility until they can fill the position. RD Employee E6 stated she plans to resign this position as she cannot meet the in-person requirements.</p> <p>During an interview on 1/16/25, at approximately 10:08 a.m., DM Employee E2 confirmed that they had one Registered Dietitian, RD Employee E6, who worked eight hours per week and worked remotely. DM Employee E2 stated she does the in-person communication with the resident and she and RD Employee E6 email each other with any issues.</p> <p>During an interview on 1/17/25, at 11:10 a.m. Nursing Home Administrator confirmed the facility failed to have a Registered Dietitian on premises that participated in interdisciplinary meetings, monitor Food Service operations, or completed any in-person actions of the Registered Dietitian Job Description.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>28 Pa. Code: 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 211.12(d)(1) 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</p> <p>Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to assess, document, and notify physicians of increased and decreased Capillary Blood Glucose (CBG) levels for five of seven residents reviewed (Residents R13, R26, R28, R29, and R46).</p> <p>Findings include:</p> <p>The Centers for Disease Control defines diabetes as: Diabetes Mellitus is a chronic (long-lasting) health condition that affects how your body turns food into energy. Most of the food you eat is broken down into sugar (also called glucose) and released into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy. If you have diabetes, your body either doesn't make enough insulin or can't use the insulin it makes as well as it should. When there isn't enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease. Hypoglycemia is a condition that occurs when blood glucose is lower than normal, usually below 70 milligrams per deciliter (mg/dl). If left untreated, hypoglycemia may lead to weakness, confusion, unconsciousness, arrhythmias and even death. People with Diabetes Mellitus may be prescribed injectable insulin to assist in maintaining acceptable levels of CBG's. Hyperglycemia, or high blood glucose, occurs when there is too much sugar in the blood. This happens when your body has too little insulin. Hyperglycemia is blood glucose greater than 125 mg/dL while fasting (not eating for at least eight hours, or a blood glucose greater than 180 mg/dL one to two hours after eating. If you have hyperglycemia and it ' s untreated for long periods of time, you can damage your nerves, blood vessels, tissues and organs. Damage to blood vessels can increase your risk of heart attack and stroke, and nerve damage may also lead to eye damage, kidney damage and non-healing wounds.</p> <p>Review of facility policy Nursing Care of the Diabetic Resident reviewed 1/32/24 and 1/9/25, indicated the facility will recognize, assist, and document the treatment of complications commonly associated with diabetes. Documentation should reflect the carefully assessed diabetic resident and include vital signs, level of consciousness, assessment of the skin, emotional/mood changes, and pain/discomfort. Document results of any fingerstick blood glucose monitoring, interventions to stabilize blood glucose levels, and notification to physician.</p> <p>Review of facility policy Notification of Condition Change: Physician reviewed 1/31/24 and 1/9/25, indicated licensed professional nurses are responsible to provide timely and complete communication to physicians when there is a change in a resident ' s condition. Document assessment data, attempted or actual correspondence with physician, and physician ' s response in the medical record.</p> <p>Review of facility policy Documentation reviewed 1/31/24 and 1/9/25, indicated nursing documentation will follow the guidelines of good communication and be concise, clear, pertinent, and accurate.</p> <p>(continued on next page)</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>Review of facility hypoglycemic Protocol reviewed 1/31/24 and 1/9/25, indicated if resident ' s blood glucose is less than 70 administer rapidly absorbed simple carbohydrate such as 4 ounces (oz) of juice, 5 or 6 oz of regular soda, or tube of glucose gel. Repeat blood glucose in 10-15 minutes and repeat protocol if still less than 70. If resident is symptomatic, notify physician.</p> <p>Review of the clinical record indicated Resident R13 was readmitted to the facility on [DATE], with diagnoses that included diabetes, depression, and high blood pressure.</p> <p>Review of Resident R13' s Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 12/18/24, indicated the diagnoses remain current.</p> <p>Review of a physician ' s order dated 5/30/2024 to 8/14/2024, indicated to give Lispro (fast-acting insulin that starts to work about 15 minutes after injection, peaks in about 1 hour, and keeps working for 2 to 4 hours) 13 units one time a day, and 16 units twice a day. A physician order dated 8/14/24 and 9/17/24, indicated to give Lispro 16 units before meals. On 5/30/24 to 11/21/24, a physician ' s order indicated to give Levemir (long-acting type of insulin that works slowly, over about 24 hours) 17 units one time a day. A physician order dated 11/21/24 to 11/29/24, indicated to give Levemir 20 units one time a day. A physician order dated 11/29/24, indicated to give Lantus (long-acting type of insulin that works slowly, over about 24 hours) 20 units one time a day.</p> <p>Review of the clinical record electronic Medication Administration Record (eMAR) revealed that the resident's CBG's were as follows:</p> <p>On 7/10/24, at 4:56 p.m. the CBG was noted to be 549.</p> <p>On 7/11/24, at 1:02 p.m. the CBG was noted to be 432.</p> <p>On 7/11/24, at 7:31 p.m. the CBG was noted to be 459.</p> <p>On 7/13/24, at 12:57 p.m. the CBG was noted to be 485.</p> <p>On 7/14/24, at 9:26 p.m. the CBG was noted to be 428.</p> <p>On 7/27/24, at 6:19 a.m. the CBG was noted to be 405.</p> <p>On 10/22/24, at 5:36 p.m. the CBG was noted to be 402.</p> <p>Review of the care plan dated 3/22/22, indicated the following interventions: Accuchecks as ordered, diet as ordered, medications as ordered, monitor labs as ordered, report signs and symptoms of increased/decreased blood sugars.</p> <p>Review of Resident's eMAR and clinical progress notes indicated the resident was not assessed for hyperglycemia, the blood glucose was not monitored for effectiveness of treatment, staff failed to follow interventions of the care plan, and the physician was not notified of abnormal results on the above listed dates.</p> <p>Review of a clinical record indicated Resident R26 was admitted to the facility on [DATE], with diagnoses that included diabetes, high blood pressure, and muscle weakness.</p> <p>(continued on next page)</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>Review of the MDS dated [DATE], indicated the diagnoses remain current.</p> <p>Review of physician ' s orders dated 12/17/24, indicated to give Basaglar (Lantus) 18 units one time a day.</p> <p>Review of Resident 26's eMAR revealed that the resident's CBG's were as follows:</p> <p>On 12/13/24, at 3:39 p.m. the CBG was 405.</p> <p>A review of Resident R26's care plan dated 12/21/21 and 11/15/22, indicated the following interventions: Accuchecks as ordered. Medications as ordered. Report signs and symptoms of increased/decreased blood sugars.</p> <p>Review of Resident R26's eMAR and clinical progress notes indicated the resident was not assessed for hyperglycemia, failed to follow interventions of the care plan, blood sugar was not rechecked, and the physician was not notified of abnormal results.</p> <p>Review of the clinical record indicated Resident R28 was admitted to the facility on [DATE], with diagnoses that included diabetes, overactive bladder, and muscle weakness.</p> <p>Review of the MDS dated [DATE], indicated the diagnoses remain current.</p> <p>Review of the physician orders indicated on 7/12/24, Resident R28 was ordered Glucose Gel 40% (used to treat low blood glucose) give 1 application as needed for hypoglycemia of less or equal to 70 and able to swallow. Re-check blood sugar in 10-15 minutes. A physician order dated 8/6/24, indicated Accuchecks without coverage with meals. Physician orders dated 9/12/24, indicated Determir (Levemir) 26 units one time a day, and Determir 8 units one time a day.</p> <p>Review of Resident 28's eMAR revealed that the resident's CBG's were as follows:</p> <p>On 9/15/24, at 3:51 p.m. the CBG was noted to be 60.</p> <p>A review of Resident R28's care plan dated 12/21/21 and 11/15/22, indicated the following interventions: Accuchecks as ordered. Medications as ordered. Report signs and symptoms of increased/decreased blood sugars.</p> <p>Review of Resident R28's eMAR and clinical progress notes indicated the resident was not assessed for hypoglycemia, failed to follow interventions of the care plan, blood sugar was not rechecked, and the physician was not notified of abnormal results.</p> <p>Review of the clinical record indicated Resident R29 was admitted to the facility on [DATE], with diagnoses that included diabetes, high blood pressure, and constipation.</p> <p>Review of the MDS dated [DATE], indicate the diagnoses remain current.</p> <p>Review of the physician order dated 9/24/24, indicated Accucheck without coverage one time a day. A physician order dated 11/21/24, indicated to give Lantus 17 units at bedtime.</p> <p>(continued on next page)</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>Review of Resident 29's eMAR revealed that the resident's CBG's were as follows:</p> <p>On 12/19/24, at 6:02 a.m. the CBG was noted to be 440.</p> <p>A review of Resident R29's care plan dated 10/25/22 and 5/16/24, indicated the following interventions: Accuchecks as ordered. Medications as ordered. Report signs and symptoms of increased/decreased blood sugars.</p> <p>Review of Resident R29's eMAR and clinical progress notes indicated the resident was not assessed for hyperglycemia, failed to follow interventions of the care plan, blood sugar was not rechecked, and the physician was not notified of abnormal results.</p> <p>Review of the clinical record indicated Resident R46 was admitted to the facility on [DATE], with diagnoses that included diabetes, high blood pressure, and dementia (group of symptoms affecting memory, thinking and social abilities).</p> <p>Review of the MDS dated [DATE], indicated the diagnoses remain current.</p> <p>Review of a physician order dated 7/10/24, indicated Accuchecks without coverage. Call MD if less than 70 or greater than 400, one time a day for monitoring. An order dated 7/9/24 through 10/15/24, indicated Humalog (fast-acting insulin that starts to work about 15 minutes after injection, peaks in about 1 hour, and keeps working for 2 to 4 hours) 5 units two times a day. A physician order dated 10/15/24, indicated give Humalog 5 units with meals. A physician order dated 5/7/24 to 7/16/24, indicated give Lantus 20 units one time a day. A physician order dated 7/16/24, indicated Lantus 25 units one time a day.</p> <p>Review of Resident 46's eMAR revealed that the resident's CBG's were as follows:</p> <p>On 7/10/24, at 4:58 p.m. the CBG was noted to be 420.</p> <p>On 7/29/24, at 5:38 p.m. the CBG was noted to be 438.</p> <p>On 8/9/24, at 4:16 p.m. the CBG was noted to be 402.</p> <p>On 8/23/24, at 4:36 p.m. the CBG was noted to be 481.</p> <p>On 9/13/24, at 5:23 p.m. the CBG was noted to be 422.</p> <p>A review of Resident R46's care plan dated between 1/31/23 and 10/15/24, indicated the following interventions: Accuchecks as ordered. Medications as ordered. Report signs and symptoms of increased/decreased blood sugars.</p> <p>Review of Resident R46's eMAR and clinical progress notes indicated the resident was not assessed for hyperglycemia, blood sugar was not rechecked, and the physician was not notified of abnormal results.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 26071</p> <p>Based on review of facility documents, facility policy, clinical records, and staff interviews, it was determined that the facility failed to assess a resident for safe smoking for three of five residents reviewed (Residents R4, R10, and R54).</p> <p>Findings include:</p> <p>Review of the facility policy Smoking Policy dated 1/31/24, indicated that smokers will be reviewed on admission, at least quarterly, and as necessary depending on individual circumstances and changes in the resident's condition.</p> <p>Review of Resident R4's clinical record indicated an admitted [DATE].</p> <p>Review of resident R4's MDS (Minimum Data Set- a periodic assessment of resident care needs) dated 11/8/24, indicated the diagnoses of atrial fibrillation (arrhythmia of the heart), seizures, and cognitive communication deficit.</p> <p>Review of resident R4's care plan dated 2/6/24 indicated the resident goes outside to smoke, is at risk for side effects and injury from smoking due to limited range of motion, and a smoking safety screen will be reviewed per protocol.</p> <p>During an interview on 1/16/25, at 10:50 a.m. the Director of Nursing (DON) confirmed the last smoking assessment completed for resident R4 was 12/22/23, no further assessments were completed as required.</p> <p>Review of Resident R10's clinical record indicated an admitted [DATE].</p> <p>Review of resident R10's MDS dated [DATE], indicated the diagnoses of diabetes, asthma, and heart failure.</p> <p>Review of resident R10's care plan dated 12/11/24 indicated smoking is a priority for the resident. The resident goes outside to smoke, is at risk for side effects and injury from smoking, and a smoking safety screen will be reviewed per protocol.</p> <p>During an interview on 1/16/25, at 10:50 a.m. the DON confirmed the last smoking assessment completed for resident R10 was 7/2/24, no further assessments were completed as required.</p> <p>Review of Resident R54's clinical record indicated an admitted [DATE].</p> <p>Review of resident R54's MDS dated [DATE], indicated the diagnoses diabetes and high blood pressure.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Kadima Rehabilitation & Nursing at Washington		STREET ADDRESS, CITY, STATE, ZIP CODE 1198 W. Wylie Avenue 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.			
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of resident R54's care plan dated 8/23/24 indicated the resident enjoys smoking. The resident goes outside to smoke, is at risk for side effects and injury from smoking, and a smoking safety screen will be reviewed per protocol.</p> <p>During an interview on 1/16/25, at 10:50 a.m. the DON confirmed the last smoking assessment completed for resident R54 was 8/20/24, no further assessments were completed as required, and the facility failed to assess residents for safe smoking for Residents R4, R10, and R54.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1)(3) Management.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26071</p> <p>Based on review of facility policy, observations, manufacturers recommendations, clinical records, and staff interview, it was determined that the facility failed to make certain that residents are free of significant medication errors for one of two residents observed (Resident R3).</p> <p>Findings include:</p> <p>A review of the facility policy Medication Administration dated 1/31/24, indicated medications are administered, as prescribed, in accordance with good nursing principles and practices to ensure the safe, accurate and timely administration of medications.</p> <p>A review of the manufacturer's guideline for glargine insulin (Lantus-long acting type of insulin that works slowly, over about 24 hours) Solostar prefilled pen, November 2000, specified to perform a safety test before each injection. Select a dose of two units, hold the pen with the needle pointing upwards, gently tap the reservoir to remove air bubbles, press the injection button all the way in and check if insulin comes out of the needle tip.</p> <p>A review of a clinical record indicated Resident R3 was admitted to the facility on [DATE], with diagnoses that included diabetes and high blood pressure.</p> <p>A review of a physician order dated 10/24/24, indicated to inject insulin Lantus Solostar 100 u/ml (units per milliliter) Subcutaneous (under the skin) inject 12 units in the morning.</p> <p>During an observation on 1/16/25, at 8:00 a.m. of Resident R3's medication administration Licensed Practical Nurse (LPN) Employee E13 set the Lantus insulin pen to 12 units, failed to prime the insulin pen, and administered the medication.</p> <p>During an interview on 1/16/25, at 8:30 a.m. LPN Employee E13 confirmed she failed to prime the insulin pen prior to administering the medication.</p> <p>During an interview on 1/16/25, at 1:15 p.m. the Director of Nursing confirmed the facility failed to administer the correct dose of insulin by failing to prime the insulin pen needle for Resident R3.</p> <p>28 Pa. Code 211.12 (c)(1)(3) Nursing services.</p> <p>28 Pa. Code 201.29 (j) Resident rights.</p> <p>28 Pa Code: 201.18 (b)(1)(3) Management.</p> <p>28 Pa Code: 211.10 (d) Resident care policies.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51307</p> <p>Based on policy review, documentation and review of Centers for Disease Control (CDC) guidelines for Legionella (bacteria that causes disease found in contaminated water) control, and staff interviews it was determined that the facility failed to maintain a comprehensive program for water management to monitor the potential development and spread of Legionella and failed to implement control measures for Legionella within the facility for twelve of twelve months (December 2023 through December 2024).</p> <p>Finding include:</p> <p>Review of the facility policy Legionella Policy dated 1/9/25, previously dated 1/31/24, indicated Specific actions should be taken for prevention of Legionella and for investigation should a case occur.</p> <p>Core Elements of the Water Management Plan are:</p> <ol style="list-style-type: none"> 1. Establish Water Management Plan team. 2. Describe Center's water system using text and flow diagram. 3. Risk assessment with control methods and corrective actions. 4. Monitoring control measures. 5. Corrective actions. 6. Verification and validation. 7. Documentation and communication. <p>Review of Department of Health and Human services, Centers for Medicare and Medicaid services (CMS) memo, Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD) dated 7/6/18, revealed, Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread Legionella and other opportunistic pathogens in water. This policy memorandum applies to Hospitals, Critical Access Hospitals (CAHs) and Long-Term Care (LTC). However, this policy memorandum is also intended to provide general awareness for all healthcare organizations. Facilities must have water management plans and documentation that, at minimum, ensure each facility:</p> <ul style="list-style-type: none"> -Conducts a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Nontuberculous Mycobacteria, Burkholderia, Stenotrophomonas, and fungi) could grow and spread in the facility water system. -Develops and implements a water management program that considers the ASHRAE (American Society of Heating, Refrigerating, and Air Conditioning Engineers) industry standard and the CDC toolkit. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Specifies testing protocols and acceptable ranges for control measures and document the results of testing and corrective actions taken when control limits are not maintained.</p> <p>-Maintains compliance with other applicable Federal, State, and local requirements.</p> <p>Review of the ASHRAE guidance Managing the Risk of Legionellosis Associated with Building Water Systems dated December 2020, indicated the most commonly used supplemental disinfection methods are treatment with chlorine, chlorine-dioxide, copper-silver ions, and monochloramine. The guidance further indicated the recommended levels of residual chlorine are 0.50-3.00 ppm (part per million).</p> <p>Review of the Water Management Program Control Measures did not contain a log for Point of Use Disinfectant (the level of chlorine concentration in the water) indicated to measure and record hot water and cold-water chlorine concentration as point of use, and to note that chlorine concentration below 0.5 ppm and above 4.0 ppm as outside the control limits.</p> <p>Review of the Water Management Program Preventive Maintenance did not contain logs for flushing of all hot water and storage tanks monthly, minimum water temperature testing in all tanks.</p> <p>During an interview on 1/17/25 at approximately 11:00 a.m. the Maintenance Director, Employee E1 confirmed the facility had no documentation of water or temperature testing as per the Legionella Policy.</p> <p>During an interview on 1/17/25, at approximately 11:30 a.m. the Nursing Home Administrator confirmed that they termed the Maintenance Director the week of 12/23/24 and that the facility failed to maintain a comprehensive program for water management to monitor the potential development and spread of Legionella and failed to implement control measures for Legionella within the facility.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1) Management.</p>		