

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395691	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2025
NAME OF PROVIDER OR SUPPLIER Riverstreet Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 440 North River Street Wilkes-Barre, PA 18702	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observation, clinical record review, facility policy review, and staff interviews, it was determined the facility failed to ensure that licensed nurses provided nursing services in accordance with professional standards of practice by not adhering to medication administration standards for 4 of 4 residents observed during the administration of medications. (Resident 30, 31, 37, and 44).</p> <p>Findings included:</p> <p>According to the Pennsylvania Code, Title 49, Chapter 21, Professional and Vocational Standards, State Board of Nursing, 21.11 (a)(1)(2)(4) indicates the registered nurse was to carry out nursing care actions that promote, maintain, and restore the well-being of individuals.</p> <p>The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, Chapter 21 section 21.11 Responsibilities of the Registered Nurse (RN) (a) The RN assesses human responses and plans, implements and evaluates nursing care for individuals or families for whom the nurse is responsible. In carrying out this responsibility, (4) the registered nurse carries out nursing care actions which promote, maintain and restore the well-being of individuals. (B) The registered nurse is fully responsible for all actions as a licensed nurse and is accountable to clients for the quality of care delivered.</p> <p>The Pennsylvania Code, Title 49, Professional and Vocation Standards, State Board of Nursing, Chapter 21, section 21.24 Administration of drugs. (a) A licensed registered nurse may administer a drug ordered for a patient in the dosage and manner prescribed.</p> <p>A review of facility policy entitled: Medication Administration last reviewed by the facility on May 2, 2025, indicated the individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method of administration before giving the medication. The policy further specifies it is the expectation of the nurse administering medications to keep the medication cart closed and locked when out of sight of the medication nurse and no medications are to be kept on top of the cart.</p> <p>The policy further specified it is the standard for staff to follow established facility infection control procedures which include handwashing, antiseptic technique, and gloves for the administration of medications.</p> <p>An observation of the medication pass conducted on Pine Hall medication cart with Employee 2, registered nurse (RN), revealed employee 2 administered medication to a total of 4 residents (Resident 30, 31, 37, 44) and multiple deviations from the policy requirements were observed:</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employee 2 administered medications to four residents (Residents 30, 31, 37, and 44) without performing hand hygiene between each resident.</p> <p>Employee 2 wore elongated acrylic nails and did not wear gloves while preparing medications, using her bare fingers and nails during the process.</p> <p>During the medication pass, Employee 2 dropped two medication pills onto the top of the cart, then picked them up with bare hands and placed them into the medication cup before administering them to Resident 37.</p> <p>Employee 2 prepared medications for two residents (Residents 30 and 44) located in the same room at the same time, labeling each medication cup only with the resident's bed number. The RN handed Resident 44 the medication cup intended for Resident 30. Resident 44 questioned the contents, stating, What is this new pill, it looks like potassium. I do not take potassium pills. The RN then exchanged the cups without verifying Resident 44's name, date of birth , or ensuring the correct medication was provided.</p> <p>Employee 2 left a cup containing a narcotic medication on top of the medication cart and entered the medication room with the door closed, leaving the narcotic medication accessible to other residents or staff.</p> <p>Employee 2 left the medication cart unlocked while leaving the general area of the cart on two separate occasions during the medication pass.</p> <p>The above observations were reviewed with the Director of Nursing on June 25, 2025, at approximately 10:30 AM and confirmed it is the expectation of nursing staff to prepare and administer medications according to the facility policy according to professional standards of practice.</p> <p>28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing Services.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, resident and staff interviews, and facility documentation, it was determined the facility failed to ensure that residents who were dependent on staff for assistance with activities of daily living (ADLs) consistently received necessary care and services to maintain personal hygiene and dignity for two residents out of 24 sampled residents (Residents 25 and 60).</p> <p>Findings include:</p> <p>A review of Resident 25's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses to include Parkinson's Disease (a movement disorder of the nervous system that cause symptoms of tremors, rigidity, and postural instability), and muscle weakness.</p> <p>A quarterly Minimum Data Set Assessment (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated May 12, 2025, indicated the resident required substantial/maximal assistance from staff for showering/bathing. The resident was cognitively intact with a BIMS score of 14 (brief interview for mental status, a tool to assess the residents' attention, orientation, and ability to register and recall new information, a score of 13-15 indicates the resident is cognitively intact).</p> <p>During an interview with Resident 25 on June 25, 2025, at 9:59 AM, the resident reported that staff were not consistent with providing showers on scheduled days, stating, Mondays and Fridays are my shower days, usually at night. I got one this week, but I have gone almost three weeks sometimes without getting a shower.</p> <p>A review of Resident 25's Kardex (a quick-reference summary for staff to guide delivery of care) documented that Resident 25 was scheduled to receive showers on Mondays and Fridays during the evening shift.</p> <p>A review of the Documentation Survey Report v2 for May 2025 revealed that on multiple scheduled shower dates (May 5, May 9, May 12, May 19, May 23, May 26, and May 30, 2025), showers were either not documented as provided or coded as not done (code 09) or not attempted due to medical condition (code 88). There was no supporting documentation indicating a change in condition that would have precluded showering.</p> <p>Similarly, a review of the Documentation Survey Report v2 for June 2025 revealed continued inconsistencies in shower provision and documentation for Resident 25. On June 2, 2025, the log recorded a code of 07 indicating the resident refused the shower. For June 6, 2025, the log recorded a code of 88, indicating the shower was not attempted due to a medical condition or safety concerns; however, there was no documentation showing any change in condition that would have prevented the resident from receiving a shower. Further review showed no documentation for June 13, 2025, to confirm that a shower was provided. The log for June 16, 2025, showed NA (not applicable), and there was no documentation to show that a shower was provided on June 20, 2025, as scheduled.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Nursing Home Administrator (NHA) on June 26, 2025, at approximately 11:00 AM, the NHA acknowledged that Resident 25 was scheduled to receive showers on Mondays and Fridays and confirmed that showers should have been provided as scheduled. The NHA could not explain why showers were not consistently provided or documented.</p> <p>A review of Resident 60's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses to include paralytic syndrome (a term for complete loss of strength in an affected limb or muscle group. It can be caused by damage to the brain, spinal cord, or peripheral nerves), hydrocephalus (the buildup of fluid in cavities called ventricles deep within the brain. The excess fluid increases the size of the ventricles and puts pressure on the brain), and muscle weakness.</p> <p>A review of Resident 60's comprehensive resident centered plan of care initiated on August 2, 2023, identified urinary incontinence and included goals to maintain the resident in as clean and dry as possible. Planned interventions required staff to provide toileting assistance at established times and to perform timely incontinence checks and changes, remind resident that it was time to use toilet, adjust toileting times to meet the resident's needs, and place urinal/bedpan within reach.</p> <p>A quarterly Minimum Data Set Assessment (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated May 3, 2025, indicated the resident required extensive assistance of two-plus staff for bed mobility, transfers, and toilet use. Additionally, the MDS indicated the resident was always of incontinent of urine and bowel without a toileting plan.</p> <p>During an interview with Resident 60 on June 24, 2025, at 9:54 AM, the resident reported that after dinner on Saturday, June 21, 2025, he made requests for his soiled incontinence brief to be changed after dinner but was not changed until 6:00 AM on June 22, 2025. Also, the resident stated he often had to wait long periods of time for staff to change his soiled briefs.</p> <p>A review of the resident's task survey report (an electronic report that summarizes care activities completed by nurses 'aides) dated June 2025, revealed that on Saturday June 21, 2025, staff recorded NA (not applicable) at 6:59 AM on 11PM-7AM shift, a blank (no documentation) on 7AM-3PM shift, and was incontinent of urine and changed at 10:59 PM on 3PM-11PM shift and on Sunday June 22, 2025, the resident was record to have been incontinent at 1:38 PM and no further record of incontinence care recorded by staff.</p> <p>During an interview with the Director of Nursing (DON) on June 26, 2025, at approximately 11:30 AM, the DON confirmed Resident 60 should have been on a every two-hour check and change program due to urinary and bowel incontinence and staff were required to record completion of these tasks in the electronic record.</p> <p>The facility could not provide documented evidence that Resident 60's plan of care addressed his individualized incontinence needs or documentation of staff consistently completing incontinence checks on each shift in efforts to keep the resident's skin clean and dry.</p> <p>The above findings were reviewed in an interview with the DON on June 6, 2025, at approximately 2:00 PM. The facility could not provide documented evidence that Resident 60's incontinence needs were assessed, and care planned to meet his individualized needs or that he received timely care and services to manage his incontinence</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 - Few</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** Based on a review of clinical records and resident and staff interviews, it was determined the facility failed to provide nursing services consistent with professional standards of practice by failing to follow physician orders for the prescribed bowel protocol intended to promote normal bowel activity for one of 24 sampled residents (Resident 49).</p> <p>Findings include:</p> <p>According to the American Academy of Family Physicians (The American Academy of Family Physicians is one of the largest medical organizations in the US founded to promote the science and art of family medicine) the primary goal of constipation management should be symptom improvement, and the secondary goal should be the passage of soft, formed stool without straining at least three times per week.</p> <p>The facility was unable to provide a written policy regarding bowel elimination management.</p> <p>A review of the clinical record revealed that Resident 49 was admitted to the facility on [DATE], with diagnoses to include congestive heart failure (weakness of the heart that leads to build-up of fluid in the lungs and surrounding body tissues), chronic obstructive disease (lung disease that blocks airflow and makes it difficult to breathe), and Type 2 diabetes (body has trouble controlling blood sugar and using it for energy).</p> <p>Physician orders dated April 26, 2025, outlined the following bowel regimen for Resident 49:</p> <p>Milk of Magnesia 400 MG/5 ML. Give 30 ml by mouth as needed for constipation. Administer if no BM (bowel movement) by the third day or 9 shifts. Document effectiveness.</p> <p>Dulcolax Suppository (Bisacodyl). Insert 1 suppository rectally as needed for constipation. For no bowel movement within 24 hours after administration of Milk of Magnesia.</p> <p>Fleet Enema 7-19 GM/118 ML (Sodium Phosphates). Insert 1 applicatorful rectally as needed for constipation. For no bowel movement by the end of the following shift after administration of suppository. Notify MD if ineffective.</p> <p>During an interview on June 24, 2025, at 10:48 AM, Resident 49 reported frequent constipation and described a recent episode involving significant straining that resulted in the development of hemorrhoids and rectal bleeding.</p> <p>A review of Resident 49's report of bowel activity from the Documentation Survey Report v2 for June 2025, revealed the resident's last bowel movement was on June 2, 2025, at 1:22 AM. The resident did not have any additional bowel movement on June 3, 2025, nor did he have any bowel movement on June 4, 5, and 6, 2025 (four consecutive days/11 shifts).</p> <p>Review of Resident 49's Medication Administration Record (MAR) for June 2025, revealed no documented evidence that nursing administered the prescribed bowel protocol during the time period without a bowel movement to promote bowel activity.</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 - Few</p>	<p>During an interview with the Director of Nursing (DON) on June 26, 2025, at 9:50 AM, the above findings were discussed and the DON confirmed that staff failed to carry out the physician ordered bowel protocol prescribed for Resident 49.</p> <p>28 Pa. Code 211.12 (c)(d)(1)(5) Nursing services.</p>		

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<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, facility policy, and resident and staff interviews, it was determined the facility failed to provide colostomy care and services consistent with professional standards of practice for one of 24 sampled residents (Resident 81).</p> <p>Findings include:</p> <p>Review of the facility Colostomy/Ileostomy Care Policy last reviewed May 2, 2025, indicated it is the policy of the facility to ensure that residents who require colostomy services receive care consistent with professional standards of practice, and to provide guidelines that will aid in preventing exposure of the resident's skin to fecal matter.</p> <p>A review of Resident 81's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses which included peritoneal abscess (a localization of pus or infected material within the peritoneal cavity) Chronic Kidney Stage 5(also known as end stage renal failure when the kidneys are no longer functional to support the body's needs) , Dependence on Renal dialysis (a treatment to replace the filtering function of the kidneys) and a colostomy (a surgical procedure that creates an opening for the colon in the abdominal wall for stool to exit the body).</p> <p>A quarterly Minimum Data Set Assessment (MDS a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated April 19, 2025, revealed the resident was cognitively intact with a BIMS score of 14 (Brief Interview for Mental Status a tool to assess the resident's attention, orientation, and ability to register and recall new information, a score of 13-15 equates to being cognitively intact) and a colostomy was present.</p> <p>A review of the clinical record revealed a physician's order dated April 15, 2025, for a colostomy appliance change every three days on the evening shift and as needed.</p> <p>A review of Resident 81's care plan, initially dated April 2, 2025, revealed the facility failed to develop a care plan for the resident's colostomy needs. The care plan failed to address the type of appliance, the size of the appliance or wafer, and the type of collection bag required for colostomy maintenance.</p> <p>An interview with Resident 81 on June 24, 2025, at approximately 1:20 PM confirmed that he had a colostomy. Resident 81 stated he had not had an appliance or bag on his colostomy in weeks and that although he requested an appliance or bag be applied before leaving for dialysis, this was not done. The resident further stated he is sent to dialysis in an adult brief, without a bag, and the colostomy drains directly into the brief.</p> <p>An interview with the Director of Nursing on June 25, 2025, revealed Resident 81 frequently refused to have the colostomy appliance changed as ordered; however, a review of the clinical record showed no documented evidence that Resident 81 refused colostomy care.</p> <p>(continued on next page)</p>		

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<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Nursing Home Administrator on June 26, 2025, at approximately 10:00 AM was conducted to review the above findings related to the failure to provide colostomy care and services consistent with professional standards of practice and facility policy for Resident 81.</p> <p>28 Pa. Code: 211.10(c) Resident care policies.</p> <p>28 Pa. Code:211.12(d)(1)(3)(5) Nursing services.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, select facility policy and staff interviews it was determined the facility failed to develop and implement individualized pain management programs, consistent with professional standards of practice, to meet the pain management needs and attempt non-pharmacological interventions to alleviate pain prior to the administration of a narcotic pain medication prescribed on an as needed basis for two residents out of 24 reviewed (Resident 37 and Resident 98).</p> <p>Findings include:</p> <p>According to the US Department of Health and Human Services, Interagency Task Force, Executive Summary Draft Final Report May 6, 2021, for Pain Management Best Practices the development of an effective pain treatment plan after proper evaluation to establish a diagnosis with measurable outcomes that focus on improvements including quality of life (QOL), improved functionality, and Activities of Daily Living (ADLs). Achieving excellence in acute and chronic pain care depends on the following:</p> <p>An emphasis on an individualized patient-centered approach for diagnosis and treatment of pain is essential to establishing a therapeutic alliance between patient and clinician.</p> <p>Acute pain can be caused by a variety of different conditions such as trauma, burn, musculoskeletal injury, neural injury, as well as pain due to surgery/procedures in the perioperative period. A multi-modal approach that includes medications, nerve blocks, physical therapy and other modalities should be considered for acute pain conditions.</p> <p>A multidisciplinary approach for chronic pain across various disciplines, utilizing one or more treatment modalities, is encouraged when clinically indicated to improve outcomes.</p> <p>A review of a facility policy last reviewed by the facility on May 2, 2025, revealed the physician will order appropriate non-pharmacologic and medication interventions to address a resident's pain. The policy further revealed staff will provide the elements of a comforting environment and appropriate physical and complementary interventions including heat or ice, repositioning, massages, and the opportunity to discuss their management of chronic pain.</p> <p>A review of Resident 98's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses, which included Parkinson's Disease (a progressive neurological disorder that primarily affects movement, causing tremors, stiffness, and balance difficulty), and chronic pain.</p> <p>A review of a physician order initially dated March 28, 2025, revealed the resident was ordered Oxycodone (a narcotic pain medication) 10MG give 1 tablet via PEG-Tube (a tube inserted into the stomach to administer nutrition and medication) every 6 hours as needed for a pain level of 4 to 10 (0 indicates no pain and 10 indicates the worst pain) with Non-Pharmacological Interventions (healthcare strategies that don't involve medication but instead focus on other approaches to improve health and well-being) including 1. Reposition 2. Back rub 3. Music 4. Warm/cool compress 5. Diversional activity.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records and staff interview, it was determined the facility failed to develop and implement an individualized person-centered plan to render trauma informed care to a resident with a diagnosis of Post-Traumatic Stress Disorder for one out of 24 residents reviewed (Resident 50).</p> <p>Findings include:</p> <p>A review of Resident 50's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses that included major depressive disorder, anxiety, malignant neoplasm of lung (cancerous tumors that form in lung tissue) and post-traumatic stress disorder (PTSD a mental health condition that's caused by an extremely stressful or terrifying event, either being part of it or witnessing it. Symptoms may include flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event).</p> <p>The resident's current care plan, in effect at the time of review on June 24, 2025, did not identify the resident's PTSD triggers related to this diagnosis and resident specific interventions to meet the resident's needs for minimizing triggers and/or re-traumatization.</p> <p>The facility failed to develop and implement an individualized person-centered plan to address, this resident's diagnosis of PTSD according to standards of practice to promote the resident's emotional well-being and safety.</p> <p>Interview with the Nursing Home Administrator (NHA) on June 26, 2025, at 1:00 PM, confirmed the facility was unable to demonstrate the facility provided culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for resident's experiences and preferences to eliminate or mitigate triggers that may cause re-traumatization of the resident.</p> <p>28 Pa Code 211.12 (d)(3)(5) Nursing services.</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and select facility policy, and staff interviews, it was determined the facility failed to ensure that the physician medication orders were signed in a timely manner, resulting in medication administration delays for one resident out of 24 reviewed (Resident 46).</p> <p>Findings include:</p> <p>Review of the facility policy titled Physician Services last reviewed by the facility on May 2, 2025, indicated that the medical care of each resident is supervised by a licensed physician. Supervising the medical care of resident includes providing consultation or treatment when called by the facility, prescribing medications and therapy, and overseeing a relevant plan of care for the resident.</p> <p>A review of the clinical record revealed that Resident 46 was admitted to the facility on [DATE], with diagnoses to include polyneuropathy (medical condition where multiple peripheral nerves throughout the body become damaged or dysfunctional, resulting in numbness, tingling, burning sensations, weakness, and pain), and congestive heart failure (weakness of the heart that leads to build-up of fluid in the lungs and surrounding body tissues).</p> <p>Review of a physician's order dated May 30, 2025, revealed an order for Pregabalin oral capsule 100 MG (also known as Lyrica, a medication used to treat neuropathic pain a chronic pain condition that results from nerve damage caused by injury or disease). Give one capsule by mouth three times a day for neuropathy.</p> <p>Review of Resident 46's Medication Administration Record (record of the medication administered, time and date of administration, and staff administering the medication) for June 2025, identified that the resident missed 8 doses of Pregabalin on the following dates and times:</p> <p>June 14, 2025 at 2:00 PM</p> <p>June 14, 2025 at 10:00 PM</p> <p>June 15, 2025 at 6:00 AM</p> <p>June 15, 2025 at 2:00 PM</p> <p>June 15, 2025 at 10:00 PM</p> <p>June 16, 2025 at 6:00 AM</p> <p>June 16, 2025 at 2:00 PM</p> <p>June 16, 2025 at 10:00 PM</p> <p>(continued on next page)</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing on June 26, 2025, at 1:45 PM revealed the physician failed to sign the refill prescription for Pregabalin timely. She reported that staff called the physician's office and were informed the physician would come to the facility to sign the order, but he did not appear as expected. The unit manager ultimately drove to the physician's office to obtain the signed prescription.</p> <p>Interview with the Employee 5 (Licensed Practical Nurse and Unit Manager) on June 26, 2025, at 2:20 PM revealed the original prescription for Pregabalin, issued at admission, included 45 capsules with no refills. Because refills were not authorized, the physician needed to issue a new order for continued therapy. The facility contacted the physician's office multiple times; despite assurances, the physician did not come to the facility to sign the new order. On June 16, 2025, Employee 5 personally delivered the unsigned prescription to the physician's office, obtained the signed order, and returned it to the facility. Pharmacy was then contacted to refill the medication.</p> <p>Review of the signed prescription dated June 16, 2025, confirmed it was for 45 capsules of Pregabalin with no refills authorized.</p> <p>The facility failed to ensure timely physician signature on medication orders, resulting in missed doses of prescribed medication and a delay in Resident 46's treatment.</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 211.5(f)(i) Medical records.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews and resident and staff interviews, it was determined the facility failed to ensure the provision of pharmacy services to assure the timely receipt and administration of physician-prescribed medications for one resident of 24 reviewed (Resident 49).</p> <p>Findings include:</p> <p>A review of the clinical record revealed that Resident 49 was admitted to the facility on [DATE], with diagnoses to include congestive heart failure (weakness of the heart that leads to build-up of fluid in the lungs and surrounding body tissues), chronic obstructive disease (lung disease that blocks airflow and makes it difficult to breathe), and Type 2 diabetes (body has trouble controlling blood sugar and using it for energy).</p> <p>During an interview on June 24, 2025, at 10:48 AM, Resident 49 reported ongoing constipation and described a recent incident of significant straining that led to the development of hemorrhoids and rectal bleeding. The resident stated, They're supposed to do suppositories or cream or something for my hemorrhoids. They keep saying they're going to do something, but they never do. He further reported, My bottom burns so bad.</p> <p>Nursing documentation dated June 21, 2025, at 2:21 PM noted the resident had rectal bleeding and the presence of small hemorrhoids.</p> <p>A physician order dated June 23, 2025, directed the use of Preparation H External Cream 1% (hydrocortisone) (cream used to relieve symptoms associated with hemorrhoids). Apply to hemorrhoids topically two times a day for hemorrhoids (hemorrhoids are swollen blood vessels in the rectal area that can cause discomfort, itching, pain, and sometimes bleeding).</p> <p>A review of the June 2025 Medication Administration Record (MAR) revealed that medication was not administered as prescribed to Resident 49 on the following dates/times due to awaiting pharmacy delivery:</p> <p>June 23, 2025, at 9:00 PM</p> <p>June 24, 2025 at 9:00 AM</p> <p>June 24, 2025 at 9:00 PM</p> <p>June 25, 2025 at 9:00 AM</p> <p>An interview with the Director of Nursing on June 26, 2025, at 9:30 AM confirmed that Preparation H is not a stock item stored at the facility and was not available at the facility due to a delay in pharmacy delivery.</p> <p>The facility failed to ensure that pharmaceutical services were provided in a manner that met the resident's needs by not securing timely access to a prescribed medication.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.9 (a)(l)(d)(k) Pharmacy Services.</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing Services.</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>Based on observation, review of select facility policy, clinical records, and staff interviews, it was determined the facility failed to store and label multi-dose medications in accordance with professional standards of practice and manufacturer instructions for one of three medication carts observed (Pine Hall).</p> <p>Findings Include:</p> <p>Review of the facility policy titled Storage of Medications last reviewed by the facility May 2, 2025, indicated that multi-use medication vials/bottles are labeled accordingly. The policy further revealed it is the nursing staff responsibility to maintain medication storage including proper labeling.</p> <p>An observation of the medication cart located on the Pine Hall unit, conducted on June 25, 2025, at 8:22 AM in the presence of Employee 2 (Registered Nurse), revealed one multi-dose insulin pen of Insulin Lispro (a fast-acting insulin medication used to lower blood sugar) and three multi-dose insulin pens of Insulin Glargine (a long-acting insulin medication used to lower blood sugar) that were opened and available for use but were not labeled with the date they were initially opened.</p> <p>Further observation revealed one multi-dose insulin pen of Insulin Glargine with a date written on the cap indicating it had been opened on April 16, 2025. Review of manufacturer safety information revealed that multi-dose pens of Insulin Lispro and Insulin Glargine are to be discarded 28 days after opening. Based on this guidance, the Insulin Glargine pen dated April 16, 2025, should have been discarded by May 14, 2025.</p> <p>An interview with Employee 2 (Registered Nurse) on June 25, 2025, at 8:24 AM confirmed that all four multi-dose insulin pens (one Insulin Lispro and three Insulin Glargine) had been opened, were available for use, were currently being used for administration, and had not been dated when opened, with one Insulin Glargine pen being used beyond the manufacturer-recommended discard date.</p> <p>An interview with the Nursing Home Administrator on June 26, 2025, at approximately 11:00 AM confirmed that multi-dose pens are to be labeled with the date of opening and discarded in accordance with manufacturer recommendations.</p> <p>28 Pa. Code 211.9(a)(1)(k) Pharmacy services.</p> <p>28 Pa. Code 211.12(c)(d)(1)(5) Nursing services.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Based on a review of the facility's scheduled mealtimes, select facility policy, and resident and staff interviews, it was determined the facility failed to consistently provide snacks as desired by residents, including experiences reported by seven of seven residents participating in a group interview (Residents 8, 11, 80, 67, 37, 44, and 50).</p> <p>Findings include:</p> <p>A review of facility policy titled Snacks, last reviewed by the facility on May 2, 2025, revealed it is the facility policy that snacks and beverages will be provided as identified in residents' individual plans of care. Bedtime (HS- hour of sleep) snacks will be provided for all residents. Additional snacks and beverages will be available upon request for all residents who want to eat at non-traditional times. Nursing services is responsible for delivering the individual snacks to the identified residents and for offering evening snacks to all other residents.</p> <p>During a resident group interview conducted on June 25, 2025, at 10:00 AM, seven residents in attendance (Residents 8, 11, 80, 67, 37, 44, and 50) stated that snacks are not routinely offered to them in the evenings, and they would like to receive an evening or bedtime snack. Residents 11 and 67 reported that, in the past, a kitchen staff member would come around to offer snacks in the evening; however, currently, the snack cart is delivered to the nurses' station and nursing aides are responsible for delivering snacks. Resident 11 reported, the aides don't have time to do that; we have to come to the station if we want a snack. Resident 73 expressed disappointment that staff only allow residents to take one snack, stating, it's sometimes not enough. The bag of chips you get is small and only gives you a couple in it.</p> <p>During an interview on June 26, 2025, at approximately 1:30 PM, the Nursing Home Administrator (NHA) was unable to explain why residents were not consistently offered snacks as desired. The NHA acknowledged awareness of the issue and stated that residents should be provided a snack at bedtime.</p> <p>These findings were reviewed with the Nursing Home Administrator on June 26, 2025.</p> <p>28 Pa. Code 211.12 (d)(3)(5) Nursing services.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, select facility policy, observations, and resident and staff interviews, it was determined that the facility failed to implement enhanced barrier infection control procedures and failed to ensure the proper use of personal protective equipment (PPE) for one resident out of 23 residents sampled (Resident 93).</p> <p>Findings include:</p> <p>A review of facility policy titled Enhanced Barrier Precautions, last reviewed by the facility on May 2, 2025, revealed it is the facility policy to expand the use of personal protective equipment and refer to the use of gowns and gloves during high-contact resident care activities when contact precautions do not otherwise apply. The policy indicated gown and gloves are applied prior to performing the high contact resident care activity.</p> <p>A clinical record review revealed Resident 93 was admitted to the facility on [DATE], with diagnoses including chronic kidney disease (a condition in which the kidneys are damaged and cannot effectively filter waste and excess fluid from the blood) and peripheral vascular disease (a circulatory condition where blood vessels outside the heart and brain narrow, block, or spasm).</p> <p>A physician's order for Resident 93 to have enhanced barrier precautions (interventions implemented to reduce the risk of spreading healthcare-associated infections) was initiated on May 29, 2025, for a wound of the sacrum.</p> <p>An observation of Resident 93's room on June 25, 2025, at approximately 9:00 AM, revealed staff members entering the room to provide care following a fall experienced by Resident 93. The group of staff members was observed applying hospital gowns instead of designated reusable gowns intended for enhanced barrier precautions.</p> <p>A review of the CDC recommendations revealed reusable (washable) gowns are typically made of polyester-cotton fabrics, Gowns must be safely laundered after each use according to routine procedures. Further review indicates a facility must implement a system to routinely inspect, maintain, replace, and store laundered gowns.</p> <p>An interview with the Director of Nursing (DON) conducted on June 25, 2025, at approximately 1:00 PM confirmed that the facility utilizes reusable gowns for enhanced barrier precautions and that staff are expected to use the green-colored gowns for this purpose. The DON acknowledged it was not proper practice to utilize resident hospital gowns, rendering the precautions ineffective for Resident 93 for enhanced barrier precautions.</p> <p>An interview with Employee 1 (Licensed Practical Nurse) on June 26, 2025, at 10:13 AM revealed the nurse believed that any gown could be worn for enhanced barrier precautions and that no specific education regarding the designated color or proper gown selection had been provided to staff.</p> <p>The facility failed to ensure proper practice of applying enhanced barrier precautions by implementing a system for laundering of gowns used, educating staff on proper use of PPE, and ensuring the protection of the residents.</p> <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 - Some</p>	<p>Based on a review of clinical records, select facility policy, observations, and resident and staff interviews, it was determined the facility failed to implement enhanced barrier infection control procedures for one resident out of the 23 residents sampled (Resident 93) and failed to properly use PPE for enhanced barrier precautions.</p> <p>The above findings were reviewed with the Nursing Home Administrator on June 26, 2025.</p> <p>28 Pa. Code 211.10(d) Resident care policies.</p> <p>28 Pa code 211.12 (d)(1)(5) Nursing services.</p>		