

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Bradford Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 50 Lang Maid Lane Bradford, PA 16701	

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 - Few</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** 31185</p> <p>Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to assure physician's orders, resident's Pennsylvania Order for Life Sustaining Treatment (POLST- a legal document specifying the resident/responsible party choices regarding life-sustaining treatments), and paper charts were consistent for one of 18 residents reviewed (Resident R41).</p> <p>Findings include:</p> <p>The facility policy entitled Pennsylvania Orders for Life-Sustaining Treatment (POLST) dated [DATE], indicated that if a person is admitted with an existing POLST, it will be honored. If a person does not have one on admission, one will be completed with the person or surrogate.</p> <p>Resident R41's clinical record revealed an admitted [DATE], with diagnoses including end stage renal disease, Parkinson's disease and adult failure to thrive.</p> <p>Resident R41's physician's orders dated [DATE], revealed an order for Do Not Resuscitate (Allow Natural Death) - DNR.</p> <p>Resident R41's clinical record revealed a POLST dated [DATE], that identified Resident R41 requested Cardiopulmonary Resuscitation (CPR-measures performed to help sustain life), Comfort Measures Only.</p> <p>Resident R41's care plan dated [DATE], with a revision date of [DATE], indicated the Code Status as DNR.</p> <p>During an interview on [DATE], at 1:55 p.m. the Nursing Home Administrator confirmed Resident R41 physician's orders, POLST, and care plan were not consistent with each other.</p> <p>28 Pa. Code 201.18 (b)(1) Management</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 201.29(a) Resident rights</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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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.10(c) Resident care policies		

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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** 31185</p> <p>Based on review of clinical records and facility documentation, and staff interview, it was determined that the facility failed to complete the Minimum Data Set (MDS-periodic assessment of resident care needs) to accurately reflect the resident's status at the time of the assessment for one of 18 residents reviewed (Resident R15).</p> <p>Findings include:</p> <p>Review of Resident R15's clinical record revealed an admitted [DATE], with diagnoses that included hemiplegia and hemiparesis following cerebral infarction (paralysis and muscle weakness or partial paralysis from a stroke), depression, heart failure and high blood pressure.</p> <p>Review of the Quarterly MDS dated [DATE], Health Conditions Section J1900 C. Number of Falls since Admission or Prior assessment- Major Injury, indicated one.</p> <p>Review of Resident R15's progress notes revealed that on 6/30/24, Resident R15 was observed on the floor in his/her room, resident was assessed and noted to have a bruise to the mid back, Resident R15 did not go to the hospital for treatment.</p> <p>During an interview on 8/29/24, at 10:45 a.m. the Nursing Home Administrator confirmed that Section J1900 of the Quarterly MDS dated [DATE], was incorrectly coded for Resident R15 regarding a fall with major injury.</p> <p>28 Pa. Code 211.5(f)(ix) Medical records</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496</p> <p>Based on review of facility policy and clinical records, observations, and staff interview, it was determined that the facility failed to ensure that a resident with limited range of motion received physician ordered treatment and services to prevent further decrease in range of motion for one of 18 residents reviewed (Resident R59).</p> <p>Findings include:</p> <p>Review of facility policy entitled Specialized Rehabilitative/Restorative Services dated 12/7/23, indicated Assisting residents ., to use their prosthetic devices . and Review of facility Skills Competency/Orientation Checklist for facility staff under competency performance criteria revealed Splint/Prosthesis and Demonstrates ability to read and implement a restorative plan of care.</p> <p>Review of Resident R59's clinical record revealed an admitted [DATE], with diagnoses that included hemiplegia (a condition where a person is paralyzed and unable to move one side of their body), hypertension (high blood pressure), and hyperlipidemia (high cholesterol).</p> <p>Review of Resident R59's clinical record revealed a physician's order dated 12/28/23, that identified an order for hand splint to left hand may remove for hygiene. Further review of clinical record revealed a care plan for Activities of Daily Living (ADL) with an intervention of left hand splint for contracture management.</p> <p>Observation on 8/28/24, at 8:20 a.m. revealed resident in his/he bed with left hand splint laying on the nightstand. Observation on 8/28/24, at 10:35 a.m. revealed resident in his/he bed with left hand splint laying on the nightstand. Observation on 8/29/24, at 8:40 a.m. revealed resident in his/he bed with left hand splint laying on the nightstand.</p> <p>During an interview on 8/29/24, at 8:45 a.m. Licensed Practical Nurse (LPN) Employee E2 confirmed that Resident R59's left hand splint was laying on the nightstand. LPN Employee E2 also confirmed that the resident's left hand splint should be on resident's left hand except during hygiene.</p> <p>28 Pa. Code 201.18 (b)(1) Management</p> <p>28 Pa. Code 211.10 (d) Resident care policies</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496</p> <p>Based on review of facility policy and clinical records, observations, and staff interview, it was determined that the facility failed to provide oxygen according to physician's orders for one of one residents reviewed for respiratory services (Resident R65).</p> <p>Findings include:</p> <p>Review of facility policy dated 12/7/23, entitled Nursing Services indicated that the Registered Nurse Assures that nursing care personal are following the residents care plan.</p> <p>Resident R65's clinical record revealed an admitted [DATE], with diagnoses that included pneumonia (an infection in the lungs), anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), chronic obstructive pulmonary disease (when your lungs do not have adequate air flow) and chronic respiratory failure (a condition where your lungs don't exchange air properly).</p> <p>Review of Resident R65's Care Plan revealed a care plan for oxygen therapy with an intervention of oxygen 3 liters per minute (lpm) via nasal cannula (tubing with small prongs that fit into the nostrils to deliver oxygen) per physician's orders.</p> <p>Review of Resident R65's clinical record revealed a physician's order dated 7/24/24, for Oxygen via Nasal Cannula 3 lpm as needed (PRN).</p> <p>Observation on 8/27/24, at 1:00 p.m. revealed Resident R65 sitting in his/her wheelchair with supplemental oxygen in place and the oxygen concentrator liter flow set at 4 lpm. Observation on 8/29/24, at 8:15 a.m. revealed Resident R65 sitting on his/her bed with supplemental oxygen in place and the oxygen concentrator liter flow set at 4 lpm. Observation on 8/29/24, at 8:40 a.m. revealed Resident R65 laying in his/her bed with supplemental oxygen in place and the oxygen concentrator liter flow set at 4 lpm.</p> <p>During an interview on 8/29/24, at 8:45 a.m. Licensed Practical Nurse Employee E2 confirmed that Resident R65's oxygen concentrator was on and set at 4 lpm and was not in accordance with the physician's order dated 7/24/24, for oxygen at 3 lpm PRN.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496</p> <p>Based on review of clinical records, and staff interviews, it was determined that the facility failed to provide a clinical rationale and duration for the continued use of a PRN (as needed) psychotropic (affecting the mind) medication beyond 14 days for one of six residents reviewed for psychotropic medications (Resident R65).</p> <p>Findings include:</p> <p>Resident R65's clinical record revealed an admitted [DATE], with diagnoses that included pneumonia (an infection in the lungs), anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), chronic obstructive pulmonary disease (when your lungs do not have adequate air flow) and chronic respiratory failure (a condition where your lungs don't exchange air properly).</p> <p>Review of Resident R65's medication orders revealed a physician's order dated 8/21/24, to administer Hydroxyzine (anti-anxiety) 25 milligrams (mg) by mouth every 12 hours as needed for anxiety. The medication order lacked the required stop date within 14 days or a clinical rationale for continuing beyond 14 days.</p> <p>During an interview on 8/29/24, at 11:35 a.m. with the Registered Nurse Employee E1 he/she confirmed that Resident R65's Hydroxyzine order lacked the required stop date within 14 days and a clinical rationale for continued use beyond 14 days. He/she also confirmed that the medication should have a clinical rationale and duration to continue beyond 14 days.</p> <p>28 Pa. Code 211.12(d)(1)(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** 47356</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to implement infection control practices regarding Enhanced Barrier Precautions (EBPs-additional infection control precautions put in place during high contact care activities for individuals who have an increased risk of multi-drug resistant organisms [MDROs] or who are colonized/infected with MDROs) for residents with a gastric feeding tube (a medical device used to provide nutrition and/or medications when a person cannot swallow or take anything by mouth) and for residents with indwelling urinary catheters (tubing inserted into the bladder to drain urine into a bag) for six of six residents reviewed (Residents R170, R59, R37, R41, R19, and R58).</p> <p>Findings include:</p> <p>Review of the facility policy entitled Enhanced Barrier Precautions dated 12/7/23, revealed, Enhanced barrier precautions may be considered for the following situations: Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status: High contact care activities: Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator.</p> <p>Resident R170's clinical record revealed an admitted [DATE], with diagnoses that included sepsis (a life threatening complication of an infection), hypertension (high blood pressure), and chronic kidney disease.</p> <p>Review of Resident R170's clinical record revealed a physician's order dated 8/23/24, for nursing staff to complete gastric tube site care every day on daylight shift. This order is considered a high contact care activity.</p> <p>Resident R59's clinical record revealed an admitted [DATE], with diagnoses that included hemiplegia/hemiparesis (complete paralysis and partial weakness on non-dominant side), hyperlipidemia (high cholesterol), and hypertension (high blood pressure).</p> <p>Review of Resident R59's clinical record revealed a physician's order dated 12/28/23, for nursing staff to cleanse the gastric tube site with wound cleanser, pat dry, and apply a T-Sponge (dressing used to absorb drainage) every day on daylight shift. This order is considered a high contact care activity.</p> <p>Resident R37's clinical record revealed an admitted [DATE], with diagnoses that included neuromuscular dysfunction of the bladder (nerves and muscles of the bladder do not work properly) and chronic kidney disease.</p> <p>Review of Resident R37's clinical record revealed a physician's order dated 11/1/23, for nursing staff to provide indwelling catheter care every shift. This order is considered a high contact care activity.</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>Resident R41's clinical record revealed an admitted [DATE], with diagnoses that included overactive bladder, hypertension, and end stage renal disease (a condition in which the kidneys are no longer able to remove waste and balance fluids).</p> <p>Review of Resident R41's clinical record revealed a physician's order dated 3/31/24, for nursing staff to provide indwelling catheter care every shift. This order is considered a high contact care activity.</p> <p>Resident R19's clinical record revealed an admitted [DATE], with diagnoses that included neuromuscular dysfunction of the bladder (nerves and muscles of the bladder do not work properly), multiple sclerosis (a disease in which the body attacks the protective covering of the nerves), and anxiety.</p> <p>Review of Resident R19's clinical record revealed a physician's order dated 11/15/22, for nursing staff to provide indwelling catheter care every shift. This order is considered a high contact care activity.</p> <p>Resident R58's clinical record revealed an admitted [DATE], with diagnoses that included neuromuscular dysfunction of the bladder, hypertension, and chronic kidney disease.</p> <p>Review of Resident R58's clinical record revealed a physician's order dated 12/27/23, for nursing staff to provide indwelling catheter care every shift. This order is considered a high contact care activity.</p> <p>Observations made on 8/28/24, at approximately 10:25 a.m. revealed that there were not any EBPs in place for any residents listed above who have an indwelling medical device and require high contact care activities to be completed by nursing staff.</p> <p>During an interview at that time, the Director of Nursing confirmed that EBPs were not in place for all residents listed above, and employees should be wearing gloves and gowns during high contact care activities with indwelling medical devices such as gastric feeding tubes and indwelling urinary catheters.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		