

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 06/18/2024
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 0565</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 organize and participate in resident/family groups in the facility.</p> <p>40832</p> <p>Based on review of resident council minutes, and resident and staff interviews, it was determined that the facility failed to respond to resident concerns identified during resident council minutes for three of three months reviewed (March, April, and May 2024).</p> <p>Findings include:</p> <p>Review of the March 2024 Resident Council Meeting Minutes revealed: lack of evidence that previous Resident Council concerns were discussed with the Resident Council; new concerns included using chewing tobacco in resident room, main dining room doors being locked, and staff call bell response times. There was no evidence that the concerns were assigned to a department responsible for investigation.</p> <p>Review of facility Grievance Concerns dated 3/27/24, revealed Resident Council concerns were documented and corrective actions included reviewing tobacco policy with resident, education provided about resident safety while dining room construction is completed, and reported to nursing staff and nurse aid supervisor to discuss and educate staff on call bell response times. Concern forms lacked evidence of resolutions of resident concerns.</p> <p>Review of the April 2024 Resident Council Meeting Minutes revealed: lack of evidence that previous Resident Council concerns were discussed with the Resident Council; new concerns included a resident's dentures not fitting, continued delay in call bell response times, staff not available at nurse's station, smoke break times not consistent, dirty bathroom, resident not able to fully utilize his/her wheelchair, and missing clothing. There was no evidence that the concerns were assigned to a department responsible for investigation.</p> <p>Review of facility Grievance Concerns dated 4/25/24, revealed Resident Council concerns were documented and corrective actions included that someone spoke with housekeeping and educated resident to report to staff when the bathroom needed cleaned, consulted nursing staff about resident's dentures not fitting, educated nursing staff on call bell response times and initiate testing/observation of call bell responses, and educate resident and nursing staff about staff availability at nurse's station. Concern forms lacked evidence of resolutions of resident concerns.</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 - Few</p>	<p>Review of the May 2024 Resident Council Meeting Minutes revealed: lack of evidence that previous Resident Council concerns were discussed with the Resident Council; new concerns included rules for visiting peers of the opposite gender in their rooms, and missing clothing. There was no evidence that the concerns were assigned to a department responsible for investigation.</p> <p>Review of facility Grievance Concerns dated 5/29/24, revealed Resident Council concerns were documented and corrective actions included a search conducted by staff and laundry notified of missing clothing, resident educated that staff should be made aware of room visits and roommates need to concur and be respected, educated nursing staff on call bell response times and initiate testing/observation of call bell responses, and educate resident and nursing staff about staff availability at nurse's station. Concern forms lacked evidence of resolutions of resident concerns.</p> <p>During interviews on 6/16/24, between 10:30 a.m. and 11:30 a.m. Resident Council members (Residents R31, R77, R58, and R86) confirmed that previous concerns are not discussed at Resident Council Meetings, and they are not informed by the facility of how their concerns are being resolved.</p> <p>During an interview on 6/17/24, at 2:30 p.m. the Director of Nursing and Nursing Home Administrator confirmed that there was lack of evidence that the repeated education was effective, there was a lack of developing an alternative method of resolution to the repeated concerns, and there was a lack of evidence that the Resident Council was informed of the outcome and was satisfied with the outcomes by the facility.</p> <p>During an interview on 6/18/24, at 10:12 a.m. the Nursing Home Administrator and Registered Nurse Assessment Coordinator confirmed there is no evidence that previous concerns were discussed at Resident Council Meetings, and residents are not informed by the facility of how their concerns were resolved.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p> <p>28 Pa. Code 201.18(e)(1)(4) Management</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40832</p> <p>Based on review of facility policy and clinical records, observations, and resident and staff interviews, it was determined that the facility failed to provide the necessary assistance to maintain grooming and personal hygiene for five of 19 residents (Residents R2, R5, R15, R16, and R22).</p> <p>Findings include:</p> <p>A facility policy entitled, A.M. Care (Morning Care), dated 8/09/23, indicated that the purpose of a.m. care was to: refresh the resident; provide cleanliness, comfort, and neatness; prepare the resident for breakfast; assess the resident's condition; assess the resident's needs; and promote psychosocial well-being.</p> <p>Resident R15's clinical record revealed an admitted [DATE], with diagnoses including stroke affecting his/her left side, lack of coordination, urinary incontinence, blindness, and dementia. A care plan entitled self-care deficit indicated that he/she required extensive assistance (resident involved, staff provide weight bearing support) of two staff members for grooming, hygiene, and dressing.</p> <p>Observation on 6/15/24, at 1:10 p.m. revealed Resident R15 sitting in the hallway in his/her wheelchair, dressed in street clothes, and disclosed to the surveyor that he/she had not been cleaned up yet, thought that he/she should be cleaned up before lunch, and that it was not his/her scheduled shower day.</p> <p>Resident R22's clinical record revealed an admitted [DATE], with diagnoses including psychotic disorder, mild intellectual disabilities, limitations of activities due to disabilities, and muscle wasting. A care plan entitled person-centered care indicated that he/she required extensive assistance of one staff for grooming, hygiene, and limited assistance of one staff for dressing.</p> <p>Observation on 6/15/24, at 1:17 p.m. revealed Resident R22 sitting in his/her wheelchair in their room and disclosed to the surveyor that he/she had not been washed up yet, and that it was not his/her scheduled shower day.</p> <p>Resident R5's clinical record revealed an admitted [DATE], with diagnoses including traumatic brain injury, abnormal posture, mild intellectual disabilities, limitations of activities due to disabilities, and muscle wasting. A care plan entitled person-centered care indicated that he/she required supervision of one staff for dressing and extensive assistance of one staff for grooming and hygiene.</p> <p>Observation on 6/15/24, at 1:21 p.m. revealed Resident R5 sitting in his/her wheelchair dressed in street clothes and disclosed to the surveyor that he/she had not had his/her a.m. care completed.</p> <p>Resident R2's clinical record revealed an admitted [DATE], with diagnoses including multiple sclerosis (damages the protective cover around nerves in the brain, spinal cord, and optic nerves and causes muscle weakness, vision changes, numbness, and memory issues), a care plan entitled person-centered care indicated that he/she required extensive assistance of one-two staff for grooming, and hygiene.</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>Observation on 6/15/24, at 1:32 p.m. revealed Resident R2 lying in bed with his/her soiled shirt pulled up and disclosed to the surveyor that he/she had not been cleaned up yet and liked it to be done before breakfast.</p> <p>Resident R16's clinical record revealed an admitted [DATE], with diagnoses including broken right leg, muscle wasting, Schizophrenia (chronic brain disorder with symptoms that may include delusions, hallucinations, disorganized speech, trouble with thinking and lack of motivation), Bipolar disorder (mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration). A care plan entitled indicated he/she required extensive assistance of one-two staff for grooming and hygiene.</p> <p>Observation on 6/15/24, at 1:40 p.m. revealed Resident R16 sitting in his/her wheelchair in their room and disclosed to the surveyor that he/she hasn't been washed up yet and probably won't be until he/she gets undressed for bed.</p> <p>During an interview on 6/15/24, at 1:47 p.m. Nurse Aide Employee E2 confirmed that as far as he/she knew all residents on the hall had been cleaned up except for the independent residents.</p> <p>During an interview on 6/15/24, at 1:50 p.m. Licensed Practical Nurse Employee E1 confirmed that each resident should be cleaned up in the morning every day, and that all residents on that hall required at least an assist of one staff person with personal hygiene, grooming and dressing, and that no one on that hall was independent.</p> <p>During an interview on 6/16/24, at 12:36 p.m. the Director of Nursing confirmed all residents are to be freshened/cleaned up every day by 10:30 a.m.</p> <p>28 Pa. Code 211.12 (d)(1)(5) Nursing Services</p>		

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42655</p> <p>Based on review of clinical records, observations, and staff interviews, it was determined that the facility failed to ensure care and services were provided in accordance with professional standards of practice that will meet each residents' physical, mental, and psychosocial needs. The facility failed to obtain physician orders for smoking for one of 19 residents reviewed (Resident R9).</p> <p>Findings include:</p> <p>Resident's R9's clinical record revealed an admitted [DATE], with diagnoses of multiple sclerosis (disease in which the immune system eats away at the protective covering of nerves), heart problems, anxiety, and bipolar (disorder with mood swings ranging from depressive lows to manic highs).</p> <p>Review of a facility policy entitled, Tobacco and Vaping Policy, dated 8/09/23, indicated that the purpose to ensure that the facility meets Federal and State regulations and guidelines regarding smoking under the home's safety rules and under applicable Federal and State laws and rules unless not medically advisable as documented in the resident's medical record by the attending physician or unless contradictory to written admission policies.</p> <p>Review of Resident R9's clinical record lacked evidence a physician's order was obtained for smoking.</p> <p>Observations on 6/15/24, and 6/16/24, revealed Resident R9 smoking outside in a gathering area.</p> <p>During an interview on 6/18/24, at 11:50 a.m., the Director of Nursing (DON) confirmed that there was no physician's order for Resident R9 to be smoking. The DON further confirmed that a physician's order is necessary to ensure smoking is appropriate for Resident R9 to safely participate.</p> <p>28 Pa. Code 209.3(a) Smoking</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1) 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** 40832</p> <p>Based on review of clinical records, facility policy and staff interviews, it was determined that the facility failed to assure that medication regimens were free of potentially unnecessary medications for two of 19 residents reviewed (Residents R38 and R69).</p> <p>Findings include:</p> <p>A facility policy entitled Drug Regimen Review dated 8/09/23, indicated that: the facility shall maintain copies of completed pharmacy reports; that the prescriber/licensed designee shall act upon the Drug Regimen Review findings/recommendation in a timely manner of 21 days or less; and that the prescriber/licensed designee shall document on the drug regimen review form whether he/she disagrees with the recommendations, and provide a brief clinical rationale if no change is to be made.</p> <p>Resident R38's clinical record revealed an admitted ,d+[DATE], with diagnoses including alcohol abuse with alcoholic-induced psychotic disorder, dementia with behavioral disturbances, and stroke.</p> <p>Resident R38's clinical record contained a Physician's Communication Form dated 4/26/24. The clinical record lacked copies of additional completed pharmacy reports and physician communication forms since the last full health survey of 7/25/23.</p> <p>During an interview on 6/17/24, at 2:55 p.m. the Director of Nursing confirmed that the facility was only able to locate one Physician Communication Form from the pharmacy dated 4/26/24.</p> <p>Resident R69's clinical record revealed and admitted [DATE], with diagnoses including dementia with behavioral disturbance, anxiety, major depression with psychotic symptoms, and stroke.</p> <p>Resident R69's clinical record contained a Physician's Communication Form dated 1/31/24. The clinical record lacked copies of additional completed pharmacy reports and physician communication forms since the last full health survey of 7/25/23.</p> <p>During an interview on 6/18/24, at 8:43 a.m. the Director of Nursing (DON) confirmed that the facility was only able to locate one Physician Communication Form from the pharmacy for Resident R38 dated 4/26/24, and one form for Resident R69 dated 1/31/24.</p> <p>28 Pa. Code 211.12(d)(1)(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>31185</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to maintain sanitary food service operations for one of one kitchens.</p> <p>Findings include:</p> <p>Review of facility policy entitled, Dish Machine Setup, last reviewed 8/09/2023, indicated that the procedure of checking and documenting temperatures on the appropriate form was to occur at all meals. The policy and procedure also identified that the High Temp dish machine wash temperature ranges should be 150 degrees Fahrenheit (F) to 160 degrees F and that the final rinse temperatures should be at least 180 degrees F and up to 194 degrees F to ensure proper sanitization.</p> <p>Upon observation of the dish machine on 6/15/2024, at 3:30 p.m. it was confirmed that the dish machine was a hot water temperature machine.</p> <p>Review of the dish machine temperature logs revealed that for the month of May 2024, out of 93 temperatures documented there were 73 temperatures in the range of 160 -170 degrees F and all below the required 180 degrees F. For the month of June 2024, out of 42 temperatures documented there were 28 in the range of 160-170 degrees F and all below the required 180 degrees F.</p> <p>During an interview, on 6/15/24, at 3:35 p.m. it was confirmed by the Dietary Manager, that the documented temperatures as above did not meet the required 180 degrees F for the final rinse and that staff had not been properly trained on recording dish machine temperatures.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.6(f) Dietary services</p>		