

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395698	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Guardian Healthcare Meadowcrest		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Braun Road Bethel Park, PA 15102	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</p> <p>Based on review of the facility policy, clinical records, and staff interviews it was determined that the facility failed to provide the opportunity to formulate an advance directive (written instructions such as a living will or durable power of attorney for health care for when the individual is incapacitated) for five of six residents reviewed (Resident R1, R2, R12, R20, and R35)</p> <p>Findings Include:</p> <p>A review of the facility policy Advanced Directives reviewed 3/21/23 and 1/4/2024, indicated advance directives will be respected in accordance with state law and facility policy. Upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so.</p> <p>A review of the clinical record indicated Resident R1 was readmitted to the facility on [DATE], with diagnoses that included diabetes, Non- ST Elevation Myocardial Infarction (NSTEMI- type of heart attack that usually happens when your heart ' s need for oxygen can ' t be met), and congestive heart failure (CHF - the heart is unable to pump blood throughout the body efficiently).</p> <p>A review of the clinical record failed to reveal an advance directive or documentation that Resident R1 was given the opportunity to formulate an Advanced Directive.</p> <p>A review of the clinical record indicated Resident R2 was admitted to the facility on [DATE], with diagnoses that include cerebral palsy (group of disorders that affect a person ' s ability to move and maintain balance and posture), functional quadriplegia (the complete inability to move due to severe disability or frailty caused by another medical condition without physical injury or damage to the spinal cord), and high blood pressure.</p> <p>A review of the clinical record failed to reveal an advance directive or documentation that Resident R2 was given the opportunity to formulate an Advanced Directive.</p> <p>A review of the clinical record indicated Resident R12 was admitted to the facility on [DATE], with diagnoses that include bone cancer, breast cancer, and difficulty swallowing.</p> <p>Review of the clinical record failed to reveal an advance directive or documentation that Resident R12 was given the opportunity to formulate an Advanced Directive.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the clinical record indicated Resident R20 was admitted to the facility on [DATE], with diagnoses that include anxiety, difficulty swallowing ,and repeated falls.</p> <p>A review of the clinical record failed to reveal an advance directive or documentation that Resident R20 was given the opportunity to formulate an Advanced Directive.</p> <p>A review of the clinical record indicated Resident R35 was admitted to the facility on [DATE], with diagnoses that included liver cancer, cirrhosis of the liver (degenerative disease resulting in scarring and liver failure), and high blood pressure.</p> <p>A review of the clinical record failed to reveal an advance directive or documentation that Resident R35 was given the opportunity to formulate an Advanced Directive.</p> <p>During an interview on 5/17/24, at 9:54 a.m. the Social Services Director E11 stated she confused the POLST with Advance Directives, confirming Residents R1, R2, R12, R20, and R35 were not afforded the opportunity to formulate Advance Directives upon admissions and periodically during their stay in the facility.</p> <p>During an interview on 5/17/24, at 9:55 a.m. the Nursing Home Administrator confirmed the facility failed to afford the residents the opportunity to formulate Advance Directives upon admissions and periodically during their stay in the facility.</p> <p>28 Pa. Code: 201.29(b)(d)(j) Resident rights.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on review of facility policy, observations and staff interviews, it was determined that the facility failed to maintain a clean, homelike environment on two of two nursing units ([NAME] Lane and Garden Lane) and failed to provide a homelike environment for seven of 21 residents of the Garden Lane nursing unit (Residents R24, R4, R22, R34, R25, R16 and R17).</p> <p>Findings include:</p> <p>Review of the facility policy Homelike Environment, last reviewed on 1/4/24, indicated that the facility will ensure that residents are provided with a safe, clean, comfortable, homelike environment and encouraged to use their personal belongings.</p> <p>During an observation on 5/14/24, from 6:32 a.m., through 7:20 a.m., the following was identified:</p> <ul style="list-style-type: none"> -The main resident lounge located on [NAME] Lane nursing unit had six wheelchairs, a Hoyer lift and a floor scale which did not allow access for resident use. -The dining room at the end of [NAME] hall had a broken baseboard heating unit allowing for sharp edges to be protruding. -The dining room of the Garden Lane nursing unit had two wheelchairs that were marked with a tag to lean 4/21/24, with debris and the large w/c had broken arm rests. A closet with personal items(shave cream, razors, mouthwash) was open and had items on the floor and was accessible to residents. -The emergency exit near therapy room had six wheelchairs at exit then six wheelchairs in hall to the outer exit blocking emergency doors. <p>During an interview on 5/14/24, at 7:22 a.m., the Nursing Home Administrator(NHA) confirmed that the facility failed to maintain a clean, homelike environment on two of two nursing units ([NAME] Lane and Garden Lane).</p> <p>During a observation on 5/14/24, from 9:45 a.m., through 10:32 a.m., the following was identified:</p> <ul style="list-style-type: none"> -Resident R24's wall behind dresser, by her closet, behind her bed and behind the night stand all has areas with broken plastered walls. -Residents R4 and R22 had broken plaster behind beds with baseboard heater unit broken, the bathroom transition strip was broken and lifted allowing for a tripping hazard and the shared closet had clothes in piles on the floor on both sides. -Residents R34 and R25 had holes in the wall behind the beds, the floor was soiled with food debris and liquids and the shared closet had clothes in piles on the floor on both sides. -Residents R16 and R17 floor had debris including a marker lying in the middle of the floor. <p>(continued on next page)</p>		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>During an interview on 5/14/24, at 10:45 a.m., the NHA confirmed that the facility failed to maintain a clean, homelike environment for seven of 21 residents of the Garden Lane nursing unit (Residents R24, R4, R22, R34, R25, R16 and R17).</p> <p>28 Pa. code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (e)(1)(2) Management.</p> <p>28 Pa Code: 201.29 (a)(c)(d) Resident rights.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</p> <p>Based on a review of Resident Assessment Instrument (RAI) User's Manual, clinical records and staff interviews, it was determined that the facility failed to ensure that MDS assessments accurately reflected the resident's status for one of three residents (Resident R23).</p> <p>Findings include:</p> <p>The Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set (MDS - mandated assessments of a resident's abilities and care needs), dated October 2023, indicated the following instructions:</p> <p>-Section O: Special Treatments, Procedures, and Programs: Check all of the following treatments, procedures, and programs that were performed during the last 14 days.</p> <p>Review of the clinical record indicated Resident R23 was readmitted to the facility on [DATE], with diagnoses that included moderate intellectual disabilities, dementia (loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities), and anxiety.</p> <p>Review of the MDS dated [DATE], confirmed Resident R23's diagnoses remain current. Review of Section O: Special Treatments, Procedures, and Programs, Question O100 K1 Hospice Care, indicated that Resident R23 did not receive hospice services while a resident at the facility.</p> <p>Review of a physician's order dated 12/14/23, indicated Resident R23 was admitted to hospice services.</p> <p>During an interview on 5/16/24, at 1:32 p.m. the Registered Nurse Assessment Coordinator (RNAC) Employee E13 confirmed that the MDS assessment was not completed accurately.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</p> <p>Based on review of facility policy, observation, and staff interview, it was determined that the facility failed to prevent food items from being stored in a medication refrigerator in one of two medication rooms ([NAME] Nursing Unit).</p> <p>Findings include:</p> <p>Review of the facility policy Medication Labeling and Storage dated 3/21/23 and 1/4/24, indicated medications requiring refrigeration are stored in a refrigerator located in the medication room at the nurses' station or other secured location. Medications are stored separately from food and are labeled accordingly.</p> <p>During an observation on 5/15/24, at 1:35 p.m. revealed the following two Fuji brand water bottles, one [NAME] sparking water bottle, and one small carton of whole milk stored in the medication refrigerator in the [NAME] Nursing Unit medication room.</p> <p>During an interview on 5/16/24, at 1:38 p.m. the Registered Nurse Employee E13 confirmed food and drinks should not be stored in the medication refrigerator.</p> <p>During an interview on 5/16/24, at 2:00 p.m. the Nursing Home Administrator and Director of Nursing confirmed the facility failed to prevent food items from being stored in a medication refrigerator on [NAME] Nursing Unit.</p> <p>28 Pa Code: 211.9 (a) Pharmacy services.</p> <p>28 Pa code: 211.12 (d) (1) (5) Nursing services.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>43725</p> <p>Based on review of facility policy, Quality Assurance attendance records, and staff interview, it was determined that the facility failed to conduct Quality Assessment and Assurance (QAA) meetings at least quarterly with all of the required committee members (Infection Preventionist) for three of four quarterly meeting (May 2023 through July 2023, August 2023 through October 2023, and November 2023 through January 2024).</p> <p>Findings Include:</p> <p>Review of the facility policy Quality Assurance and Process Improvement Committee (QAPI) reviewed 1/4/24, indicated that the facility will establish and maintain a QAPI committee that consists of the administrator, director of nursing, medical director, and infection control representative.</p> <p>Review of QAPI sign in sheets and attendance records from May 2023 through January 2024 failed to indicate the infection control representative was in attendance for any meetings.</p> <p>During an interview on 5/17/24, at 10:10 a.m. the Nursing Home Administrator confirmed that the facility failed to conduct Quality Assessment and Assurance (QAA) meetings at least quarterly with all of the required committee members as required.</p> <p>28 Pa Code: 201.18(e)(1)(2)(3)(4) Management.</p>		

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<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>43725</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Quality Assurance and Performance Improvement (QAPI) for ten of ten staff members (Employees E1, E2, E3, E4, E5, E6, E7, E8, E9 and E10).</p> <p>Findings include:</p> <p>Review of the policy Inservice Training dated 1/4/24, with previous review date of 3/21/23, indicated it is the policy of this facility that all staff participate in regular in-service education upon hire and annually and maintain an effective training program for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles. Trainings included for all existing and newly hired employees include but not limited to communication, abuse, neglect, etc, the facility QAPI program and behavioral health.</p> <p>Review of facility provided documents and training record for E1, E2, E3, E4, E5, E6, E7, E8, E9 and E10 revealed the following staff members did not have documented training on QAPI.</p> <p>Nurse Aide (NA) Employee E1 had a hire date of 6/15/17, failed to have QAPI in-service education between 6/15/23 and 5/15/24.</p> <p>Licensed Practical Nurse (LPN) Employee E2 had a hire date of 6/28/22, failed to have QAPI in-service education between 6/28/23, and 5/15/24.</p> <p>NA Employee E3 had a hire date of 9/6/22, failed to have QAPI in-service education between 9/6/23, and 5/15/24.</p> <p>Housekeeping Employee E4 had a hire date of 12/29/23, failed to have QAPI in-service education between 12/29/23, and 5/15/24.</p> <p>Dietary Aide Employee E5 had a hire date of 7/10/23, failed to have QAPI in-service education between 7/10/23, and 5/15/24.</p> <p>NA Employee E6 had a hire date of 4/8/98, failed to have QAPI in-service education between 4/8/23, and 5/15/24.</p> <p>NA Employee E7 had a hire date of 5/17/17, failed to have QAPI in-service education between 5/17/23, and 5/15/24.</p> <p>Maintenance Director Employee E8 had a hire date of 9/1/20, failed to have QAPI in-service education between 9/1/23, and 5/15/24.</p> <p>NA Employee E9 had a hire date of 6/26/23, failed to have QAPI in-service education between 6/26/23, and 5/15/24.</p> <p>(continued on next page)</p>		

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<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Assistant Director of Nursing/ Infection Control Preventionist Employee E10 had a hire date of 8/28/23, failed to have QAPI in-service education between 8/28/23, and 5/15/24.</p> <p>During an interview on 5/15/24, at 12:30 p.m., the Nursing Home Administrator (NHA) confirmed that the facility failed to provide training on QAPI for ten of ten staff members. The NHA stated that she contacted corporate and they indicated that QAPI had not been added to all staff trainings.</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 - Minimal harm or potential for actual 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>43725</p> <p>Based on review of staff interview and facility documents, it was determined that the facility failed to provide training on behavioral health for three of ten staff members reviewed (Employees E4, E5 and E8).</p> <p>Findings Include:</p> <p>Review of the policy Inservice Training dated 1/4/24, with previous review date of 3/21/23, indicated it is the policy of this facility that all staff participate in regular in-service education upon hire and annually and maintain an effective training program for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles. Trainings included for all existing and newly hired employees include but not limited to communication, abuse, neglect, etc, the facility QAPI program and behavioral health.</p> <p>Review of facility provided education records for three of the ten currently employed staff members that were reviewed revealed the following:</p> <p>Review of the facility provided current staff list indicated Housekeeping Employee E4 was hired on 12/29/23. housekeeping employee E4's training record for failed to include current behavioral health training.</p> <p>Review of the facility provided current staff list indicated Dietary Aide Employee E5 was hired on 7/10/23. Dietary Aide Director Employee E5's training record for failed to include current behavioral health training.</p> <p>Review of the facility provided current staff list indicated Maintenance Director Employee E8 was hired on 9/1/20. Maintenance Director Employee E8's training record for failed to include current behavioral health training.</p> <p>During an interview on 5/15/24, at 12:30 p.m., the Nursing Home Administrator confirmed the facility failed to provide training on behavioral health for three of ten staff members reviewed.</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>		