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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395695 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Greenery Center for Rehab and Nursing | | STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Hill Church-Houston Road Canonsburg, PA 15317 | |

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p>51307</p> <p>Based on review of facility policy, facility records, resident, and staff interviews, it was determined that the facility failed to make certain call bells were answered timely for five of eight residents as required (Resident R500, R503, R505, R506, and R507).</p> <p>Findings include:</p> <p>The facility policy Call Light Protocol dated 8/9/24, indicated; answer call lights in a reasonable amount of time, determine resident/patient's request, and respond to request, if unable to meet request obtain assistance from caregiver that can meet request.</p> <p>During a resident group interview on 5/06/25, at 10:30 a.m., five of eight residents in attendance stated, they consistently wait one half hour or longer for their call light to be responded to. The residents in attendance expressed frustration regarding the wait time. The residents stated they have reported this at their resident council meeting.</p> <p>During a resident group interview on 5/06/25, at 10:30 a.m., three of eight residents in attendance stated, their roommate consistently wait one half hour or longer for their call light to be responded to, often they will press their light to help get their roommate assistance.</p> <p>Review of the 12/5/24, 1/7/25, 3/3/25, and 4/2/25 resident council meeting minutes, under the topic /concern section, reveals resident complaints regarding the call light response times and/or staff not answering the call lights.</p> <p>During an interview on 5/7/25 at 1:00 p.m. the Nursing Home Administration (NHA) confirmed the facility failed to make certain call bells were answered timely for five of eight residents as required.</p> <p>28 Pa. Code: 211.10(c)(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p> <p>28 Pa Code: 201.29 (l)(o) 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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</p> <p>Based on review of facility policy, facility documentation and clinical record review, and staff interviews it was determined that the facility failed to investigate potential neglect for one of 11 residents (Resident R300).</p> <p>Findings include:</p> <p>Review of facility policy Abuse, Neglect, Misappropriation of Resident Property, Injury of Unknown Origin reviewed 8/9/24, indicated reports of abuse will be promptly and thoroughly investigated. The facility should immediately report all such allegations to the Department of Health. Neglect is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.</p> <p>Review of facility policy Ostomy Care (Colostomy, Jejunostomy, Ileostomy, Ileostomy) (ostomy - surgical opening that allows waste to pass out of the body; colostomy - opening between abdomen and the colon, or large intestines; jejunostomy - opening between abdomen and middle small intestines; ileostomy.- opening between abdomen and lower small intestines.) reviewed 8/9/24, indicated the procedure for ostomy care was to maintain cleanliness and skin integrity, to prevent odors, and to prevent infections, and included the following steps:</p> <p>#1 - Verify physician's orders and nursing care plan. #2 - Gather equipment, don appropriate PPE (personal protective equipment) gown, gloves, mask, face shield. #6 - Remove old appliance carefully. Warm water may loosen adhesive or a small amount of adhesive remover, if indicated. #7 - Discard old appliance in the plastic bag. Retain clamp as appropriate. #16 - Measure the stoma. #20 - Remove paper backing and position the appliance over the stoma. #23 - Dispose of used supplies in plastic bag and transport to the soiled utility room. #27 - Notify physician of any changes in stoma color or skin around stoma. #28 - Document: Date/time, color and integrity of stoma and surrounding skin, color and amount of output from stoma, and resident's tolerance to procedure. #29 - Standard precautions will be observed throughout the procedure.</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2019, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions:</p> <p>13 - 15: cognitively intact</p> <p>8 - 12: moderately impaired</p> <p>0 - 7: severe impairment</p> <p>(continued on next page)</p> | | |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the clinical record indicated Resident R300 was admitted to the facility on [DATE], with diagnoses that included diverticulitis of large (inflammation of irregular bulging pouches in the wall of the large intestines), colostomy, and muscle weakness.</p> <p>Review of the MDS dated [DATE] Section C Cognitive Status, Question C0500 BIMS Summary Score indicated Resident R300 BIMS was 15. Section H Bladder and Bowel; Question H0100: Appliances indicated Resident R300 had an ostomy. Section I Active Diagnoses indicated the diagnoses remain current.</p> <p>Review of the physician orders revealed the following:</p> <ul style="list-style-type: none"> - On 4/9/25, change colostomy bag as needed every three days. - On 4/9/25, colostomy care every shift and as needed. - On 4/9/25, empty and clean colostomy bag as needed. <p>Review of the facility provided grievances indicated on 4/11/25 Resident R300 reported that a Licensed Practical Nurse (LPN) Employee E1 on evening shift removed his colostomy bag and threw it in the garbage. When she was unable to get another bag to fit, she removed the soiled bag from the garbage, cleaned it with bleach, and reapplied it. Resident R300 reported that although this action caused him no pain or discomfort, it did make him feel nervous.</p> <p>Resident R300 was unavailable for interview.</p> <p>During an observation on 5/6/25, at 9:20 a.m. with the Nursing Home Administrator, multiple sizes of ostomy supplies were noted to be in stock and available for resident use.</p> <p>During a telephone interview on 5/6/25, at 10:00 a.m. LPN Employee E1 stated Resident R300's call bell was ringing for approximately one hour, and she had to go find the resident's nurse aide to go empty the colostomy bag. She stated the bag was full and almost 'bursting'. LPN Employee E1 went into the residents room to change the colostomy bag but stated she was unable to find one that fit correctly, so she removed the soiled bag from the garbage, rinsed it out with mouthwash, wiped the outside with bleach and reapplied the soiled bag to the stoma. LPN Employee E1 stated she learned to use mouthwash when she was a nurse aide to help with the smell and anti-bacterial properties. She stated that she did not ask for assistance or help when she noticed the clean ostomy bag did not fit. She denied looking for the correct supplies in the supply room.</p> <p>Review of LPN Employee E1 Skills Competency Checklist dated 9/27/24, indicated 3 (Proficient/Expert/Highly skilled) for her nursing skill level for colostomy care and irrigation.</p> <p>During an interview on 5/7/25, at 10:00 a.m. LPN Employee E2 stated she would gather supplies before entering the room to change an ostomy bag. She stated that the nurses are responsible for ostomy care, not the nurse aides.</p> <p>During an interview on 5/7/25, at 10:10 a.m. LPN Employee E3 stated the ostomy supplies are located in the supply room, or in the resident's room. She stated she would gather the supplies needed before entering the resident's room to complete the ostomy bag change.</p> <p>(continued on next page)</p> | | |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 5/7/25, at 10:20 a.m. LPN Employee E4 stated she would gather new supplies before changing the ostomy appliance. She stated that if a size isn't listed for the order, she 'eyeballs' the stoma for sizing.</p> <p>During an interview on 5/6/25, at 11:40 a.m. the Director of Nursing (DON) stated the agency LPN employee was DNR'd (Do Not Return) from the facility. The DON confirmed that the facility failed to make certain a resident was free from neglect for one resident (Resident R300).</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 211.12(d)(1)(2) Nursing services.</p> | | |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</p> <p>Based on review of facility policy, resident clinical record, personnel record, and staff interview it was determined that the facility failed fully investigate an allegation of neglect for one out of three resident records (Resident R300).</p> <p>Findings include:</p> <p>Review of facility policy Abuse, Neglect, Misappropriation of Resident Property, Injury of Unknown Origin reviewed 8/9/24, indicated reports of abuse will be promptly and thoroughly investigated. The facility should immediately report all such allegations to the Department of Health. Neglect is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2019, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions:</p> <p>13 - 15: cognitively intact</p> <p>8 - 12: moderately impaired</p> <p>0 - 7: severe impairment</p> <p>Review of the clinical record indicated Resident R300 was admitted to the facility on [DATE], with diagnoses that included diverticulitis of large (inflammation of irregular bulging pouches in the wall of the large intestines), colostomy (surgical procedure that changes the way feces exits the body by creating an opening between the large intestines and the abdominal wall), and muscle weakness.</p> <p>Review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 4/15/25 Section C Cognitive Status, Question C0500 BIMS Summary Score indicated Resident R300 BIMS was 15. Section H Bladder and Bowel, Question H0100 Appliances indicated Resident R300 had an ostomy (surgically created opening in the abdomen that allows feces to pass out of the body. Section I Active Diagnoses indicated the diagnoses remain current.</p> <p>Review of the physician orders revealed the following:</p> <ul style="list-style-type: none"> - On 4/9/25, change colostomy bag as needed every three days. - On 4/9/25, colostomy care every shift and as needed. - On 4/9/25, empty and clean colostomy bag as needed. <p>(continued on next page)</p> | | |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the facility provided grievances indicated on 4/11/25 Resident R300 reported that a Licensed Practical Nurse (LPN) Employee E1 on evening shift removed his colostomy bag and threw it in the garbage. When she was unable to get another bag to fit, she removed the soiled bag from the garbage, cleaned it with bleach, and reapplied it. Resident R300 reported that although this action caused him no pain or discomfort, it did make him feel nervous.</p> <p>Resident R300 was unavailable for interview.</p> <p>During a telephone interview on 5/6/25, at 10:00 a.m. LPN Employee E1 stated Resident R300's call bell was ringing for approximately one hour, and she had to go find the resident 's nurse aide to go empty the colostomy bag. She stated the bag was full and almost 'bursting'. LPN Employee E1 went into the residents room to change the colostomy bag but stated she was unable to find one that fit correctly, so she removed the soiled bag from the garbage, rinsed it out with mouthwash, wiped the outside with bleach and reapplied the soiled bag to the stoma. LPN Employee E1 stated she learned to use mouthwash when she was a nurse aide to help with the smell and anti-bacterial properties. She stated that she did not ask for assistance or help when she noticed the clean ostomy bag did not fit. She denied looking for the correct supplies in the supply room.</p> <p>Review of the progress notes did not include an investigation into the neglect concerns.</p> <p>Review of facility submitted reports did not include the allegation of neglect or that an investigation was completed.</p> <p>During an interview on 5/6/25, at 9:00 a.m., the Director of Nursing confirmed Resident R300's incident was not recognized as neglect and therefore not fully investigated, and that witness statements were not obtained from Resident R300, other resident's, or any staff members.</p> <p>28 Pa Code 201.18 (e)(1) Management</p> <p>28 Pa Code 211.10 (d) Resident care policies</p> <p>28 Pa Code: 201.29 (d) Resident rights</p> | | |

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| <p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on a review of facility policy, clinical records, and staff interview, it was determined that the facility failed to develop a baseline care plan for two of four residents (Resident R144 and R193).</p> <p>Findings include:</p> <p>Review of facility policy Care Plan Protocol dated 8/9/24, indicated that upon admission (unless a comprehensive POC (plan of care) is already in place a baseline poc (BPOC) will be reviewed with the resident and/or resident representative within 72 hours. The BPOC will remain in place until a comprehensive POC is completed.</p> <p>Review of the clinical record indicated Resident R144 was admitted to the facility on [DATE],with diagnoses which included a colostomy.</p> <p>Review of the clinical record failed to indicate a baseline care plan was developed for colostomy care.</p> <p>Review of the clinical record indicated Resident R193 was admitted to the facility on [DATE], with diagnoses that included dementia (group of symptoms affecting memory, thinking and social abilities), and high blood pressure.</p> <p>Review of a physician order dated 5/3/25, indicated enteral feed (tube feeding - soft, flexible, plastic tube that delivers liquid nutrition directly into the stomach or small intestines, bypassing the mouth and esophagus) continuous via NG (nasogastric tube - nose to stomach).</p> <p>Review of the clinical record failed to indicate a baseline care plan was developed for tube feeding.</p> <p>During an interview on 5/6/25, at 10:40 a.m., the Nursing Home Administrator confirmed that the facility failed to develop a baseline care plan within 24 hours as required for Resident R144 and R193.</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p> |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to develop and implement a comprehensive care plan to meet care needs for one of five residents (Residents R142).</p> <p>Findings include:</p> <p>Review of facility policy Comprehensive Care Plans last reviewed on 8/9/25, indicated that facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with individualized needs for residents which are identified within seven days of admission.</p> <p>Review of the clinical record indicated Resident R142 was admitted to the facility on [DATE].</p> <p>Review of Resident R142's Minimum Data Set (MDS - a periodic assessment of care needs) dated 4/18/25, indicated diagnoses of legal blindness, anemia (low levels of iron in the blood), and spinal stenosis.</p> <p>Review of Resident R142's plan of care dated 5/2/25, did not include development of goals and interventions to reflect the resident's blindness diagnosis.</p> <p>During an interview on 5/6/25, at 10:40 a.m., the Nursing Home Administrator confirmed Resident R142's care plan did not reflect the diagnosis of legal blindness and the facility failed develop and implement a comprehensive care plan to meet care needs for Resident R142 as required.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code: 211.12(d)(1)(3)(5) Nursing Services.</p> | | |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on facility policy, clinical record review and interviews with staff, it was determined that the facility failed to revise the comprehensive care plan to reflect resident's current needs for two of eight residents (Residents R17 and R18).</p> <p>Findings include:</p> <p>Review of facility policy Comprehensive Care Plans last reviewed on 8/9/25, indicated that facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with individualized needs for residents which are identified within 7 days of admission. The care plan will be reviewed and updated as appropriate/determined by the IDT(Interdisciplinary Team) to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>Review of the admission record indicated Resident R17 was admitted to the facility on [DATE].</p> <p>Review of Resident R17's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/19/25, indicated diagnoses of Alzheimer's dementia, Diabetes and weakness.</p> <p>Review of a Physician Order dated 3/7/25, indicated Resident R17 was discharged from Hospice Services due to no longer terminally ill.</p> <p>Review of Resident R17's current plan of care dated 5/6/25, did not reflect the current discharge from Hospice Services status.</p> <p>Review of the admission record indicated Resident R18 was admitted to the facility on [DATE].</p> <p>Review of Resident R18's MDS dated [DATE], indicated diagnoses which included dementia, bipolar disorder and repeated falls.</p> <p>During an observation of Resident R18's room, the resident had the bed against the wall on the right side. with a cane side rail on the left side.</p> <p>Review of Resident R18's current plan of care dated 5/6/25, did not reflect the bed being against the wall per resident and family request for comfort.</p> <p>During an interview on 5/9/25, at 9:35 a.m., the Nursing Home Administrator confirmed that the facility failed to revise Resident R17 and R18 's plan of care to reflect their current status as required.</p> <p>28 Pa. Code: 211.12(d)(1)(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** 51307</p> <p>Based on review of facility documents, observations, and resident and staff interviews it was determined that the facility failed to provide necessary services to maintain grooming and personal hygiene for seven of twelve residents (Residents R500, R503, R504, R505, R507, R16 and R86).</p> <p>Findings include:</p> <p>Review of the facility policy Personal Care Need dated 8/9/24, indicated the facility strives to promote a health environment and prevent infection by meeting the personal care needs of the residents. The facility also provides the needed support when resident performs their activity of daily living (ADLs). Personal care and support include but is not limited to the following: ambulating, assistance with meals, bath/shower, catheter care, denture care, grooming/dressing, mouth care, nail care, peri care, repositioning, restraint releases, shampoo, shave, splints, toileting and transfers.</p> <p>During a resident group interview on 5/6/25, at 10:30 a.m., five of eight residents in attendance stated, they consistently miss getting their shower schedule and have to make multiple requests to attempt to be re-scheduled. The residents in attendance expressed frustration regarding not getting showers as scheduled or with their attempts in getting showers re-scheduled. The residents reported the staff state we are short staff today, there is no hot water, we are busy helping residents who can't help themselves first, or the power is out (this has occurred recently with the storms locally). Residents state you can't get rescheduled. Residents stated they have reported this at their resident council meeting.</p> <p>Review of the 11/4/24 and 4/2/25 resident council meeting minutes, under the topic /concern section, reveals resident complaints regarding not getting showers as scheduled. 1/7/25 and 3/3/25 minutes residents complain about not getting help with care (no council meeting in February due to Covid).</p> <p>Review of the clinical record indicated Resident R16 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 3/19/25, included diagnoses of gait abnormalities, history of a stroke, aphasia (partial loss of the ability to articulate needs) and hemiplegia (complete paralysis on one side of the body) right side. Review of Section C: Cognitive Patterns revealed Resident R16 to have a BIMS score of 15, which indicated the resident was cognitively intact. Review of Section GG: 0130 Functional Abilities, indicated Resident R16 required substantial/maximal assistance with a shower.</p> <p>Review of the Care plan dated 7/24/24 indicates Resident R16 prefers showers as scheduled and PRN (as needed).</p> <p>Review of Resident R16 shower record for 4/8/25, through 5/6/25, revealed Resident R16 was documented as having received one shower, with no refusals documented.</p> <p>During an interview on 5/7/25, at 11:36 a.m. Resident R16 stated she does not receive enough showers, and further stated that she has rarely refused a shower.</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>Review of the clinical record indicated Resident R86 was admitted to the facility on [DATE].</p> <p>Review of the MDS dated [DATE], included diagnoses of heart failure and pulmonary edema. Review of Section C revealed Resident R86 to have a BIMS score of 11 which indicated mild cognitive impairment.</p> <p>During an interview on 5/6/25, at 10:30 a.m., Resident R86 stated that if you don't take your shower on the day you are scheduled you are not offered one again until your next shower date and sometimes not at all.</p> <p>Review of Resident R86's documentation of showers from 3/19/25, through 5/6/25, identified eight of 14 opportunities for showers that had not been provided.</p> <p>During an interview on 5/7/25 at 2:00 p.m. the Nursing Home Administration (NHA) confirmed the facility failed to provide necessary services to maintain grooming and personal hygiene .</p> <p>28 PA. Code:201.18(b)(2) Management.</p> <p>28 PA. Code:201.29(a) Resident's Rights.</p> | | |

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| <p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure the activities program is directed by a qualified professional.</p> <p>51307</p> <p>Based on staff interviews and review of facility provided documentation, it was determined the facility failed to provide a qualified professional to direct the activities program as required from (4/9/24 through 5/9/25).</p> <p>Findings include:</p> <p>S483.24(c)(2) The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional.</p> <p>Review of the Activities Director job description indicated, The primary purpose of the job position is to plan, organize, implement, evaluate and direct the activity programs in accordance with current federal, state and local standards governing the facility and as directed by the Administrator, to ensure that the emotional, recreational, and social needs of the residents are met and maintained on an individual basis.</p> <p>Review of the Activity Director's Employee E6 background reveals a Bachelor of Arts, Parks and Recreation Management, no certification, work history, or eligibility, associated to becoming a qualified therapeutic recreation specialist or activities professional.</p> <p>During an interview on 5/9/25, at 9:30 a.m. the Nursing Home Administrator (NHA) confirmed the facility failed to provide a qualified professional to direct the activities program as required from (4/9/24 through 5/9/25).</p> <p>28 Pa Code 201.18(b)(3) Management</p> <p>28 Pa Code 201.189(e)(6) Management</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** 31343</p> <p>Based on review of facility policy, clinical record review, observations and staff interviews, it was determined that the facility failed to make certain that residents were provided appropriate treatment and care for one of three residents receiving enteral feedings (Resident R35).</p> <p>Findings include:</p> <p>Review of the facility policy Physician Orders dated 8/9/24, indicated that the facility will have orders for resident immediate care upon their admission to the facility.</p> <p>Review of the facility policy Enteral Feeding, dated 8/9/24, indicated that staff must verify the physician orders and prepare the feeding according to physician orders. Staff are to contact the physician and Registered Dietician to obtain orders for assure caloric needs are being met.</p> <p>Review of the clinical record indicated Resident R35 was admitted to the facility on [DATE].</p> <p>Review of Resident R35's Minimum Data Set (MDS - a periodic assessment of care needs) dated 4/18/25, indicated diagnoses of a stoke affecting her dominant side, cognitive communication deficit, dysphagia and gastrostomy for feedings.</p> <p>Review of the current physician order dated May 2025, indicated Resident R35 is NPO (Nothing by mouth). Resident R35 was to receive Osmolite 1.5 at 100cc/hr nocturnal feed x 12 hours daily to go up at 9:00 p.m. and down at 9:00 a.m. with special instructions indicating Jevity 1.5 can be used when Osmolite is not available.</p> <p>During an observation on 5/5/25, at 9:00 a.m., Resident R35 had a feed container indicating Jevity 1.5 was running.</p> <p>During an observation on 5/6/25 at 9:00 a.m. Resident R35 again had Jevity 1.5 running.</p> <p>During an interview on 5/6/25, at 9:20 a.m., the Nursing Home Administrator confirmed that Osmolite was available and that the facility failed to follow the physician order.</p> <p>28 Pa. Code 201.18 (b)(1) Management.</p> <p>28 Pa. Code 211.10 (c)(d) Resident Care policies.</p> <p>28 Pa. Code 211.12 (d)(1)(2)(3)(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 - Some</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** 31343</p> <p>Based on review of facility policy, clinical records, observations and and staff interviews, it was determined that the facility failed to provide ostomy (surgically-made opening that allows waste to pass out of the body) care and services consistent with professional standards of practice for three of four residents (Resident R73, R144, and R300).</p> <p>Findings include:</p> <p>Review of facility policy Ostomy Care (Colostomy, Jejunostomy, Ileostomy, Ileo conduit) (ostomy - surgical opening that allows waste to pass out of the body; colostomy - opening between abdomen and the colon, or large intestines; jejunostomy - opening between abdomen and middle small intestines; ileostomy.- opening between abdomen and lower small intestines.) reviewed 8/9/24, indicated the procedure for ostomy care was to maintain cleanliness and skin integrity, to prevent odors, and to prevent infections, and included the following steps:</p> <p>#1 - Verify physician's orders and nursing care plan. #2 - Gather equipment, don appropriate PPE (personal protective equipment) gown, gloves, mask, face shield. #6 - Remove old appliance carefully. Warm water may loosen adhesive or a small amount of adhesive remover, if indicated. #7 - Discard old appliance in the plastic bag. Retain clamp as appropriate. #16 - Measure the stoma. #20 - Remove paper backing and position the appliance over the stoma. #23 - Dispose of used supplies in plastic bag and transport to the soiled utility room. #27 - Notify physician of any changes in stoma color or skin around stoma. #28 - Document: Date/time, color and integrity of stoma and surrounding skin, color and amount of output from stoma, and resident's tolerance to procedure. #29 - Standard precautions will be observed throughout the procedure.</p> <p>Review of the clinical record indicated Resident R73 was readmitted to the facility on [DATE], with diagnoses that included bladder cancer, right lower leg fracture, and history of falling.</p> <p>Review of a progress note dated 4/12/25, at 9:55 a.m. indicated Resident R73 had a urostomy (opening created in abdominal wall to allow urine to bypass the bladder and exit the body).</p> <p>Review of the physician's orders failed to indicate urostomy care, the frequency of care needed, or supplies needed.</p> <p>Review of the care plan failed to indicate interventions for urostomy care, including specific type and size of appliance to be utilized</p> <p>During an interview on 5/6/25, at 9:07 a.m. Resident R73 stated that she cared for her own ostomy while she was at home, but now that she's in the facility, her daughter has been caring for it. She stated she brought her own supplies from home because that is what they are familiar with. She stated that staff at the facility provided care once, but the dressing did not stay on as long as when her daughter did it, so she prefers her daughter to provide the ostomy care.</p> <p>Review of the clinical record indicated Resident R144 was admitted to the facility on [DATE].</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 - Some</p> | <p>Review of Resident R144's admission clinical record documentation dated 5/2/25, stated Ileostomy present, Ileostomy stoma WNL (within normal limits). Ileostomy stoma care provided.</p> <p>Review of Resident R144's physician order dated 5/6/25, did not include care for the Ileostomy.</p> <p>Review of plan of care initiated on 5/2/25, did not include Ileostomy care, including specific type and size of appliance to be utilized.</p> <p>Review of the clinical record indicated Resident R300 was admitted to the facility 4/9/25, with diagnoses that included colostomy status, diverticulitis with perforation (small pouches in the walls of the colon become infected and rupture), and chronic pain.</p> <p>Review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 4/15/25, indicated the diagnoses are current.</p> <p>Review of the physician's orders dated 4/9/25, indicated the following:</p> <ul style="list-style-type: none"> - Change colostomy bag as needed for every three days. - Colostomy care every shift and as needed for maintenance. - Empty and clean colostomy bag as needed. - Empty and clean colostomy bag every shift for maintenance. <p>Review of the care plan initiated 4/11/25, indicated the following interventions in place:</p> <ul style="list-style-type: none"> - Colostomy care every shift and as needed. - Empty ostomy bag every shift and as needed. - Encourage adequate fluid intake to promote bowel movements. - Follow up with gastroenterologist (stomach/intestine specialist) as needed/ordered. - Monitor and record BM's (bowel movements), noting consistency and amount. - Observe abdomen for distention, pain, bowel sounds, constipation, or no BM. - Observe for indicators of ostomy malfunction. - Observe for signs and symptoms of irritation, infection, and trauma around stoma, - Ostomy care/management per orders. - Resident has a colostomy and requires help with ostomy care and management. <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 - Some</p> | <p>Review of the physician orders and care plan fail to indicate the specific type and size of appliance needed for colostomy care and maintenance for Resident R300.</p> <p>During an interview on 5/8/25, at 10:00 a.m. LPN Employee E2 stated the nurses are responsible for resident's ostomy care. She would gather the supplies needed to change the ostomy. She stated the resident's usually have the supplies needed in their rooms.</p> <p>During an interview on 5/8/25, at 10:10 a.m. LPN Employee E3 stated she would gather supplies prior to changing the ostomy appliance. She stated there are supplies in the resident's room and also in central supply.</p> <p>During an interview on 5/8/25, at 10:18 a.m. LPN Employee E4 stated she gathers supplies before entering the resident's room to change an ostomy. She stated that she has changed Resident R144's ostomy several times since he was admitted .</p> <p>During an interview on 5/8/25, at 10:00 a.m., the Nursing Home Administrator confirmed that the facility failed to provide colostomy care and services consistent with professional standards of practice for three of four residents.</p> <p>28 Pa. Code: 201.18 (b) (1) (e) (1) Management.</p> <p>28 Pa. Code: 211.10(c)(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p> | | |

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| <p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</p> <p>Based on review of facility records, employee personnel records, staff interviews, and clinical records, it was determined that the facility failed to ensure nursing staff possessed the necessary competencies and skills to provide care in accordance with the resident's care plan and individual needs to promote resident safety and comfort during care for one of four residents reviewed (Residents R300).</p> <p>Findings included:</p> <p>Review of facility policy Ostomy Care (Colostomy, Jejunostomy, Ileostomy, Ileo conduit) (ostomy - surgical opening that allows waste to pass out of the body; colostomy - opening between abdomen and the colon, or large intestines; jejunostomy - opening between abdomen and middle small intestines; ileostomy.- opening between abdomen and lower small intestines.) reviewed 8/9/24, indicated the procedure for ostomy care was to maintain cleanliness and skin integrity, to prevent odors, and to prevent infections, and included the following steps:</p> <p>#1 - Verify physician's orders and nursing care plan. #2 - Gather equipment, don appropriate PPE (personal protective equipment) gown, gloves, mask, face shield. #6 - Remove old appliance carefully. Warm water may loosen adhesive or a small amount of adhesive remover, if indicated. #7 - Discard old appliance in the plastic bag. Retain clamp as appropriate. #16 - Measure the stoma. #20 - Remove paper backing and position the appliance over the stoma. #23 - Dispose of used supplies in plastic bag and transport to the soiled utility room. #27 - Notify physician of any changes in stoma color or skin around stoma. #28 - Document: Date/time, color and integrity of stoma and surrounding skin, color and amount of output from stoma, and resident's tolerance to procedure. #29 - Standard precautions will be observed throughout the procedure.</p> <p>Review of the clinical record indicated Resident R300 was admitted to the facility on [DATE], with diagnoses that included colostomy (opening between abdomen and the colon, or large intestines) status, diverticulitis with perforation (small pouches in the walls of the colon become infected and rupture), and chronic pain.</p> <p>Review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 4/15/25, indicated the diagnoses are current.</p> <p>Review of the physician's orders dated 4/9/25, indicated the following:</p> <ul style="list-style-type: none"> - Change colostomy bag as needed for every three days. - Colostomy care every shift and as needed for maintenance. - Empty and clean colostomy bag as needed. - Empty and clean colostomy bag every shift for maintenance. <p>(continued on next page)</p> | | |

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| <p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the care plan initiated 4/11/25, indicated the following interventions in place:</p> <ul style="list-style-type: none"> - Colostomy care every shift and as needed. - Empty ostomy (surgical opening that allows waste to pass out of the body) bag every shift and as needed. - Encourage adequate fluid intake to promote bowel movements. - Follow up with gastroenterologist (stomach/intestine specialist) as needed/ordered. - Monitor and record BM's (bowel movements), noting consistency and amount. - Observe abdomen for distention, pain, bowel sounds, constipation, or no BM. - Observe for indicators of ostomy malfunction. - Observe for signs and symptoms of irritation, infection, and trauma around stoma, - Ostomy care/management per orders. - Resident has a colostomy and requires help with ostomy care and management. <p>Review of a facility provided grievance dated 4/11/25, indicated Resident R300 reported a concern regarding the care provided by Licensed Practical Nurse (LPN) Employee E1 on 4/10/25, evening shift. He indicated LPN Employee E1 removed his colostomy bag and threw it in the garbage. She was unable to get another bag to fit so she took the soiled colostomy bag out of the garbage, cleaned it with bleach, and reapplied it to his stoma (surgical opening that allows waste to pass out of the body). It caused him no pain or discomfort. The morning nurse on 4/11/25, retrieved the appropriate supplies and changed the colostomy bag.</p> <p>Resident R300 was unavailable for interview.</p> <p>During an observation on 5/6/25, at 9:20 a.m. with the Nursing Home Administrator, multiple sizes of ostomy supplies were noted to be in stock and available for resident use.</p> <p>Review of facility employment records revealed agency Licensed Practical Nurse (LPN) Employee E1 completed facility policy and procedure review on 12/10/24 Review of the staffing agency provided competency checklist dated 9/27/24, indicated LPN Employee E1 indicated a 3 - Proficient/Expert/Highly skilled) in Colostomy Care and irrigation.</p> <p>(continued on next page)</p> | | |

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| <p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a telephone interview on 5/6/25, at 10:00 a.m. LPN Employee E1 stated the Nurse Aide (NA) on shift 4/10/25 with her did not want to empty Resident R300's colostomy bag. Resident R300's call light was ringing for about an hour, I had to go find the NA on duty because she wasn't on the unit. LPN Employee E1 was unable to recall the NA name because she was agency and was not familiar with the facility staff. LPN Employee E1 stated the NA told her that she did not know how to empty a colostomy bag. She stated when she entered Resident R300's room to empty the colostomy bag it was full and almost bursting, so she removed the bag and threw it in the garbage and went to the supplies in the room to get a clean bag. The supplies in the resident's room were sent with him from the hospital, but they were too big to fit the ostomy wafer (plastic rings that stick to the skin and hold the ostomy bag in place). LPN Employee E1 then removed the soiled colostomy bag from the garbage, emptied it, cleansed the outside with a small amount of bleach and used mouthwash to clean the inside of the bag. She stated she learned to use mouthwash and colostomy care as a nurse aid before becoming an LPN. She confirmed a Registered Nurse (RN) Supervisor was on duty but denied asking for assistance. LPN Employee E1 stated when she placed the then clean colostomy bag on, Resident R300 stated it did not hurt, there was no irritation or pain to the area. She stated she just wanted the resident to be clean.</p> <p>During an interview on 5/7/25, at 10:00 a.m. LPN Employee E2 stated she would gather supplies before entering the room to change an ostomy bag. She stated that the nurses are responsible for ostomy care, not the nurse aides.</p> <p>During an interview on 5/7/25, at 10:10 a.m. LPN Employee E3 stated the ostomy supplies are in the supply room, or in the resident's room. She stated she would gather the supplies needed before entering the resident's room to complete the ostomy bag change.</p> <p>During an interview on 5/7/25, at 10:20 a.m. LPN Employee E4 stated she would gather new supplies before changing the ostomy appliance. She stated that if a size isn't listed for the order, she 'eyeballs' the stoma for sizing.</p> <p>During an interview on 5/6/25, at 11:40 a.m. the Director of Nursing confirmed the facility failed to ensure LPN Employee E1 followed the standards of practice for colostomy care for Resident R300. The staffing agency was notified to place LPN Employee E1 on the DNR (Do Not Return) list for the facility.</p> <p>28 Pa. Code 201.19 Personnel policies and procedures.</p> <p>28 Pa. Code 201.20 (b) Staff Development.</p> <p>28 Pa. Code 211.11(d) Resident care plan.</p> <p>28 Pa. Code 201.29 (c)(j) Resident Rights.</p> <p>28 Pa. Code 211.12 (a)(c)(d)(4)(5) Nursing Services.</p> | | |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>31343</p> <p>Based on a review of facility policies, documents, clinical documentation, observations and staff interview it was determined that the facility failed to assess a resident receiving enteral feedings in a timely manner and failed to approve the planned menu for four of four menu cycle weeks. (Menu Cycle Week One, Two, Three and Four).</p> <p>Findings Include:</p> <p>Review of the Registered Dietician job description provided from the facility, with a policy review date of 8/9/25, indicated that the Dietician is to implement, coordinate and evaluate the medical nutrition therapy for the residents, provide resident and family education, provide nutritional assessment and consultation to assist in planning, organizing and directing the food and nutritional services of the facility. The Dietician is to assist in developing preliminary and comprehensive assessments of the dietary needs of each resident including a written dietary plan of care that identifies the dietary problems/needs of the resident and the goals to be accomplished.</p> <p>Review of the facility four week cycle menu Diet Spreadsheets revealed the corporate Registered Dietitian had not approved the menus and signed the menus currently being used in the facility.</p> <p>During an interview on 5/5/25, at 10:14 a.m., the Corporate Registered Dietitian (RD) Employee E8 confirmed that the facility did not follow the approved diet spreadsheets and offer residents an alternate menu selection of similar nutritional value.</p> <p>28 Pa. Code: 211.6 (a)(b) Dietary services.</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>31343</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed maintain sanitary conditions to prevent the potential for cross-contamination or foodborne illness in the main kitchen (Main Kitchen).</p> <p>Findings include:</p> <p>Review of the facility policy Dietary Food Handling, dated 8/9/24, indicated the guidelines for the safe handling, preparation and storage of perishable food and proper environmental cleaning. Thermometers must be placed in hot and cold storage areas and temperatures must be maintained at the the following settings for the items indicated below:</p> <p>Cold food- 45 degrees or below</p> <p>Frozen food- zero degrees or below</p> <p>Hot food- 140 degrees or above</p> <p>All potentially hazardous food must be kept below 45 degrees or above 140 degrees.</p> <p>Food must be stored off the floor</p> <p>Food handlers must be free from communicable diseases, lesions on hands or other exposed body parts.</p> <p>Clean uniforms must be worn daily. Hairnets or caps must be worn in food service areas. Facial hair must be covered.</p> <p>During an observation in the Main Kitchen on 5/5/25, from 8:43 a.m., through 9:23 a.m., the following was observed:</p> <ul style="list-style-type: none"> - ice build-up was identified on all shelves of the ice cream freezer causing ice build upon ice cream containers. - the deep freezer and refrigerator freezer units had boxes of food touching the ceilings. -condensation and ice build up under the fan and on the pipes of the fan in the refrigerator/freezer causing ice formation on multiple boxes of frozen goods and additionally on top of containers of multiple food items stored underneath. -Human Resources Employee E10 entered the kitchen area with no hair restraint. <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>-temperature logs for the dish machine, freezers, and refrigerators were incomplete for April 2025 and May 2025 and documentation of temperatures of previous months were not included in the information provided.</p> <p>During an interview on 5/5/25, at 9:23 a.m., Dietary Manager Employee E9 confirmed the above findings.</p> <p>During a second observation of trayline on 5/5/25, at 12:40 p.m., Dietary Aide Employee E11 was serving food from the steam table without facial hair covered.</p> <p>During an interview on 5/5/25, at 1:00 p.m., the Nursing Home Administrator confirmed that the facility failed to maintain sanitary conditions to prevent the potential for cross-contamination or foodborne illness in the main kitchen (Main Kitchen).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>28 Pa. Code: 211.6(c) Dietary services.</p> |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to maintain complete and accurate documentation for one of seven residents (Residents R144).</p> <p>Findings include:</p> <p>Review of the facility policy Episodic and Narrative Documentation dated 8/9/24, indicated that documentation will occur in the nurses progress notes to reflect a change in status, event, or notification of the responsible party or Physician. A single narrative entry will occur for the following episodes including admission, objective facts, response to treatment and resident responses.</p> <p>Review of Resident R144's clinical admission record indicated that resident was admitted to the facility on [DATE].</p> <p>Review of Resident R144's admission clinical record documentation dated 5/2/25, stated Ileostomy present, Ileostomy stoma WNL(within normal limits). Ileostomy stoma care provided.</p> <p>Review of Resident R144's physician order dated 5/6/25, did not include care for the Ileostomy.</p> <p>Review of plan of care initiated on 5/2/25, did not include Ileostomy care, including specific type and size of appliance to be utilized.</p> <p>During an interview 5/7/25, at 10:26: a.m. Licensed Practical Nurse (LPN) Employee E4 stated she has changed and provided care for Resident R144's colostomy several times since his admission to the facility.</p> <p>Review of Resident R144's clinical progress notes did not include Ileostomy care had been provided on any date or shift from 5/3/25, through 5/6/25.</p> <p>During an interview on 5/6/25, at 10:40 a.m., the Nursing Home Administrator confirmed that the facility failed to chart accurately and appropriately for Resident R144 as required.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 211.5(f) Medical records.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(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>43725</p> <p>Based on observations and interview, the facility failed to ensure medical supplies were properly disposed of and not reused for one of four residents with an ostomy (hole made in abdominal wall to allow urine/feces to pass through); failed to ensure the consistent implementation of infection control procedures during medication administration for one of three observations; and failed to store medications in a safe and sanitary manner for two of three medication carts reviewed (North cart #2, and North cart #1)</p> <p>Findings:</p> <p>Review of facility policy Infection Prevention and Control Program reviewed 8/4/24, indicated the infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program.</p> <p>Review of facility policy Infection Control reviewed 8/4/24, indicated all personnel will be trained on our infection control policies and procedures upon hire and periodically thereafter.</p> <p>Review of facility policy Ostomy Care (Colostomy, Jejunostomy, Ileostomy, Ileo conduit) (ostomy - surgical opening that allows waste to pass out of the body; colostomy - opening between abdomen and the colon, or large intestines; jejunostomy - opening between abdomen and middle small intestines; ileostomy.- opening between abdomen and lower small intestines.) reviewed 8/9/24, indicated the procedure for ostomy care was to maintain cleanliness and skin integrity, to prevent odors, and to prevent infections, and included the following steps:</p> <p>#1 - Verify physician's orders and nursing care plan. #2 - Gather equipment, don appropriate PPE (personal protective equipment) gown, gloves, mask, face shield. #6 - Remove old appliance carefully. Warm water may loosen adhesive or a small amount of adhesive remover, if indicated. #7 - Discard old appliance in the plastic bag. Retain clamp as appropriate. #16 - Measure the stoma. #20 - Remove paper backing and position the appliance over the stoma. #23 - Dispose of used supplies in plastic bag and transport to the soiled utility room. #27 - Notify physician of any changes in stoma color or skin around stoma. #28 - Document: Date/time, color and integrity of stoma and surrounding skin, color and amount of output from stoma, and resident's tolerance to procedure. #29 - Standard precautions will be observed throughout the procedure.</p> <p>Review of the facility provided grievances indicated on 4/11/25 Resident R300 reported that a Licensed Practical Nurse (LPN) Employee E1 on evening shift removed his colostomy bag and threw it in the garbage. When she was unable to get another bag to fit, she removed the soiled bag from the garbage, cleaned it with bleach, and reapplied it. Resident R300 reported that although this action caused him no pain or discomfort, it did make him feel nervous.</p> <p>Resident R300 was unavailable for interview.</p> <p>During an observation on 5/6/25, at 9:20 a.m. with the Nursing Home Administrator, multiple sizes of ostomy supplies were noted to be in stock and available for resident use.</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>During a telephone interview on 5/6/25, at 10:00 a.m. LPN Employee E1 stated Resident R300's call bell was ringing for approximately one hour, and she had to go find the resident's nurse aide to go empty the colostomy bag. She stated the bag was full and almost 'bursting'. LPN Employee E1 went into the residents room to change the colostomy bag but stated she was unable to find one that fit correctly, so she removed the soiled bag from the garbage, rinsed it out with mouthwash, wiped the outside with bleach and reapplied the soiled bag to the stoma. LPN Employee E1 stated she learned to use mouthwash when she was a nurse aide to help with the smell and anti-bacterial properties. She stated that she did not ask for assistance or help when she noticed the clean ostomy bag did not fit. She denied looking for the correct supplies in the supply room.</p> <p>During an observation on 5/7/25, at 10:00 a.m. LPN Employee E3 returned to her medication cart with a glucometer for blood sugar monitoring. She placed the glucometer on top of her cart, then proceeded to place the glucometer in the medication cart drawer without cleansing it first.</p> <p>During an interview at that time, LPN Employee E3 stated that she always cleans the glucometer before using it. This was not observed prior to her using the glucometer, and confirmed the insulin pens were unbagged.</p> <p>During an observation on 5/7/25, at 10:10 a.m., North cart #2 contained five of seven unbagged insulin pens in a compartment together, posing a risk for cross-contamination.</p> <p>During an interview on 5/7/25, at 10:10 a.m. Licensed Practical Nurse (LPN) Employee E3 confirmed the insulin pens were unbagged</p> <p>During an observation on 5/7/25, at 10:16 a.m. North cart #1 contained six of nine unbagged insulin pens in a compartment together, posing a risk for cross-contamination.</p> <p>During an interview on 5/7/25, at 10:16 a.m. LPN Employee E2 confirmed the insulin pens were not in bags and stated she was off for three days and came back to the medication cart not being the same as she left it.</p> <p>During an interview on 5/7/25 at 10:50 a.m. the Director of Nursing confirmed the facility failed to prevent the risk of cross-contamination, and failed to ensure proper infection control practices were followed.</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 0941</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>31343</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on Effective Communication for two of ten staff members (Employee E12 and E13).</p> <p>Findings include:</p> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on the effective communication.</p> <p>Nurse Aide (NA) Employee E12 had a hire date of 6/1/22, failed to have effective communication in-service education between 6/1/22, and 5/6/25.</p> <p>NA Employee E13 had a hire date of 11/11/22, failed to have effective communication in-service education between 11/11/22, and 5/6/25.</p> <p>During an interview on 5/8/25, at approximately 1:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to provide training on effective communication for two of ten staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p> | | |

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| <p>F 0944</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>31343</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on Quality Assurance and Performance Improvement (QAPI) for two of ten staff members (Employee E12 and E13).</p> <p>Findings include:</p> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on the QAPI program.</p> <p>Nurse Aide (NA) Employee E12 had a hire date of 6/1/22, failed to have QAPI in-service education between 6/1/22, and 5/6/25.</p> <p>NA Employee E13 had a hire date of 11/11/22, failed to have QAPI in-service education between 11/11/22, and 5/6/25.</p> <p>During an interview on 5/8/25, at approximately 1:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to provide training on the QAPI program for four of ten staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p> | | |

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| <p>F 0949</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>31343</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on Behavioral Health for two of ten staff members (Employee E12 and E13).</p> <p>Findings include:</p> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on Behavioral Health.</p> <p>Nurse Aide (NA) Employee E12 had a hire date of 6/1/22, failed to have Behavioral Health in-service education between 6/1/22, and 5/6/25.</p> <p>Licensed Practical Nurse (LPN) Employee E13 had a hire date of 11/11/22, failed to have Behavioral Health in-service education between 11/11/22, and 5/6/25.</p> <p>During an interview on 5/8/25, at approximately 1:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to provide training on Behavioral Health for three of ten staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p> | | |