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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395707 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>03/28/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Clarion Nursing and Rehab |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>999 Heidrick Street<br>Clarion, PA 16214 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496</b></p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to ensure that the resident plan of care was followed for one of 18 residents reviewed (Resident R224).</p> <p>Findings include:</p> <p>Review of facility policy entitled Repositioning dated 1/21/25, indicated that Review the resident's care plan to evaluate for any special needs . Repositioning is critical for a resident who is immobile or dependent upon staff for repositioning. and Residents who are in bed should be on at least an every two hour (q2 hour) repositioning schedule.</p> <p>Review of Resident R224's clinical record revealed an admitted [DATE], with diagnoses that included hypertension (high blood pressure), hypothyroidism (a condition when the thyroid produces low amounts of thyroid hormones), and chronic systolic congestive heart failure (the inability of the heart to maintain an adequate supply of blood to organs and tissues).</p> <p>Review of Resident 224's care plans revealed a plan of care for at risk for alteration in skin integrity related to impaired mobility, with an intervention for turn and reposition every two hours.</p> <p>Review of Resident 224's Kardex (a source of information for nursing assistants to see care needs for the resident) revealed under resident care Turn and reposition every 2 hours.</p> <p>Observations on 3/26/25, at 10:16 a.m., 10:54 a.m. and 1:05 p.m. revealed Resident R224 was laying in his/her bed on his/her back.</p> <p>Observations on 3/27/25, at 9:40 a.m., 11:30 a.m. and 11:45 a.m. revealed Resident R224 was laying in his/her bed on his/her back.</p> <p>During an interview on 3/27/25, at 11:45 a.m. the Director of Nursing (DON) confirmed that Resident R224 was laying in his/her bed on his/her back. The DON also confirmed that Resident R224 has a care plan with an intervention to be turned and repositioned every two hours.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing services</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47356</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 related to a contracture (a permanent or temporary tightening of soft tissues and muscles that restricts normal movements) received physician ordered treatment and services to prevent further decrease in range of motion for one of 18 residents reviewed (Resident R19).</p> <p>Findings include:</p> <p>Review of facility policy entitled, Use of Assistive Devices dated 1/21/25, revealed A nurse with responsibility for the resident will monitor for the consistent use of the device and safety in the use of the device.</p> <p>Review of Resident R19's clinical record revealed an admitted [DATE], with diagnoses that included orthopedic aftercare following surgical amputation, myopathy (a disease that attacks muscles making them weak), and muscle spasm.</p> <p>Review of Resident R19's physician's orders revealed an order dated 10/23/24, to place a rolled up washcloth in resident's right hand for contracture until palm grips (a medical device placed on the hand to help with contractures) can be ordered. Change daily. Wash thoroughly with soap and water and dry fully between changes.</p> <p>Observations on 3/25/25, at approximately 3:15 p.m. and again on 3/27/25, at approximately 10:03 a.m. revealed Resident R19 lying in bed with no washcloth or palm grip to his/her right hand.</p> <p>Observations on 3/28/25, at approximately 9:12 a.m. with the Director of Nursing (DON) revealed Resident R19 lying in bed with no washcloth or palm grip to his/her right hand.</p> <p>At that time, the DON confirmed that Resident R19 did not have a washcloth or palm grip on his/her right hand contracture per physician's orders and that either a washcloth or a palm grip should have been in place.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496</b></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 R224).</p> <p>Findings include:</p> <p>Review of facility policy entitled Oxygen Administration dated 1/21/25, indicated Verify that there is a physician's order for this procedure. Review the physician's order . for oxygen administration, and Review the resident's care plan .</p> <p>Review of Resident R224's clinical record revealed an admitted [DATE], with diagnoses that included hypertension (high blood pressure), hypothyroidism (a condition when the thyroid produces low amounts of thyroid hormones), and chronic systolic congestive heart failure (the inability of the heart to maintain an adequate supply of blood to organs and tissues).</p> <p>Review of Resident R224's clinical record revealed a physician's order dated 3/20/25, for Oxygen 1.5L/min (liters per minute) only at hours of sleep every night shift.</p> <p>Review of Resident R224's respiratory care plan dated 3/20/25, revealed an intervention for Oxygen at 1. 5L/min via NC, (Nasal Cannula-a thin tube with two prongs that fit into the resident's nostrils to deliver oxygen), only at HS (hour of sleep).</p> <p>Observations on 3/25/25, at 3:00 p.m. revealed Resident R224 laying in his/her bed with supplemental oxygen in place being administered via NC.</p> <p>Observations on 3/26/25, at 8:25 a.m. revealed Resident R224 was sitting in the lounge in his/her wheelchair with supplemental oxygen in place being administered via NC. Observations at 10:16 a.m., 10:54 a.m. and 1:05 p.m. revealed Resident R224was laying in his/her bed with supplemental oxygen in place being administered via NC.</p> <p>Observations on 3/27/25, at 9:40 a.m., 11:30 a.m. and 11:45 a.m. revealed Resident R224 was laying in his/her bed with supplemental oxygen in place being administered via NC.</p> <p>During an interview on 3/27/25, at 11:45 a.m. the Director of Nursing confirmed that Resident R224's supplemental oxygen was on and being administered via NC. He/she also confirmed that the oxygen administration was not in accordance with the physician's order dated 3/20/25, for oxygen to be applied only at HS.</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 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>47356</p> <p>Based on review of facility policies and manufacturer's guidelines, observations, and staff interviews, it was determined that the facility failed to ensure that medications were properly dated when opened and failed to ensure expired medications were discarded in a timely manner in one medication room and in one of two medication carts reviewed (C/B Medication Room and B-Wing Cart).</p> <p>Findings include:</p> <p>Review of a facility policy entitled Storage of Medications dated 1/21/25, indicated that, Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal.</p> <p>Review of a facility policy entitled Medication Labeling and Storage dated 1/21/25, indicated that, Multi-dose vials that have been opened or accessed are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial.</p> <p>Manufacturer's guidelines for Tubersol PPD (solution used for tuberculosis testing upon admission and for employment), indicated that vials which are entered and in use for 30 days should be discarded.</p> <p>Manufacturer's guidelines for Humalog insulin (a fast-acting insulin used to manage blood sugar levels in people with diabetes), indicated that after opened, vials and pre-filled pens should be discarded after 28 days.</p> <p>Observation on 3/25/25, at approximately 3:30 p.m. of the C/B medication room refrigerator revealed an opened vial of Tubersol PPD without an open date, therefore the staff were unable to determine the discard date and an opened vial of Tubersol PPD with an open date of 2/8/25, therefore the medication was expired.</p> <p>During an interview at that time, Licensed Practical Nurse (LPN) Employee E1 confirmed that the opened Tubersol PPD vial lacked an open date, therefore staff were unable to determine the discard date and that the Tubersol PPD vial with the open date of 2/8/25, was expired and should have been discarded.</p> <p>Observation on 3/25/25, at approximately 3:41 p.m. of the B-Wing medication cart revealed an open injector pen of Humalog insulin with an open date of 2/17/25, therefore the medication was expired.</p> <p>During an interview at that time, LPN Employee E2 confirmed that the injector pen of Humalog insulin with the open date of 2/17/25, was expired and should have been discarded.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy services</p> <p>(continued on next page)</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>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>                |   |  |