

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395706	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Gardens at East Mountain, The		STREET ADDRESS, CITY, STATE, ZIP CODE  101 East Mountain Drive Wilkes-Barre, PA 18702	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0565</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 organize and participate in resident/family groups in the facility.</p> <p>39929</p> <p>Based on review of select facility policy and minutes from Resident Council and Food Committee meetings and resident and staff interviews it was determined that the facility failed to put forth sufficient efforts to promptly resolve continued resident complaints/grievances expressed during Resident Council and Food Committee Meetings and submitted grievances, including those voiced by four of 4 residents (Residents 16, 37, 81, and 50).</p> <p>Findings include:</p> <p>Review of the facility's current Grievance policy indicated that it is the facility's policy to provide an opportunity for residents to express concerns at any time. The facility's goal is to resolve resident and family concerns in a timely basis.</p> <p>Review of the minutes from the December 2023, through March 2024, Resident Council and Food Committee meetings revealed that residents in attendance at these resident group meetings voiced their concerns regarding resident care and facility services during the meetings.</p> <p>During the December 2023, Resident Council meeting the residents relayed concerns that the shower water temperature was too cold.</p> <p>During the February 2024, Food Committee meeting the residents relayed concerns that they were not receiving snacks</p> <p>During a group meeting held on April 10, 2024 at 10:00 a.m., with four (4) alert and oriented residents, four of the four residents (Residents 16, 37, 81, and 50), stated that cold water temperatures in the shower and not receiving snacks at night continues to be a concern for them. The residents stated that they have repeatedly brought these particular complaints to the facility's attention without resolution to date.</p> <p>The facility was unable to provide documented evidence at the time of the survey ending April 12, 2024, that the facility had determined if the residents' felt that their complaints/grievances, regarding cold shower water temperatures and snacks, had been resolved through any efforts taken by the facility in response to the residents' expressed concerns regarding cold water temperatures and evening snacks.</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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on April 11, 2024 at 2:00 p.m. the NHA and DON were unable to provide documented evidence that the facility had followed-up with the residents' to ascertain the effectiveness of the facility's efforts in resolving their complaints regarding cold shower water temperatures and snacks.</p> <p>28 Pa. Code 201.18 (e)(1)(4) Management</p> <p>28 Pa. Code 201.29 (a) Resident rights</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>21738</p> <p>Based on a review of clinical records and the Resident Assessment Instrument and staff interviews, it was determined that the facility failed to conduct a significant change Minimum Data Set Assessments (MDS - a federally mandated standardized assessment process conducted at specific intervals to plan resident care) for one of 23 residents reviewed (Resident 19).</p> <p>Findings include:</p> <p>According to the RAI User's Manual dated October 2023 a Significant Change in Status MDS assessment is required within 14 days of the determination of the significant change when:</p> <ul style="list-style-type: none"> <li>o A resident enrolls in a hospice program; or</li> <li>o A resident changes hospice providers and remains in the facility; or</li> <li>o A resident receiving hospice services discontinues those services; or</li> <li>o A resident experiences a consistent pattern of changes, with either two or more areas of decline or two or more areas of improvement, from baseline (as indicated by comparison of the resident's current status to the most recent CMS-required MDS).</li> </ul> <p>A review of the clinical record of Resident 19 revealed that the resident had experienced a significant decline in condition and was placed on Hospice Care (a type of care and philosophy of care that focuses on the palliation of a chronically ill, terminally ill or seriously ill patient's pain and symptoms, attending to their emotional and spiritual needs) on January 13, 2023.</p> <p>Further review of the clinical record revealed that Resident 19 was discontinued from Hospice services on February 25, 2024.</p> <p>There was no documented evidence that a significant change MDS was completed to reflect that Resident 19's hospice services were discontinued.</p> <p>Interview with the director of nursing (DON) on April 11, 2024, at approximately 2:15 PM confirmed that Resident 19 was discontinued from Hospice services on February 25, 2024. The DON confirmed that a comprehensive significant change MDS assessment was not completed as required.</p> <p>28 Pa. Code 211.12(c)(d)(3)(5) Nursing services</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 21738</p> <p>Based on a review of clinical records and the Resident Assessment Instrument and staff interviews, it was determined that the facility failed to ensure the Minimum Data Set Assessments (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) accurately reflected the status of one resident out of 23 sampled (Residents 32).</p> <p>Findings include:</p> <p>According to the RAI User's Manual dated October 2023, Section A 1500 Preadmission Screening and Resident Review (PASRR) is to be completed if the type of assessment is an admission assessment, significant change, or annual assessment.</p> <p>The annual MDS Assessment of Resident 32 dated June 23, 2023, revealed Section A 1500 was coded as 0 indicating that the resident was not considered by the State to require a Level II PASRR process, to have serious mental illness, and/or intellectual disability or mental retardation or a related condition.</p> <p>A review of Resident 32's clinical record revealed a Level I PASRR was completed on June 1, 2017, indicated that the resident met the criteria for a Level II PASRR.</p> <p>A further review of the resident's clinical record, revealed a letter of determination dated June 8, 2017, indicating the resident met the criteria for specialized services.</p> <p>Interview with the social services director on April 12, 2024, at 10:30 AM confirmed that Resident 32's annual MDS assessment dated [DATE], was inaccurate, with respect to completion of Section A 1500 related to the PASRR.</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>21738</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to revise a comprehensive care plan in response to the discontinuation of Hospice services (a type of care and philosophy of care that focuses on the palliation of a chronically ill, terminally ill or seriously ill patient's pain and symptoms, attending to their emotional and spiritual needs) for one resident out of 23 reviewed (Resident 19).</p> <p>Findings include:</p> <p>A review of Resident 19's clinical record revealed that the resident had diagnoses which included chronic obstructive pulmonary disease (COPD- group of lung diseases that block airflow and make it difficult to breathe).</p> <p>A review of the resident's comprehensive plan of care initiated January 16, 2023, revealed that the resident was receiving Hospice services due to end stage COPD.</p> <p>Further review of the clinical record revealed that Hospice services were discontinued on February 25, 2024.</p> <p>The facility failed to revise and update the resident's care plan when Hospice services were discontinued.</p> <p>An interview with the director of nursing on April 11, 2024, at approximately 2:15 PM confirmed the resident's care plan had not been reviewed and revised in response to the resident's Hospice services being discontinued to ensure appropriate planned interventions were incorporated into the resident's plan of care and implemented by staff.</p> <p>28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing Services.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39929</p> <p>Based on select facility policy and clinical records and resident and staff interviews, it was determined that the facility failed to ensure that dependent residents were provided with the necessary services to maintain good personal hygiene, by failing to provide showers as scheduled and personal grooming for three of 23 residents sampled (Residents 5, 7 and 47).</p> <p>Findings include:</p> <p>Review of a facility policy entitled Shower/Bathing Policy last reviewed by the facility on February 15, 2024, indicated the purpose of the policy was to cleanse and refresh the resident. If the resident refuses a shower, a bed bath will be offered and provided as per the resident's preference. Care plan documentation guidelines include list the amount of assistance the resident needs with bathing and any resident preferences, precautions, special soap, or lotion to be used.</p> <p>A review of the clinical record revealed that Resident 7 was admitted to the facility on [DATE], and had diagnoses which included multiple sclerosis ([MS] immune system attacks the myelin sheath [the protective layer that covers nerve fibers] causing vision problems, muscle weakness, numbness, fatigue, cognitive impairment, bowel and bladder dysfunction and pain) and contracture (abnormal shortening of muscle tissue) of muscle right and left upper arm.</p> <p>An annual Minimum Data Set Assessment (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) of Resident 7 dated January 31, 2024, indicated that the resident is dependent on staff, requiring extensive assistance with activities of daily living (ADL). The resident is cognitively intact with a BIMS (brief interview for mental status, a tool to assess the residents' attention, orientation, and ability to register and recall new information, a score of 13-15 indicates the resident is cognitive intact) score of 13.</p> <p>A review of the Shower List East revealed that the resident was to be showered on Wednesdays and Saturdays on the 7:00 AM to 3:00 PM shift.</p> <p>A review of the resident's bathing records for the months of February 2024, March 2024, and April 2024 revealed the resident did not receive a shower during these months.</p> <p>There was no documented evidence that the resident was offered or provided showers during the last three months. There was no documented evidence in the resident's clinical record or care plan of any resident refusals or reasons for not showering this resident as scheduled.</p> <p>Interview with Resident 7 on April 2, 2024, at 9:03 AM revealed that the resident receives a bed bath and when asked if this was his preference he replied, I don't think I can get a shower because I have a wound on my leg, and staff has to help me I can't walk. At the time of this interview, the resident's fingernails on both hands were observed to be long and dirty with a build-up of dark colored debris under the nails, oily hair, and unshaven face.</p> <p>There was no evidence of documentation of any restrictions, which prevented the resident from being showered, his hair washed, his nails trimmed and cleaned or to be shaved.</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>A review of clinical record revealed Resident 47 was initially admitted to the facility on [DATE], with diagnoses to include muscle weakness, absence of right leg below knee and morbid (severe) obesity (serious health condition characterized by body mass index [BMI] of 40 or higher with obesity related health complications) with alveolar hypoventilation (insufficient ventilation when a person can not take enough breaths per minute and causes increased concentration of carbon dioxide and respiratory acidosis).</p> <p>An admission MDS of Resident 47 dated March 12, 2024, indicated that the resident requires substantial/maximal assistance for more than half the effort with ADLs. The resident is cognitively intact with a BIMS score of 15.</p> <p>A review of the resident's shower record revealed that the resident was to be showered on Mondays and Thursdays on the 3:00 PM to 11:00 PM shift.</p> <p>A review of the resident's bathing record for the months of February 2024, March 2024 and April 2024 revealed that the resident was showered only twice in three months and given a bed bath five times in three months.</p> <p>There was no documented evidence in the resident's clinical record or care plan of any resident refusals or reasons for not showering this resident as scheduled.</p> <p>A review of the clinical record revealed that Resident 5 was admitted to the facility on [DATE], and had diagnoses which included abnormalities of gait and mobility, muscle weakness and dislocation (condition when a bone slips out of the joint due to injury) of C7 (seventh cervical [neck] vertebra) T1 (thoracic [rib] vertebrae) cervical vertebrae.</p> <p>An admission MDS of Resident 5 dated March 21, 2024, indicated that the resident is dependent on staff, requiring extensive assistance with ADLs. The resident had severe cognitive impairment with a BIMS score of one.</p> <p>A review of the Shower List East revealed that the resident was to be showered on Tuesdays and Thursdays on the 3:00 PM to 11:00 PM shift.</p> <p>A review of the resident's shower schedule for the month of March 2024 and April 2024 revealed that the resident was showered only twice in two months.</p> <p>During an interview on April 12, 2024, at approximately 12:30 PM, the Director of Nursing (DON) and Nursing Home Administrator (NHA) confirmed that the facility has not been able to consistently provide residents' showers as scheduled. The NHA and DON confirmed that it is the facility's responsibility to assist residents with activities of daily living to maintain good personal grooming and hygiene for residents dependent on staff for assistance.</p> <p>28 Pa. Code 211.12 (d)(4)(5) Nursing services</p> <p>28 Pa. Code 211.10 (a)(d) Resident care policies</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>41581</p> <p>Based on observation and staff interview it was determined that the facility failed to maintain an environment free of potential accident hazards on the East and [NAME] Hallways.</p> <p>Findings include:</p> <p>An observation of the 100 East hallway on April 9, 2024, at 9:16 AM and again on April 10, 2024, at 8:48 AM revealed 3 rollator walkers, 5 wheelchairs, a resident room armchair, a stool and a large linen cart were lined up blocking access to the handrails on the right side of the corridor. These items completely obstructed resident access to the hand railing on the right side of the hallway. Observations at that time revealed multiple residents self-propelling in wheelchairs in the hallway.</p> <p>During an interview April 12, 2024, at 12:00 PM the Nursing Home Administrator (NHA) confirmed that the handrails on the right side of hallway were obstructed and that residents did not have unimpeded access to the handrails on the right side of the corridor to assist with ambulation and mobility on that side of the hall.</p> <p>An observation conducted on April 10, 2024, at approximately 1:05 PM, revealed a treatment cart titled [NAME] was in the main hallway unattended and not locked. Further observation revealed the cart contained wound care equipment that included scissors and hydrogen peroxide.</p> <p>During an interview with the Director of Nursing (DON) on April 10, 2024, at approximately 1:10 PM confirmed the cart should have been locked to prevent resident access and created a potential accident hazard.</p> <p>28 Pa Code 211.12 (c)(d)(5) Nursing services</p> <p>28 Pa. Code 201.18 (e)(2.1) Management</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49782</b></p> <p>Based on a review of select facility policy and clinical records, observation, and staff interview it was determined that the facility failed to consistently administer oxygen as ordered and maintain sanitary oxygen delivery systems for one out of two sampled residents (Resident 47).</p> <p>Findings included:</p> <p>According to the American Thoracic Society, O2 is a medication that requires a prescription from a healthcare provider. The provider will prescribe your O2 at a specific flow rate and a specific number of hours per day. It is very important that O2 is used as prescribed. Using too little O2 may put a strain on the heart and brain, causing heart failure, fatigue, or memory loss. Using too much O2 can also be a problem. For some patients, using too much O2 can cause them to slow their breathing to dangerously low levels. It is important to wear O2 as your provider ordered it. If the patient starts to experience headaches, confusion, or increased sleepiness after using supplemental O2, the patient may be getting too much.</p> <p>Review of a facility policy entitled Oxygen Administration last reviewed on February 15, 2024, indicated that the purpose of this procedure is to provide guidelines for safe O2 administration. Preparation is to verify that there is a physician's order for this procedure and assemble to equipment and supplies as needed. Adjust the O2 delivery device so that it is comfortable for the resident and the proper flow of O2 is being administered.</p> <p>Review of a facility policy entitled Equipment Management last reviewed on February 15, 2024, indicated that O2 concentrator tubing and equipment will be changed weekly and as needed. continuous positive airway pressure ([CPAP] a machine that uses mild pressure to keep breathing airways open during sleep) machines should be washed with soap and water only and water should be changed daily.</p> <p>A review of clinical record revealed Resident 47 was admitted to the facility on [DATE], with diagnoses to include chronic respiratory failure with hypoxia (lung condition where organs have inadequate O2 supply due to fluid buildup in the lungs) and obstructive sleep apnea (sleep related breathing disorder when there is repeated moments of apnea [stop breathing] while sleeping, waking during the night gasping, or choking).</p> <p>Current physician orders initially dated March 21, 2024, at 12:17 PM were noted for the resident to receive continuous humidified O2 therapy at 3 liters per minute (L/min) via nasal cannula, every shift; to remove, cleanse and replace O2 concentrator (bedside machine that concentrates ambient air to supply an oxygen-rich gas stream) filter and change O2 tubing and replace humidification bottle every night shift every Friday; resident was to wear a CPAP at bedtime with settings as follows: positive end-expiratory pressure ([PEEP] the positive pressure in the lungs above atmospheric pressure that exists at the end of expiration) 5 rate 10, every evening and night shift; and to wash the mask with soap and water and allow to dry on a clean surface every day shift.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on April 9, 2024, at 9:15 AM revealed Resident 47 was receiving humidified O2 therapy at 4 L/min via nasal cannula, which was not consistent with the the physician's orders of 3 L/min. The O2 set-up nasal cannula tubing and humidification bottle were not dated. The resident's CPAP mask was in the first drawer of the nightstand, and not placed on a clean surface or in a bag while not in use according to facility policy.</p> <p>An observation conducted on April 11, 2024, at 8:38 AM, revealed that Resident 47 was lying in bed. The resident's nasal canula was laying on the floor under his bed confirmed by Employee 2 Certified Nurse Aide (CNA) at the time of the observation. Employee 2 CNA picked up the nasal cannula from the floor and placed it back on the resident's face and nostrils without cleaning/changing the O2 set-up. After reapplying the nasal cannula, that had been on the floor, Employee 2 CNA turned the O2 concentrator on, which was observed to be set at 4L/min (physician order for 3 liters per minute). The O2 set-up nasal cannula tubing and humidification bottle were not dated. Employee 3 Licensed Practical Nurse (LPN) confirmed this observation. Observation at this time also revealed that the resident's CPAP mask was lying on top of a box that contained food, and was again not placed on a clean surface or a bag while not in use according to policy</p> <p>An observation on April 11, 2024, at 8:40 AM revealed an O2 concentrator and nasal cannula tubing in resident room [ROOM NUMBER] that was not dated. Employee 1 Registered Nurse (RN) confirmed the observation and stated that the equipment was from a discharged resident and was not removed from the room now occupied by other residents.</p> <p>Interview with the Director of Nursing (DON) on April 11, 2024, at 11:41 AM confirmed that the O2 equipment should be dated when changed/cleansed and when not being used masks and nasal cannula/CPAP equipment should be placed in a bag.</p> <p>Interview with the DON and Nursing Home Administrator (NHA) on April 12, 2024, at approximately 1:00 PM, confirmed that the physician's order for supplemental O2 was not followed for Resident 47 and O2 equipment is to be kept clean, stored properly, and that the tubing is to be changed and dated weekly.</p> <p>28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing services</p> <p>28 Pa. Code 211.10(a)(c)(d) Resident care policies</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39929</p> <p>Based on a review of clinical records and staff interview, it was determined that the facility failed to develop and implement an effective individualized person-centered plan to address a resident's dementia-related behavioral symptoms for one out of 23 residents reviewed (Resident 34).</p> <p>Findings include:</p> <p>A review of Resident 34's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses to include dementia with agitation (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change).</p> <p>A review of Resident 34's Quarterly Minimum Data Set Assessment (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated March 7, 2024, revealed the resident was severely cognitively impaired and displayed physical behavioral symptoms (hitting, kicking, pushing, scratching) and verbal behavioral symptoms (threatening, screaming, cursing).</p> <p>A review of progress notes in the resident's clinical record dated from October 2023 to April 12, 2024, revealed that the resident exhibited behaviors of striking out, slapping and hitting staff with a closed fist, combative, removing her IV (intravenous) line, ripping out her foley catheter, screaming, yelling, spitting at staff, looking for her baby, scratching staff, and bending staff's fingers.</p> <p>The resident's current care plan, in effect at the time of the survey ending April 12, 2024, for the problem of chronic progressive decline in intellectual functioning characterized by deficit in memory, judgement, and decision making related to dementia, did not identify the specific behaviors the resident exhibits and interventions designed for staff to employ to address each of these behaviors.</p> <p>The facility failed to develop and implement an individualized person-centered plan to address, modify and manage this resident's dementia-related behaviors. The resident's care plan for dementia failed to include individualized interventions based on an assessment of the resident's preferences, social/past life history, customary routines, and interests in an effort to manage, modify or decrease the resident's dementia-related behavioral symptoms.</p> <p>The facility failed to demonstrate the provision of necessary care and services, including individualized interdisciplinary non-pharmacological approaches to care, purposeful and meaningful activities, that address the resident's customary routines, interests, preferences, and choices to enhance the resident's well-being. There was no evidence that the facility provided the resident with specialized services and supports, such specialized activities, nutrition, and environmental modifications, based on the individual's abilities and dementia related behaviors</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395706	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Gardens at East Mountain, The		STREET ADDRESS, CITY, STATE, ZIP CODE  101 East Mountain Drive Wilkes-Barre, PA 18702	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Nursing Home Administrator on April 12, 2024, at approximately 1:00 PM, confirmed the facility was unable to provide evidence of the development and implementation of an individualized person-centered plan to address the resident's dementia-related behaviors.</p> <p>28 Pa Code 211.12 (d)(3)(5) Nursing 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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>21738</p> <p>Based on observation and staff interview, it was determined that the facility failed to maintain acceptable practices for the storage and service of food to prevent the potential for contamination and microbial growth in food, which increased the risk of food-borne illness.</p> <p>Findings include:</p> <p>Food safety and inspection standards for safe food handling indicate that everything that comes in contact with food must be kept clean and food that is mishandled can lead to foodborne illness. Safe steps in food handling, cooking, and storage are essential in preventing foodborne illness. You cannot always see, smell, or taste harmful bacteria that may cause illness according to the USDA (The United States Department of Agriculture, also known as the Agriculture Department, is the U.S. federal executive department responsible for developing and executing federal laws related to food).</p> <p>Initial tour of the food and nutrition services department in the presence of the foodservice director (FSD) on April 9, 2024, at 8:00 AM, revealed the following sanitation concerns with the potential to introduce contaminants into food and increase the potential for food-borne illness:</p> <p>There was a thick layer of dust on the fins of the wall vent located next to the handwashing sink.</p> <p>There was a build-up of dirt and debris on the perimeter area of the floor throughout the kitchen.</p> <p>There were two missing floor tiles in the walk-in refrigerator.</p> <p>The door of the walk-in freezer did not fully latch. Interview with the FSD at this time confirmed that the door has not been consistently latching for a few weeks and a work order to repair the door was completed. Temperatures were being monitored to ensure that the freezer maintained appropriate temperature.</p> <p>There were multiple brownish/blackish colored splatters on the ceiling in the dishroom.</p> <p>There was a missing tile from the floor molding located at the entrance to the dishroom.</p> <p>There was a build-up of a blackish substance on the wall behind the garbage disposal.</p> <p>There were two wooden utility carts in the kitchen area which were visibly soiled and in need of cleaning.</p> <p>Interview with the FSD on April 9, 2024, at 8:45 AM confirmed that the food and nutrition services department is to maintain acceptable practices for food storage and the department is to be maintained in a sanitary manner.</p> <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 - Some</p>	<p>Review of an Estimate Statement dated March 26, 2024, revealed that a new walk-in freezer door was needed. The lead time (time between the initiation and completion of a production process) would be six to eight weeks.</p> <p>Interview with the administrator on April 10, 2024, at approximately 11:30 AM confirmed that the order of the new freezer door was in process and follow-up would be completed to ensure timely replacement.</p> <p>28 Pa. Code 211.6 (f) Dietary services.</p> <p>28 Pa. Code 201.18 (e) (2.1) Management.</p>		