

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395728	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Snyder Memorial Health Care Ce		STREET ADDRESS, CITY, STATE, ZIP CODE  156 Snyder Memorial Rd Marienville, PA 16239	

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 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 policy, observation, and staff interview, it was determined that the facility failed to properly safeguard and administer resident medications for one of six residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy dated 10/11/23, entitled Medication Administration indicated that All medications shall be given by the person who prepared the dose. Assure that the resident has enough fluids to swallow their medication. Never leave medication at the bedside. Be sure that all medication is administered and that no medication remnants remain in the cup.</p> <p>Observation of Resident R1's room on 10/01/24, at approximately 11:25 a.m. revealed a medication cup from the morning medication pass with two pills identified as Eliquis 2.5 mg (a blood thinner) and Celexa 10 mg (an antidepressant) sitting on the resident's bedside tray table. Resident R1 was sound asleep, and the Licensed Practical Nurse (LPN) Employee E1 who prepared the medication was at the nurse's station.</p> <p>During an interview on 10/01/24, at the time of the observation, Registered Nurse Employee E2 confirmed that Resident R1's medications should not have been left alone in the room for the resident and the administering LPN Employee E1 should have ensured Resident R1 took the medications prior to leaving the room.</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</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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