

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395684	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Concordia Lutheran Health and Human Care		STREET ADDRESS, CITY, STATE, ZIP CODE 134 Marwood Road Cabot, PA 16023	

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 0658</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49469</p> <p>Based on review of clinical records and staff interview it was determined that the facility failed to provide care and services according to accepted standards of clinical practice in the identification of a resident's transfer destination prior to disposition of a body for two of three residents (Resident CRR1 and CRR2).</p> <p>Findings include:</p> <p>A review of the facility policy Postmortem Care last reviewed [DATE], indicated it is the procedure of this facility to perform postmortem care for a resident who has deceased in the facility to include but not inclusive to:</p> <ul style="list-style-type: none"> . The family will be contacted and follow up and/or confirmation of the disposition of the body will be determined. . Notify the designated disposition location of a resident's death and fill out any postmortem paperwork as per facility policy. <p>Review of Resident CRR1's clinical record indicate admitted [DATE], with diagnosis of malignant neoplasm of the lung (lung cancer), hypertension (high blood pressure) and chronic obstructive pulmonary disease (constriction of the airways and difficulty or discomfort in breathing).</p> <p>Review of Resident CRR1's clinical progress dated [DATE], indicated Resident CRR1 ceased to breath (CTB) at 2:32 a.m. Further review indicated communication with family and funeral home of choice was [NAME] W. Trenez Funeral home.</p> <p>Review of CRR1's clinical progress note dated [DATE], indicate funeral home picked up body at 4:52 a.m.</p> <p>Review of Resident CRR1's Transfer/discharge report dated [DATE], indicated a signature for the transfer, however failed to identify funeral home name.</p> <p>Review of Resident CRR2's clinical record indicates an admitted [DATE], with diagnosis of malignant neoplasm of cervix (cervical cancer), anxiety and hypertension.</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 0658</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Review of Resident CRR2's clinical progress notes dated [DATE] indicate Resident CRR2 CTB [DATE], 1:55 a.m. son came into facility, Skirpan Funeral Home notified.</p> <p>Review of Resident CRR2's transfer/discharge report dated [DATE], indicated signature of transfer to Trenz Funeral home.</p> <p>A review of facility investigation indicated the facility that took possession of Resident CRR2, went to start services, and realized the face sheet was not the same name as the individual who was expected. Family confirmed not their family member. Facility was notified and contacted Skirpan funeral home who inspected body in possession and confirmed via face sheet the individual was resident CRR1 not Resident CRR2. Facility immediately planned for transfer to correct facility. Resident CRR1's family was notified. Transfer to correct facilities was completed.</p> <p>During an interview on [DATE] at 1:25 p.m. the Nursing home administrator confirmed that the transfer form completed for Resident CRR2 indicated Trenz funeral home took possession of deceased not Skirpan funeral home and that the Licensed Practical Nurse on duty failed to verify the correct funeral home and that the facility failed to provide care and services according to accepted standards of clinical practice in the identification of residents transfer destination prior to disposition of a body for two of three residents (Resident CRR1 and CRR2).</p> <p>28 Pa. Code 201.29(d) Resident rights.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		