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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395705 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/15/2024 |
| NAME OF PROVIDER OR SUPPLIER Hempfield Manor | | STREET ADDRESS, CITY, STATE, ZIP CODE 1118 Woodward Drive Greensburg, PA 15601 | |

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) |
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| <p>F 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>36115</p> <p>Based on a review of facility policy, resident medical records, facility provided documents, staff statements and staff interviews, it was determined that the facility failed to provide a dignified living experience for one of three residents (Resident R4).</p> <p>Findings include:</p> <p>A review of facility Resident Rights policy dated 12/13/23, indicated that the residents have the right to a dignified existence, self determination, communication with access to persons and services within and outside the facility.</p> <p>A review of facility grievance form dated 5/20/24, revealed that Resident R4 filed a grievance on 5/18/24, Licensed Practical Nurse (LPN) E1 called the resident by her non preferred name.</p> <p>Review of a handwritten employee statement submitted on 5/18/24, by LPN Employee E1 confirmed that she had called the resident by her non preferred name. LPN Employee E1's statement indicated that LPN Employee E1 and Resident R4 were discussing a treatment for the resident when LPN Employee E1 stated she said ***** (resident's non preferred name) I have to go look at the computer. The resident became very confrontational and stated My name is ***** (Resident's preferred name). LPN Employee E1 stated ***** was the name in the computer.</p> <p>A review of Resident R4 computerized medical record revealed that the resident's proper name ***** is listed on her medical record. Next to that name is quotation marks is listed ***** the resident's preferred name.</p> <p>During an interview on 7/15/24, at 11:15 am Nursing Home Administrator confirmed that LPN Employee E1 confirmed in her statement that she failed to call Resident R4 by the resident's preferred name that was listed in the resident's medical record which created a non dignified living experience for the resident.</p> <p>PA Code: 211.29(a) 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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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Respond appropriately to all alleged violations.</p> <p>36115</p> <p>Based on a review of facility policies, documents and staff interviews it was determined that the facility failed to conduct a through investigation three of three allegations of possible abuse and neglect. (5/20/24, 6/11/24, and 6/26/24)</p> <p>Findings include:</p> <p>A review of facility Abuse, Neglect, Exploitation and Misappropriation of Resident Property policy date 12/23/23,</p> <p>revealed that abuse, neglect, exploitation and misappropriation of resident property will not be tolerated. An investigation of the allegations will be conducted.</p> <p>A review of grievance form dated 5/20/24. revealed Resident R4 alleged that Licensed Practical Nurse (LPN)Employee E1 refused to provide treatment on 5/18/24. A statement written date 5/18/24, by LPN Employee E1 confirmed that she refused to complete the treatment as she was unaware of the physician order. A review of Resident R4's May Electronic Treatment Administration Record (ETAR) revealed that LPN Employee E1 signed off on completing the treatment on 5/16/24, and 5/17/24.</p> <p>A review of grievance form dated 6/11/24, Resident R5 alleged that a staff member was bullying her and refused to complete her care needs.</p> <p>A review of grievance form date 6/26/24, Resident R5 alleged that staff are haters and refused to engage in conversation with the resident which as the resident stated made her feel like a second class citizen.</p> <p>During an interview on 7/9/24, the Nursing Home Administrator confirmed that the facility failed to complete a through investigation including the possible identification of alleged perpetrators and report to regulatory agencies for the incidents of 5/20/24, 6/11/24, and 6/26/24 as required.</p> <p>PA Code: 201.18(e)(1) Management.</p> | | |