

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	

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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of facility policies and documents, clinical records and documentation, and staff interviews, it was determined that the facility failed to protect residents from neglect for one of four residents (Resident R2), that resulted in actual harm of a low leg skin tear.</p> <p>Findings include:</p> <p>Review of the United States Code of Federal Regulations (CFR), 42 CFR S483.12. Freedom from Abuse, Neglect, and Exploitation defined neglect as the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.</p> <p>Review of facility policy Abuse, Neglect, Exploitation and Misappropriation Prevention Program dated 11/30/23, indicated that residents have the right to be free from abuse and neglect.</p> <p>Review of facility policy Activities of Daily Living (ADL), Supporting dated 11/30/23, indicated appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance.</p> <p>Review of the facility provided Certified Nurse Aide (nurse aide) job description indicated that nurse aides would provide daily nursing care and services in accordance with the resident's assesment and care plan.</p> <p>Review of Resident R2's admission record indicated she was admitted to the facility on [DATE].</p> <p>Review of Resident R2's Minimum Data Set (MDS-periodic assessment of a resident's abilities and care needs) dated 3/27/24, included diagnoses of macular degeneration (vision loss in the center of the field of vision) and dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Section G: Functional Abilities and Goals revealed that for Chair/bed-to-chair transfer (the ability to transfer to and from a bed to a chair or wheelchair) and for Lower body dressing (the ability to dress and undress below the waist, including fasteners) Resident R2 was Dependent on staff (meaning that the helper does all of the effort. Resident does none of the effort to complete the activity, or the assistance of two or more helpers is required for the resident to complete the activity).</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a physician's order dated 10/4/22, and remains current, indicated Transfer status: Transfer assist of 1 with wheeled walker. Assist of 2 with care.</p> <p>Review of Resident R2's plan of care for ADL Self Care Performance Deficit related to Dementia active on 5/28/24, failed to include in the interventions what level of staff assistance Resident R2 required for transferring to bed from her wheelchair and for dressing/undressing. The care plan was not updated to reflect the physician's order for transfer and assistance.</p> <p>Review of Resident R2's plan of care for ADL Self Care Performance Deficit related to dementia updated on 6/2/24, indicated TRANSFER: resident requires total assistance with transfers. Further review of the updated care plan failed to include interventions related to what level of staff assistance Resident R2 required for dressing/undressing.</p> <p>Review of Resident R2's Kardex (document that outlines the patients' ADLs, continence levels, and behaviors, as well as physician, advanced directives, diet, and allergies) utilized by nurse aide staff dated as of 5/27/24, indicated ADL - Transferring assist times 1 with wheeled walker; Assist of 2 with care.</p> <p>Review of a progress note written by Registered Nurse (RN) Employee E2 dated 5/28/24, at 10:52 p.m. indicated RN supervisor notified by LPN (licensed practical nurse) that resident sustained a skin tear to left shin during care. Per LPN the CNA (nurse aide) providing care for the resident reported that the resident sustained a skin tear to her left shin, and RN supervisor was contacted. Upon entering the room, the resident was observed lying on her bed turned slightly on her right side. Resident did not appear to be in any distress. Resident alert and disoriented at baseline. Resident assessed and wound care provided. Wound measured 6.5 centimeters (cm) x 5.5 cm x 0.3 cm. Resident tolerated wound care well. RN assessment, skin tear measured, cleansed with wound cleanser, patted dry, wound approximated and steri-strips (wound closure strips) applied, in area wound could not be approximated Xeroform (fine mesh gauze) was applied to the wound bed, wound covered with ABD pad (highly absorbent dressing that provides padding and protection for large wounds) and wrapped with Kerlix (absorbent rolled bandage), secured with tape. Notification made to [medical provider], [hospice provider], and resident's daughter. CNA staff reeducated on ensuring safety of resident, disengaging from resident during period of agitation, allowing for resident to have a cool down period prior to reapproaching or having someone else attempt to approach, and reporting of behaviors to nurse for documentation and appropriate treatment of behaviors.</p> <p>Review of a written statement by Nurse Aide (NA) Employee E2 dated 5/28/24, indicated, I was getting her in bed and she was fighting me. I went to pull her pants down and she was trying to kick at me and in the process, she got a skin tear to her lower left leg. Nurse [LPN Employee E4] aware.</p> <p>During an interview on 6/2/24, at 3:32 p.m. NA Employee E10 stated she reviews the resident Kardex to learn the transfer and care status.</p> <p>During an interview on 6/2/24, at 3:34 p.m. NA Employee E11 stated she reviews the resident chart, point of care documentation system, Kardex, or ask the charge nurse to learn the transfer and care status.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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)		
F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>During a follow-up interview on 6/4/24, at 7:15 p.m. NA Employee E2 confirmed that she provided care alone to Resident R2. When asked why she provided care alone when Resident R2 is ordered two people for care, NA Employee E2 confirmed she was aware Resident R2 was ordered two person for care, and stated that Resident R2 is usually not combative.</p> <p>During an interview on 6/14/24, at approximately 11:30 a.m. the Nursing Home Administrator confirmed that the facility failed to protect residents from neglect for one of four residents, that resulted in actual harm of a low leg skin tear.</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 201.29(a)(c)(d)(j) Resident rights.</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies.</p> <p>28 Pa. Code 211.12(d)(1)(3) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</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** 39311</p> <p>Based on review of facility policies clinical records, observations, and staff and resident interviews, it was determined that the facility failed to ensure that residents received care and treatment by failing to identify signs and symptoms of constipation in one of five residents reviewed (Resident R28), resulting in actual harm by admissions to the hospital and failed to provide prescribed treatment and services related to the care of wounds for four of six residents (Resident R4, R11, R12, and R29).</p> <p>Findings include:</p> <p>Review of the facility policy Bowel Regimen Protocol dated 11/30/23, indicated the following will be instituted for constipation: (1) bowel movements are to be recorded by nursing staff in the electronic health care record. (2) if there is no bowel movements by the completion of the third day: (a) Milk of Magnesia (MOM-laxative) will be administered at bedtime. (b) if there is no bowel movement following administration of MOM, Dulcolax suppository (solid medication that enters the body through the rectum to help produce a bowel movement) will be given as per MD (doctor) order. (c) if there is no bowel movement after administration of Dulcolax suppository, Fleets enema (liquid inserted through the anus into the large intestine to empty contents of the bowel) will be administered as per MD order. (d) MD will be notified if there is no bowel movement after administration of Fleets enema. The Director of Nursing or designee will review the dashboard each morning at the clinical meeting to identify residents who have not had a bowel movement in the last three days. The bowel protocol will begin.</p> <p>Review of the facility Bowel Regimen Protocol dated 11/30/23, indicated residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living, including hygiene, mobility, toileting, dining, and communication.</p> <p>Review of the facility policy, Dressings, Dry/Clean dated 11/30/23, indicated staff should review the resident's current orders.</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions:</p> <p>13 - 15: cognitively intact</p> <p>8 - 12: moderately impaired</p> <p>0 - 7: severe impairment</p> <p>Review of the clinical record indicated Resident R28 was readmitted to the facility on [DATE], with diagnoses that included obesity, depression, and muscle weakness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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)		
F 0684 Level of Harm - Actual harm Residents Affected - Some	<p>Review of the MDS dated [DATE], indicated the diagnoses remain current. Further review of the MDS revealed a BIMS score of 12, indicating moderate impairment.</p> <p>Review of the physician orders dated 4/14/24, and remained active, indicated the following orders: MOM 30 milliliters (ml) every 24 hours as needed for constipation if no bowel movement in 3 days, give at bedtime. Dulcolax suppository 10 mg, insert one suppository rectally every eight hours as needed for constipation, administer if no BM (bowel movement) after MOM was administered. Administer fleets enema if no result from administering Dulcolax suppository (laxative). If no bowel movement post fleets, notify MD.</p> <p>Review of a doctor's note dated 4/17/24, indicated Resident R28 was admitted to the hospital on 4/8/24, for fecal impaction with history of constipation, and we will continue aggressive bowel regimen.</p> <p>Review of the clinical record indicated from 5/1/24 - 5/4/24, Resident R28 went four days without a bowel movement.</p> <p>Review of the eMAR revealed a Dulcolax suppository was administered on 5/3/24, at 9:00 p.m. and was ineffective. MOM and fleets enema was not administered per protocol.</p> <p>Review of a progress note dated 5/4/24, at 5:02 a.m. resident observed with large coffee ground emesis, abdomen extremely distended and firm, resident had large episode of diarrhea. Doctor notified and resident sent to the hospital for evaluation.</p> <p>Review of the care plan most recently updated 5/13/24, failed to reveal interventions for prevention of constipation.</p> <p>Review of a doctor's note dated 5/14/24, indicated Resident R28 was admitted to the hospital from 5/4/24 through 5/10/24, for acute abdominal pain with small bowel obstruction.</p> <p>Review of the eMAR revealed a fleets enema was administered on 5/26/24, at 9:45 a.m. and was effective.</p> <p>Review of the clinical record indicated from 5/28/24, through 6/2/24, Resident R28 went six days without a bowel movement. Resident R28's last documented bowel movement was 5/27/24, at 1:27 a.m.</p> <p>Review of the June eMAR failed to indicate Resident R28 received medication per facility bowel protocol.</p> <p>During an interview on 6/2/24, at 12:05 p.m. Resident R28 stated she did not have a bowel movement in one week.</p> <p>During an interview on 6/2/24, at 3:30 p.m. Licensed Practical Nurse (LPN) Employee E5 stated the facility has a bowel protocol, if residents do not have bowel movement in three days afternoon shift gives MOM. If that's not effective in 24 hours, afternoon shift will give a suppository. If that's not effective in 24 hours, afternoon shift gives an enema.</p> <p>During an interview on 6/2/24, at 3:32 p.m. Nurse Aide (NA) Employee E10 stated if residents don't have a bowel movement in two or three days, they tell the charge nurse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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)		
F 0684 Level of Harm - Actual harm Residents Affected - Some	<p>During an interview on 6/2/24, at 3:34 p.m. NA Employee E11 stated if residents don't have bowel movements in three days, they tell the charge nurse.</p> <p>During an interview on 6/2/24, at 3:37 p.m. Registered Nurse (RN) Employee E12 stated residents that did not have a bowel movement is given in shift report so they can be monitored.</p> <p>During an interview on 6/2/24, at 3:42 p.m. LPN Employee E4 stated the facility has a bowel protocol, if residents do not have bowel movement in three days afternoon shift gives MOM. If that's not effective in 24 hours, afternoon shift will give a suppository. If that's not effective in 24 hours, afternoon shift gives an enema.</p> <p>During an interview on 6/2/24, at 3:55 p.m. NA Employee E13 stated if resident does not have a bowel movement in three days, she tells the nurse and monitors the resident.</p> <p>During an interview on 6/2/24, at 4:00 p.m. LPN Employee E14 stated for residents that have not had a bowel movement in three days they are given MOM on day shift, if that wasn't effective then afternoon shift administers a suppository, and if that wasn't effective midnight shift administers an enema.</p> <p>During an interview on 6/2/24, at 4:12 p.m. the Director of Nursing confirmed the facility failed to recognize the signs and symptoms of constipation, failed to implement interventions to prevent constipation, and failed to prevent actual harm by preventing hospital admissions for Resident R28.</p> <p>Review of the clinical record revealed Resident R4 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS, periodic assessment of resident care needs) dated 5/15/24, included diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) and necrotizing fasciitis (also known as flesh-eating disease, is a bacterial infection that affects the skin and the tissue under it).</p> <p>Review of the physician's orders for the treatment of Resident R14's right lateral calf wound from 4/17/24, through 6/2/24, indicated to Cleanse with wound cleanser. Apply Halobetasol 0.05% cream to base of wound and peri wound. on mon/thurs. Apply collagen matrix to wound bed then Hydrofera blue (antibacterial foam dressing) to wound bed. Cover with ABD pad (highly absorbent dressing that provides padding and protection for large wounds) and wrap with rolled gauze daily and as needed.</p> <p>Review of the physician's orders for the treatment of Resident R14's right lateral foot wound from 5/16/24, through 6/2/24, indicated to Cleanse with Dakin's 0.25% solution and pat dry. Apply 40% zinc to periwound then Dakin's moistened gauze to wound bed and cover with abd pad, wrap with rolled gauze 2 times daily and as needed.</p> <p>Review of the Wound Nurse Practitioner's (Wound NP) report dated 4/17/24, indicated that Resident R4's right lateral calf wound treatment should be:</p> <ol style="list-style-type: none"> 1. Cleanse with 0.25% Dakin's solution (a diluted solution of sodium hypochlorite bleach used to disinfect wounds). <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>2. apply Hydrofera Blue foam, Collagen, Halobetasol cream MR (steroid cream to treat redness, itching, swelling), Collagen to base of the wound.</p> <p>3. secure with Super absorbent, ABD (large gauze pad to absorb discharge from heavily draining wounds), Rolled gauze, Ace Wrap.</p> <p>4. change Daily, and PRN (as needed).</p> <p>During an interview on 5/31/24 at 1:30 p.m., Resident R4 stated that he had not had his dressing changed on 5/30/24.</p> <p>Observation of Resident R4's right lateral calf wound at this time revealed the dressing to be dated 5/29/24, 2200 (10:00 p.m.). The dressing was noted to be saturated with drainage.</p> <p>During an interview on 5/31/24, at 1:31 p.m. RN Employee E1 confirmed that Resident R4's right lateral calf dressing should have been changed on 5/30/24, and right later foot dressing should have been changed twice on 5/30/24.</p> <p>Review of a hospital transfer for dated 6/5/24, indicated that Resident R4 was being transferred to the hospital due to an abnormal white blood count (high).</p> <p>Review of a progress note dated 6/6/24, at 4:52 a.m. indicated that Resident R4 was admitted to the hospital with a diagnosis of a diabetic foot infection.</p> <p>Review of the clinical record indicated Resident R11 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS, mandated assessment of a resident's abilities and care needs) for Resident R11 dated 3/30/24, included diagnoses of hemiplegia (paralysis on one side of the body), Alzheimer ' s disease (a type of brain disorder that causes problems with memory, thinking and behavior), and aftercare following surgery for neoplasm (a new and abnormal growth of tissue in some part of the body, especially as a characteristic of cancer).</p> <p>Review of a progress note dated 3/28/24, at 7:00 a.m. indicated Resident R11 was transported to the hospital for a scheduled right mastectomy (surgical removal of the breast).</p> <p>Review of a clinical admission assessment dated [DATE], indicated that Resident R24 had a surgical dressing to the right breast.</p> <p>Review of surgical discharge instruction dated 3/27/24, indicated</p> <p>-Use ice for 20 minutes on and off for the next 48 hours.</p> <p>-Do not remove dressing on 3/27/24.</p> <p>-Do not remove dressing until Thursday 3/28. Then, remove top dressing. Allow steri-strips (wound closure strips) to remain and fall off naturally.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with Oncology office nurse on 6/3/24, at 10:44 a.m. she stated that when Resident R11 returned to her post-operative appointment on 4/3/24, her original dressing was still in place.</p> <p>Review of the clinical record indicated Resident R12 was admitted to the facility on [DATE].</p> <p>Review of the MDS dated [DATE], included the diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles) and lymphedema (the build-up of fluid in soft body tissues).</p> <p>Review of Resident R12's TAR for May 2024, failed to reveal any wound care documentation for 5/23/24, 5/24/24, and 5/25/24.</p> <p>Review of facility census information indicated Resident R12 was present in the facility.</p> <p>Review of progress notes from 5/23/24, through 5/25/24, failed to reveal a reason for the lack of wound care documentation.</p> <p>Review of a physician's order dated 3/14/24, through 6/2/24, indicated Resident R12's right trochanter wound cleansed with NSS and pat dry. Pack with silver alginate and cover with bordered gauze daily and prn.</p> <p>Review of the Wound Nurse Practitioner's report dated 3/27/24, indicated Resident R4's right trochanter wound order was cleanse with wound cleanser, pack with calcium alginate, cover with bordered gauze, daily and prn.</p> <p>Review of a physician's order dated 6/2/24, revealed the update to the right trochanter wound, changing the packing from silver alginate to calcium alginate.</p> <p>Review of the clinical record revealed Resident R29 was admitted to the facility on [DATE].</p> <p>Review of the MDS dated [DATE], included diagnoses of diabetes and senile degeneration of the brain. Section O: Special Treatments, Procedures, and Programs revealed Resident R29 received hospice services.</p> <p>Review of a physician's order dated 3/14/24, indicated Resident R29's left lower extremity wound should be cleansed with normal saline, Xeroform gauze, cover with ABD pad. Change daily and PRN.</p> <p>Review of the Wound Nurse Practitioner's report dated 3/14/24, indicated Resident R29's left lower extremity wound should be cleansed with wound cleanser.</p> <p>Review of the Wound Nurse Practitioner's report dated 5/22/24, indicated Resident R29's left lower extremity wound should start being changed every other day, and as needed.</p> <p>Review of Resident R29's TAR (treatment administration record) beginning on 5/22/24, through 6/2/24, revealed that wound care was ordered and provided daily.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/2/24, at approximately 1:00 p.m. the Director of Nursing and the Corporate Nurse stated that orders from hospice providers take precedence over Wound NP and facility physician orders. At this time, the request was made to the facility for confirmation of wound care hospice orders. This information was not provided by the facility by the end of the survey on 6/12/24.</p> <p>Review of a physician's order dated 6/2/24, revealed the update to the left lower extremity wound, changing the frequency to every other day.</p> <p>During an interview on 6/14/24, at approximately 11:30 a.m. the Nursing Home Administrator confirmed the facility failed to provide prescribed treatment and services related to the care of pressure ulcers for four of six residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of clinical records, observations, and staff interview, it was determined that the facility failed to provide prescribed treatment and services related to the care of pressure ulcers for four of seven residents (Resident R1, R12, R13, and R14) and failed to prevent avoidable pressure ulcer development that resulted in the actual harm of a new pressure ulcer for one of seven residents (Resident R1).</p> <p>Findings include:</p> <p>Review of the United States Department of Health and Human Services, Agency for Healthcare Research & Quality's, Safety Program for Nursing Home: On-Time Pressure Ulcer Prevention dated May 2016, indicated that Pressure ulcers cause pain, disfigurement, and increased infection risk and are associated with longer hospital stays and increased morbidity and mortality. Three critical components in preventing pressure ulcers were listed: comprehensive skin assessments, standardized pressure ulcer risk assessments, and care planning and implementation to address areas of risk.</p> <p>Review of the National Library of Medicine, The Braden Scale for Predicting Pressure Sore Risk indicated the scale was developed to foster early identification of patients at risk for forming pressure ulcers.</p> <p>The scale consists of six subscales and the total range from 6-23, with the following distributions:</p> <ul style="list-style-type: none"> -Severe Risk: Less than or equal to 9. -High Risk: 10-12. -Moderate Risk: 13-14. -Mild Risk: 15-18. <p>The facility policy Prevention of Pressure Injuries dated 11/30/23, indicated the facility will use this procedure to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors. Listed in the Prevention Section was the following:</p> <p>-Mobility/Repositioning:</p> <ol style="list-style-type: none"> 1. Reposition all residents with or at risk of pressure injuries on an individualized schedule, as determined by the interdisciplinary care team. 2. Choose a frequency for repositioning based on the resident's risk factors and current clinical practice guidelines. 3. Teach residents who can change positions independently the importance of reposition. Provide support devices and assistance as needed. Remind and encourage residents to change position. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Device Related Injuries:</p> <ol style="list-style-type: none"> 1. Review and select medical devices with consideration to the ability to minimize tissue damage, including size, shape, its application, and ability to secure the device. 2. Monitor regularly for comfort and signs of pressure-related injury. 3. For prevention measures associated with specific devices, consult current clinical practice guidelines. <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 5/20/24, included diagnoses of osteomyelitis (inflammation of bone or bone marrow, usually due to infection), peripheral vascular disease (PVD - circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of Section M: Skin Conditions, indicated Resident R1 was at risk of pressure ulcer development, and at the time of the assessment had one Stage IV pressure ulcer (full-thickness skin and tissue loss with exposed or directly palpable fascia (collagen-based connective tissue under the skin), muscle, tendon, ligament, cartilage or bone in the ulcer) and two unstageable pressure ulcers (full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough (dead tissue that needs to be removed for wound to heal) or eschar (dry, dark scab or falling away of dead skin)).</p> <p>Review of Resident R1's Braden Scale assessments dated 8/4/23, indicated Resident R1 was at low risk (score of 21) for pressure ulcer development. Assessments completed on 11/15/23, 2/29/24, and 3/5/24, all indicated Resident R1 was at risk (score 15) for pressure ulcer development.</p> <p>Review of a physician order dated 9/12/23, and remained current, indicated for Resident R1 to have a PRAFO (pressure relieving ankle foot orthosis, cushioned bootie worn on the calf, ankle, and foot, used for patients who spend a significant amount of time in bed. Assists in the prevention of pressure ulcers) to the left foot while in bed. No interventions were documented to assess the status of the skin under the PRAFO.</p> <p>Review of a physician order dated 11/15/23, and remained current, indicated for Resident R1 to be assisted to turn and reposition Q2 hour (every two hours), elevate heels with heel elevator boots.</p> <p>Review of a physician order dated 11/21/23, and remained current, indicated that Resident R1 was to receive wound care to his left heel (apply betadine and cover with ABD (large gauze pad to absorb discharge from heavily draining wounds) daily.</p> <p>Review of Resident R1 plan of care for Potential for skin breakdown last updated 2/22/24, included the goals of using the left heel elevator boot (PRAFO) and to turn and reposition every 2-3 hours for comfort.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the nurse aide Kardex (paper or electronic document that outlines the patients' activities of daily living - ADLs, continence levels, and behaviors, as well as physician, advanced directives, diet, and allergies) for Resident R1 as of 2/28/24, indicated for staff to Left heel elevator boot (PRAFO) and Right heel elevated on pillow when in bed. Turn and reposition q 2-3 hours for comfort.</p> <p>Review of Resident R1's Wound Nurse Practitioners (Wound NP) report dated 2/28/24, indicated a new wound, left Achilles (area on the back of the ankle, above the heel) pressure ulcer, unstageable, with measurements of 1.2 cm (centimeters) x 1.6 cm x 0.2 cm. The report further stated the new left Achilles wound was likely from the PRAFO boot.</p> <p>Review of the previous four weeks of wound care documentation (2/1/24, through 2/28/24) of the left heel wound already present revealed missing documentation on 2/1/24, 2/2/24, 2/5/24, 2/7/24, 2/12/24, 2/16/24, 2/21/24, 2/22/24, and 2/27/24.</p> <p>Review of physicians' orders from November 2023, through June 2024, failed to reveal an order directing staff to assess the skin under the PRAFO boot.</p> <p>Review of monthly wound measurements and assessments to the left Achilles wound since development were as follows:</p> <p>2/28/24: 1.2 cm x 1.6 cm x 0.2 cm, classified as unstageable.</p> <p>3/06/24: 2.0 cm x 1.9 cm x 0.0 cm, classified as unstageable.</p> <p>3/13/24: 2.0 cm x 1.5 cm x 0.0 cm, classified as unstageable.</p> <p>3/20/24: 2.0 cm x 1.5 cm x 0.0 cm, classified as unstageable.</p> <p>3/27/24: 1.5 cm x 3.5 cm x 0.2 cm, classified as unstageable, malodorous.</p> <p>4/03/24: 2.0 cm x 2.0 cm x 0.2 cm, classified as unstageable, malodorous.</p> <p>4/10/24: 3.0 cm x 2.0 cm x 0.3 cm, classified as unstageable, malodorous.</p> <p>4/17/24: 3.0 cm x 2.0 cm x 0.3 cm, classified as unstageable, malodorous, status worsening.</p> <p>4/24/24: 2.5 cm x 1.8 cm x 0.3 cm, classified as unstageable.</p> <p>5/01/24: 2.5 cm x 2.0 cm x 0.3 cm, classified as unstageable.</p> <p>5/08/24: 4.5 cm x 2.5 cm x 0.3 cm, classified as unstageable, malodorous.</p> <p>5/15/24: 4.0 cm x 2.5 cm x 1.5 cm, classified as unstageable, malodorous, status worsening.</p> <p>5/22/24: 3.5 cm x 2.5 cm x 1.0 cm, classified as unstageable, malodorous.</p> <p>5/29/24: 3.5 cm x 2.0 cm x 0.6 cm, classified as unstageable, malodorous.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/31/24 at 1:21 p.m., Resident R1 stated I don't get my protein drink. Unless [RN Employee E1] or [LPN Employee E5] is here, I don't get nothing done, gesturing to his lower legs that had multiple dressings on them.</p> <p>Observation of Resident R1's Left Achilles wound at this time revealed the dressing to be dated 5/29/24, 2200 (10:00 p.m.).</p> <p>Observation of Resident R1's Right heel wound at this time revealed the dressing to be dated 5/29/24.</p> <p>Observation of Resident R1's Left Heel wound at this time revealed the dressing to be dated 5/29/24.</p> <p>During an interview on 5/31/24, at 1:25 p.m. RN Employee E1 confirmed that Resident R1's left Achilles dressing should have been changed on 5/30/24 on both day and evening shift, and that his left and right heel should have been changed on 5/30/24.</p> <p>Review of the of wound care documentation from 5/1/24, through 6/6/24, revealed the following dates without documentation of wound care completed:</p> <ul style="list-style-type: none"> -Left Achilles: 5/2/24, 5/21/24 (evening), 5/24/24 (day), 5/30/24 (day and evening). -Left heel: 5/24/24, 5/30/24. -Right heel: 5/24/24, 5/30/24. <p>During an interview on 6/2/24, at approximately 1:00 p.m. the Director of Nursing confirmed that for the left heel wound dressing change, the PRAFO boot would have been removed, allowing visualization of left Achilles area.</p> <p>Review of the wound report dated 6/7/24, indicated that the left heel wound, and the left Achilles wound joined together with measurements of 6.0 cm x 2.0 cm x 0.6 cm, classified as unstageable, malodorous, status worsening.</p> <p>Additionally, the wound report dated 6/7/24, revealed the development of a new right Achilles wound, 1.0 cm x 0.8 cm x 0.1 cm, classified as unstageable.</p> <p>Review of the clinical record indicated Resident R12 was admitted to the facility on [DATE].</p> <p>Review of the MDS dated [DATE], included the diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles) and lymphedema (the build-up of fluid in soft body tissues). Review of Section M: Skin Conditions, indicated Resident R12 was at risk of pressure ulcer development, and had one Stage 4 pressure ulcer (full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage, or bone in the ulcer).</p> <p>Review of Resident R12's Braden Scale assessments dated 1/3/24, and 4/4/24, indicated Resident R12 was at high risk (scores of 11, 12) for pressure ulcer development.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R12's plan of care for Wound Management updated on 3/14/24, included the intervention of Provide wound care per treatment order.</p> <p>Review of a physician's orders provided by the facility Medical Director for Resident R12's right buttock wound, revealed the following:</p> <p>-1/25/24: Cleanse with NSS (normal saline solution) and pat dry. Apply collagen and calcium alginate and cover with bordered gauze daily and as needed.</p> <p>-3/20: Cleanse with NSS and pat dry. Apply collagen and cover with bordered gauze daily and as needed.</p> <p>-4/11/24, indicated, Flush with 20cc (cubic centimeters, equivalent to milliliters) NSS and pat dry. Pack with collagen and calcium alginate and cover with bordered gauze daily and as needed. This order was active at the time of the survey.</p> <p>Review of the Wound NP's reports and included orders for Resident R12's right buttock wound, revealed the following:</p> <p>-1/31/24: Cleanse with wound cleanser. Treat with collagen, calcium alginate, apply skin prep to periwound (skin around the outer edges of the wound), cover with bordered gauze. Daily and as needed.</p> <p>-2/21/24: Cleanse with wound cleanser. Treat with calcium alginate, cover with bordered gauze. Daily and as needed.</p> <p>-3/20/24: Cleanse with wound cleanser. Treat with collagen, cover with bordered gauze. Daily and as needed.</p> <p>-3/27/24: Cleanse with wound cleanser. Treat with collagen, cover with bordered gauze. Every other day and as needed.</p> <p>-4/3/24: Cleanse with wound cleanser. Treat with collagen, calcium alginate, cover with bordered gauze. Every other day and as needed.</p> <p>-4/10/24, indicated, Flush with 20cc NSS and pat dry. Pack with collagen and calcium alginate and cover with bordered gauze. Every other day and as needed. This order was active at the time of the survey.</p> <p>4/17/24: Cleanse with soap and water, pat dry. Treat with collagen, calcium alginate, cover with bordered gauze. Every other day and as needed.</p> <p>Review of Resident R12's TAR (treatment administration record) beginning on 3/27/24, through 6/10/24, revealed that wound care was ordered and provided daily. Wound NP orders indicated wound care to be provided every other day and as needed, beginning 3/27/24.</p> <p>Review of the clinical record indicated Resident R13 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the MDS dated [DATE], included the diagnoses of atherosclerotic heart disease (build-up of fats, cholesterol, and other substances in and on the artery walls) and coronary artery disease (damage or disease in the heart's major blood vessels). Review of Section M: Skin Conditions, indicated Resident R13 was at risk of pressure ulcer development, and had no unhealed pressure ulcers.</p> <p>Review of Resident R13's Braden Scale assessments dated 3/1/24, 3/21/24, 4/1/24, and 4/23/24, all indicated Resident R13 was at risk (score of 16 for each) for pressure ulcer development.</p> <p>Review of Resident R13's plan of care for Risk for Skin Breakdown initiated on 3/4/24, indicated Resident R13 was at risk for skin breakdown due to incontinence and immobility.</p> <p>Review of a Wound NP's note on 3/8/24, indicated Resident R13 was known to their service from a previous facility, had an unstageable pressure wound to her right heel, and further documented that Resident R13 was receiving hospice care. Treatment orders on this date indicated to cleanse the wound with soap and water, pat dry, apply Betadine to the base of the wound, leave open to air, and change twice daily.</p> <p>Review of a Wound NP's note on 4/3/24, treatment orders on this date indicated to cleanse the wound with normal saline, apply Betadine to the base of the wound, leave open to air, and change twice daily.</p> <p>Review of a Wound NP's note on 5/8/24, treatment orders on this date indicated to cleanse the wound with normal saline, apply Betadine to the base of the wound, leave open to air, and change daily.</p> <p>Review of a physician's order dated 3/8/24, and discontinued on 6/2/24, indicated for Resident R13's right heel wound to apply betadine and leave open to air, every day and evening shift.</p> <p>Review of Resident R13's TAR (treatment administration record) beginning on 5/8/24, through 6/2/24, revealed that wound care was ordered and provided twice daily. Wound NP orders as of 5/8/24 indicated wound care to be provided once daily, beginning on 5/8/24.</p> <p>During an interview on 6/2/24, at approximately 1:00 p.m. the Director of Nursing and the Corporate Nurse stated that orders from hospice providers take precedence over Wound NP and facility physician orders. At this time, the request was made to the facility for confirmation of wound care hospice orders. This information was not provided by the facility by the end of the survey on 6/12/24.</p> <p>Review of a physician's order dated 6/3/24, revealed the update to the right heel wound, changing the frequency to once daily.</p> <p>Review of the clinical record indicated Resident R14 was admitted to the facility on [DATE].</p> <p>Review of the MDS dated [DATE], included the diagnoses of hemiplegia (paralysis on one side of the body) and dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Review of Section M: Skin Conditions, indicated Resident R14 was at risk of pressure ulcer development, and had four Stage 3 pressure ulcers (full-thickness loss of skin, in which fat is visible in the ulcer and granulation tissue. Slough and/or eschar may be visible).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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)		
F 0686 Level of Harm - Actual harm Residents Affected - Few	<p>Review of Resident R14's Braden Scale assessments dated 10/21/23 (score of 10), 1/30/24 (score of 11), and 5/7/24 (score of 12), all indicated Resident R14 was at high risk for pressure ulcer development.</p> <p>Review of Resident R14's plan of care for Pressure Injuries left foot initiated on 2/9/24, indicated for staff to monitor/document/report as needed any changes in skin status.</p> <p>Review of a Wound NP's note on 5/15/24, indicated Resident R14's left medial foot wound had resolved.</p> <p>Review of a Wound NP's note on 5/29/24, indicated Resident R14's left medial foot wound had reopened. Treatment orders indicated to cleanse with normal saline, apply calcium alginate to base of wound, secure with bordered gauze, and to change daily and as needed.</p> <p>Review of a Resident R14's physician's order on 6/2/24, failed to include treatment orders for Resident R14's left medial foot wound.</p> <p>During an interview on 5/31/24, at approximately 2:00 p.m. the Medical Director confirmed that orders from the Wound NP should take precedence over his orders as it is her area of expertise.</p> <p>During an interview on 6/2/24, at approximately 1:00 p.m. the Director of Nursing and the Corporate Nurse were advised that no treatment orders were in place.</p> <p>Review of Resident R14's physician's orders revealed a new order for Resident R14's left medial foot, dated 6/2/24, at 2:55 p.m.</p> <p>During an interview on 6/14/24, at approximately 11:00 a.m. the Nursing Home Administrator confirmed the facility failed to provide prescribed treatment and services related to the care of pressure ulcers for four of seven residents and failed to prevent avoidable pressure ulcer development that resulted in the actual harm of a new pressure ulcer for one of seven residents.</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of facility policy, facility documentation, and staff interviews, it was determined that the facility failed to protect residents from injury that resulted in actual harm of a lower leg skin tear for two of four residents (Resident R2 and R10).</p> <p>Findings include:</p> <p>Review of facility policy Safety and Supervision of Residents date d 11/30/23, indicated that, resident safety and supervision and assistance to prevent accidents are facility-wide priorities.</p> <p>Review of facility policy Activities of Daily Living (ADL), Supporting dated 11/30/23, indicated appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance.</p> <p>Review of Resident R2's admission record indicated she was admitted to the facility on [DATE].</p> <p>Review of Resident R2's Minimum Data Set (MDS-periodic assessment of a resident's abilities and care needs) dated 3/27/24, included diagnoses of macular degeneration (vision loss in the center of the field of vision) and dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Section G: Functional Abilities and Goals revealed that for Chair/bed-to-chair transfer (the ability to transfer to and from a bed to a chair or wheelchair) and for Lower body dressing (the ability to dress and undress below the waist, including fasteners) Resident R2 was Dependent on staff (meaning that the helper does all of the effort. Resident does none of the effort to complete the activity, or the assistance of two or more helpers is required for the resident to complete the activity).</p> <p>Review of a physician's order dated 10/4/22, indicated Transfer status: Transfer assist of 1 with wheeled walker. Assist of 2 with care.</p> <p>Review of Resident R2's plan of care for ADL Self Care Performance Deficit related to dementia active on 5/28/24, failed to include in the interventions what level of staff assistance Resident R2 required for transferring to bed from her wheelchair and for dressing/undressing.</p> <p>Review of Resident R2's plan of care for ADL Self Care Performance Deficit related to dementia updated on 6/2/24, indicated TRANSFER: resident requires total assistance with transfers. Further review of the updated care plan failed to include interventions related to what level of staff assistance Resident R2 required for dressing/undressing.</p> <p>Review of Resident R2's Kardex (document that outlines the patients' ADLs, continence levels, and behaviors, as well as physician, advanced directives, diet, and allergies) utilized by nurse aide staff dated as of 5/27/24, indicated ADL - Transferring assist times 1 with wheeled walker; Assist of 2 with care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a progress note written by Registered Nurse (RN) Employee E2 dated 5/28/24, at 10:52 p.m. indicated RN supervisor notified by LPN (licensed practical nurse) that resident sustained a skin tear to left shin during care. Per LPN the CNA (nurse aide) providing care for the resident reported that the resident sustained a skin tear to her left shin, and RN supervisor was contacted. Upon entering the room, the resident was observed lying on her bed turned slightly on her right side. Resident did not appear to be in any distress. Resident alert and disoriented at baseline. Resident assessed and wound care provided. Wound measured 6.5cm x 5.5cm x 0.3cm. Resident tolerated wound care well. RN assessment, skin tear measured, cleansed with wound cleanser, patted dry, wound approximated and steri-strips (wound closure strips) applied, in area wound could not be approximated Xeroform (fine mesh gauze) was applied to the wound bed, wound covered with ABD pad (highly absorbent dressing that provides padding and protection for large wounds) and wrapped with Kerlix (absorbent rolled bandage), secured with tape. Notification made to [medical provider], [hospice provider], and resident's daughter. CNA staff reeducated on ensuring safety of resident, disengaging from resident during period of agitation, allowing for resident to have a cool down period prior to reapproaching or having someone else attempt to approach, and reporting of behaviors to nurse for documentation and appropriate treatment of behaviors.</p> <p>Review of a written statement by Nurse Aide (NA) Employee E2 dated 5/28/24, indicated, I was getting her in bed and she was fighting me. I went to pull her pants down and she was trying to kick at me and in the process, she got a skin tear to her lower left leg. Nurse [LPN Employee E4] aware.</p> <p>During a follow-up interview on 6/4/24, at 7:15 p.m. NA Employee E2 confirmed that she provided care alone to Resident R2. When asked why she provided care alone when Resident R2 is ordered two people for care, NA Employee E2 stated that Resident R2 is usually not combative.</p> <p>Review of Resident R10's admission record indicated she was admitted to the facility on [DATE].</p> <p>Review of Resident R10's MDS dated [DATE], included diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles) and dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Section G: Functional Abilities and Goals revealed that for Chair/bed-to-chair transfer Resident R10 required Substantial/maximal assistance meaning that the helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>Review of a progress note dated 5/15/24, at 10:56 a.m. indicated, CNA alerted this nurse that resident obtained a skin tear to her left shin while transferring resident OOB (out of bed) into w/c (wheelchair). It was reported that resident was resistant during transfer and was not following simple commands. Resident remains in stable condition and VS WNL (vital signs within normal limits).</p> <p>Review of a facility provided incident report dated 5/15/24, indicated CNA (nurse aide) alerted nurse that resident obtained a skin tear to left shin while transferring OOB into w/c. The Resident Description section indicated, Unable to give accurate account, resident is a poor historian.</p> <p>During a follow-up interview on 6/14/24, at 10:48 a.m. NA Employee E17 stated that Resident R10 is confused, and was initially holding onto the wheelchair tightly. Confirmed that she was nervous, but eventually did comply with requests to let go of the wheelchair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/14/24, at approximately 11:30 a.m., the Nursing Home Administrator confirmed that the facility failed to protect residents from injury that resulted in actual harm of a lower leg skin tear for two of four residents.</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 201.29(a)(c)(d)(j) Resident Rights</p> <p>28 Pa. Code 211.10(c)(d) Resident Care Policies.</p> <p>28 Pa. Code 211.12(d)(1)(3) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of facility policies and documents, resident observations, resident and staff interviews, and resident care records, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of 22 of 47 residents (R1, R4, R5, R6, R7, R8, R9, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, and R27).</p> <p>Findings Include:</p> <p>Review of the facility policy Activity of Daily Living (ADLs), Supporting dated 1/30/24, indicated appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene, mobility, elimination (toileting), dining, and communication.</p> <p>Review of the facility policy Answering the Call Light dated 1/30/24, indicated the facility procedure is to ensure timely responses to the resident's requests and needs, and for staff to answer the call system within ten minutes.</p> <p>Review of the Facility Assessment updated 2/6/24, indicated, The facility follows state and federal regulations and guidelines on sufficiency of daily staffing.</p> <p>During an observation on 5/30/24, at 1:52 p.m. Nurse Aide (NA) Employee E7 was seated at the nurses' station. Lights above room doors for Residents R15/R16, R17/R18, R19/R5, and R20 were noted to be illuminated.</p> <p>During an observation on 5/30/24, at 2:04 p.m. Registered Nurse (RN) Employee E6 was seated at the nurses' station. Lights above room doors for Residents R21 and R22/R23 were noted to be illuminated.</p> <p>During an observation on 5/30/24, at 2:18 p.m. the lights above room doors for Residents R13/R24, R22/R23, and R25 were noted to be illuminated. Licensed Practical Nurse (LPN) Employee E8 walked past the doors without responding. A Therapy Employee walked past the doors without responding. At this point, Environmental Services Director Employee E9 appeared to note the surveyor paying attention to the staff, and began directing staff to respond to illuminated doors, and responded herself.</p> <p>During an observation on 5/31/24, at 11:02 a.m. Resident R14 was noted to be unshaven, with long, unclean fingernails.</p> <p>During an interview on 5/31/24, at 11:03 a.m. Resident R26 stated that call light response is long.</p> <p>Review of the clinical record revealed Resident R1 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Minimum Data Set (MDS, periodic assessment of resident care needs) dated 5/20/24, included diagnoses of osteomyelitis (inflammation of bone or bone marrow, usually due to infection), peripheral vascular disease (PVD, circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time).</p> <p>Review of a physician's order dated 5/16/24, indicated Cleanse with Dakin's 0.25% solution and pat dry. pack with Dakin's moistened gauze, cover with abd pad, and wrap with rolled gauze 2 times daily and as needed.</p> <p>Review of Resident R1's Treatment Administration Record (TAR) for the previous two weeks (5/16/24 - 5/30/24) revealed the following:</p> <p>-5/21/24: No documentation for evening shift.</p> <p>-5/24/24: No documentation for day shift.</p> <p>-5/30/24: No documentation for day or evening shift.</p> <p>During an interview on 5/31/24 at 1:21 p.m., Resident R1 stated I don't get my protein drink. Unless [RN Employee E1] or [LPN Employee E5] is here, I don't get nothing done, gesturing to his lower legs with had multiple dressings on them.</p> <p>Observation of Resident R1's Left Achilles wound at this time revealed the dressing to be dated 5/29/24, 2200 (10:00 p.m.).</p> <p>During an interview on 5/31/24, at 1:25 p.m. RN Employee E1 confirmed that Resident R1's left Achilles dressing should have been changed on 5/30/24 on both day and evening shift, and that his left and right heel should have been changed on 5/30/24.</p> <p>Review of the clinical record revealed Resident R4 was admitted to the facility on [DATE].</p> <p>Review of the MDS dated [DATE], included diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) and necrotizing fasciitis (also known as flesh-eating disease, is a bacterial infection that affects the skin and the tissue under it).</p> <p>During an interview on 5/31/24 at 1:30 p.m., Resident R4 confirmed that he also did not have his dressing changed.</p> <p>Observation of Resident R4's right lateral calf wound at this time revealed the dressing to be dated 5/29/24, 2200 (10:00 p.m.). The dressing was noted to be saturated with drainage.</p> <p>During an interview on 5/31/24, at 1:31 p.m. RN Employee E1 confirmed that Resident R4's right lateral calf dressing should have been changed on 5/30/24, and right later foot dressing should have been changed twice on 5/30/24.</p> <p>During an interview on 5/31/24, at 1:29 p.m. Resident R22 stated that call light response can take up to two hours, and further stated that there are not enough people (staff).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/2/24, at 1:48 p.m. Resident R1 stated, They are so busy, they're understaffed, it's ridiculous.</p> <p>During an interview on 6/2/24, at 1:55 the family member for Resident R27 stated she was concerned with how often here family member is changed. Stated the facility provided marginal care. I'm a nurse, I'm being generous. The aides almost always have a phone in their hand. No one turns or changes him. They just drop his tray off and leave. His care would be zero if she (gesturing to other family member) wasn't here.</p> <p>Review of Resident Council Minutes from February 2024, through April 2024 revealed the following:</p> <p>-2/29/24: Still issues with nurse aides being on phones/earbuds in ears when residents ask for help. Requesting more in house nursing staff.</p> <p>-3/28/24: Nurse aides walk away saying they are getting something then don't come back. Takes too long to answer call lights.</p> <p>-4/28/24: Call light responses.</p> <p>Review of facility provided grievance forms from March 2024, through May 2024, revealed the following:</p> <p>-3/5/24: Resident R5 entered a concern that he felt he was rushed through care and that staff plays on phone rather than answering call bells.</p> <p>-4/17/24: Resident R6 entered a concern that morning staff were not assisting her on and off the toilet, staff stating she can do it herself. Review of Resident R6's MDS dated [DATE], indicated that she required partial/moderate assistance with toileting hygiene.</p> <p>-4/24/24: Resident R7 entered a concern that she pushed the call bell and waited a half an hour to go to the bathroom.</p> <p>-5/10/24: Resident R8's family member entered a concern that Resident R8's meal tray was left on the food cart three times in a two week period, that staff did not ensure that she received a meal. Review of Resident R8's MDS dated [DATE], indicated that she is dependent on staff for eating.</p> <p>-5/15/24: Resident R9's family member entered a concern stating they were unhappy with care, that staff not answering call light timely.</p> <p>During an interview on 6/14/24, at 11:30 a.m. the Nursing Home Administrator confirmed the facility failed to have sufficient nursing staff to provide nursing and related services for 22 of 47 residents.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(e)(6) Management.</p> <p>28 Pa. Code: 201.20(a) Staff development.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>28 Pa. Code: 211.12(a) (c)(d)(1)(2)(3)(4)(5) Nursing services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on a review of nursing job descriptions, facility documents, clinical record, and staff interviews, it was determined that the facility failed to assure that licensed nurses displayed the appropriate competencies and skills sets to provide nursing services for one of two residents (Resident R11).</p> <p>Findings include:</p> <p>Review of the facility provided Registered Nurse (RN) job description titled, Staff Nurse (RN) indicated the RN nurse is responsible for competent administration of care and treatments according to physician orders and facility policy and procedure.</p> <p>Review of the facility provided Licensed Practical Nurse (LPN) job description titled, LPN Supervisor indicated the LPN must demonstrate knowledgeable of nursing and medical practices and procedures.</p> <p>Review of the Facility assessment dated [DATE], indicated surgical drains as a type of care provided by the facility.</p> <p>Review of the [NAME] The Art and Science of Person-Centered Care, 9th edition dated 11/9/18, included in the steps for care for a Jackson Pratt drain (JP drain, a surgical suction drain that gently draws fluid from a wound to help the resident recover after surgery):</p> <ul style="list-style-type: none"> - Place the graduated collection container under the drain outlet. Without contaminating the outlet valve, pull off the cap. The chamber will expand completely as it draws in air. Empty the chamber's contents completely into the container. Use the gauze pad to wipe the outlet. Fully compress the chamber with one hand and replace the cap with your other hand. <p>Review of the clinical record indicated Resident R11 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS, mandated assessment of a resident's abilities and care needs) for Resident R11 dated 3/30/24, included diagnoses of hemiplegia (paralysis on one side of the body), Alzheimer's disease (a type of brain disorder that causes problems with memory, thinking and behavior), and aftercare following surgery for neoplasm (a new and abnormal growth of tissue in some part of the body, especially as a characteristic of cancer). Review of Section C: Cognitive Patterns, Questions C0500 BIMS Summary Score revealed Resident R11's score to be 15.</p> <p>Review of a physician's order dated 3/27/24, indicated for staff to Empty JP drain every shift. Strip the tubing to keep it clear of clots that may form. Record amount of drainage every shift.</p> <p>Review of a progress note dated 3/29/24, at 12:20 a.m. indicated, Resident has had no output from J-Tube (jejunostomy tube (J-tube) is a soft, plastic tube placed through the skin of the abdomen into the midsection of the small intestine. Resident R11 did not have a J-tube). in the last 24 hours. Denies pain or discomfort at this time. Will continue to monitor for pain and or output.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a progress note dated 3/29/24, at 10:49 a.m. indicated, [Provider's] office called. Informed on no output in JP drain. Instructed to attempt to strip tubing with fingers. There is no build up in external tubing to be strip at this time. Instructed to call back office by 2pm today to give up date.</p> <p>Review of a progress note dated 3/29/24, at 1:52 p.m. indicated, Approx 2.5 cc (cubic centimeters, equal to milliliters) of drainage in bulb. Tubing with minimal scant drainage in tubing.</p> <p>Review of a telephone encounter note dated, 3/29/24, indicated, I spoke to RN Employee E19, supervisor at the facility. She states the drain had 130 cc's of output since surgery, bu no output over the last 2 shifts. She will go attempt to strip the drain, because she is unsure if anyone has tried that.</p> <p>Review of a surgical provider note dated 4/22/24, indicated, Palpable seroma (buildup of fluid in a place on the body where tissue has been removed) with clot in drain tubing stopping output. Tubing was stripped allowing movement of clot and release of fluid. Fluid accumulated to about 180 mL (milliliters) of SS fluid (serosanguinous fluid, combination of serous fluid and blood).</p> <p>Review of a progress note dated 4/2/24, at 2:34 a.m. indicted, Resident continues to have no output in J-tube (Resident R11 did not have a J-tube).</p> <p>Review of the After Visit Summary of Resident R11 post-operative surgical visit dated 4/3/24, revealed, Apparently the drain has not put significant fluid out for the last 3-4 days although it is difficult to get an accurate assessment from the patient and even more difficult to get input from the nursing home.</p> <p>Under the Exam section of this document, it was noted, drain was not compressed. It was flushed and we were able to get proximally 400 cc between the drain and aspiration. It appears functioning at this time.</p> <p>During interviews with LPN Employee E8 (5/31/24, at 10:59 a.m.), LPN Employee E5 (5/31/24, 11:13 a.m.), and LPN Employee E4 (6/2/24, 342 p.m.) when asked to describe the procedure for care and emptying of a JP drain, each was able to do so successfully.</p> <p>During an interview on 5/31/24, at 11:10 a.m. LPN Employee E15 when asked to describe the procedure for care and emptying of a JP drain, stated that you open the bottom and let the fluid drain out and re-close it. When prompted if the bulb should be compressed before closing the valve, LPN Employee E15 stated, I think so.</p> <p>During an interview on 6/2/24, at 3:37 p.m. RN Employee E12 when asked to describe the procedure for care and emptying of a JP drain, stated that after draining the fluid from the bulb, she allows it to re-inflate prior to closing the valve.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/3/24, at 10:17 a.m. with the oncology nurse, she stated, There was do much drainage built up, it looked like she had another breast on her chest. When asked about how much of the fluid collected was from the JP drain and how much was aspirated, the nurse stated that the majority was from the drain, and the aspiration needle was used not to withdraw fluid, but to clear the blockage that most likely developed from the tubing not being properly stripped, allowed it to coagulate.</p> <p>During an interview on 6/14/24, at approximately 11:30 a.m. the Nursing Home Administrator confirmed that the facility failed to assure that licensed nurses displayed the appropriate competencies and skills sets to provide nursing services for one of two residents.</p> <p>28 Pa. Code: 201.14(1) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(a)(3) Management.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on facility documents, clinical record review, and staff interview, it was determined that the facility failed to provide the necessary services and failed to make certain appropriate treatment, and services for dementia were provided to one of four residents (Resident R2).</p> <p>Findings include:</p> <p>Review of the National Library of Medicine document, Sundowning in Dementia dated 12/27/16, defined sundowning as the emergence or worsening of neuropsychiatric symptoms (NPS) in the late afternoon or early evening. It represents a common manifestation among persons with dementia and is associated with several adverse outcomes (such as institutionalization, faster cognitive worsening, and greater caregiver burden).</p> <p>Review of the facility policy, Dementia - Clinical Protocol dated 11/30/23, indicated for the individual with confirmed dementia, the IDT (interdisciplinary care team will identify a resident-centered care plan to maximize remaining function and quality of life. Nursing assistants will receive initial training in the care of residents with dementia and related behaviors. Direct care staff will support the resident in initiating and completing activities of daily living.</p> <p>Review of facility policy Activities of Daily Living (ADL), Supporting dated 11/30/23, indicated appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident.</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2023, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:</p> <p>13-15: cognitively intact</p> <p>8-12: moderately impaired</p> <p>0-7: severe impairment</p> <p>Review of Resident R2's admission record indicated she was admitted to the facility on [DATE].</p> <p>Review of Resident R2's Minimum Data Set (MDS-periodic assessment of a resident's abilities and care needs) dated 3/27/24, included diagnoses of macular degeneration (vision loss in the center of the field of vision) and dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Review of Section C: Cognitive Patterns, Questions C0500 BIMS Summary Score revealed Resident R2's score to be 0 .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R2's plan of care for Potential to demonstrate physical behaviors combativeness such as kicking related to dementia, impaired decision making, active on 5/28/24, included only one intervention: Assess and anticipate resident's need for food, thirst, toileting needs, comfort level, body positioning, pain, etc.</p> <p>Review of Resident R2's plan of care for Impaired cognitive function/dementia or impaired thought processes related to dementia, impaired decision making, active on 5/28/24, failed to include interventions behavioral disturbances.</p> <p>Review of Resident R2's plan of care for ADL Self Care Performance Deficit related to dementia active on 5/28/24, failed to include in the interventions to address behavioral concerns related to ADL care.</p> <p>Review of Resident R2's Kardex (document that outlines the patients' ADLs, continence levels, and behaviors, as well as physician, advanced directives, diet, and allergies) utilized by nurse aide staff dated as of 5/27/24, failed to include direction to the nurse aides related to behavioral disturbances.</p> <p>Review of Resident R2's progress notes from May 2023, through May 2024, failed to include any notes documenting a behavioral disturbance.</p> <p>Review of the clinical record failed to include any behavior charting completed by licensed or non-licensed nursing staff.</p> <p>Review of a progress note written by Registered Nurse (RN) Employee E2 dated 5/28/24, at 10:52 p.m. indicated RN supervisor notified by LPN (licensed practical nurse) that resident sustained a skin tear to left shin during care. Per LPN the CNA (nurse aide) providing care for the resident reported that the resident sustained a skin tear to her left shin, and RN supervisor was contacted. Upon entering the room, the resident was observed lying on her bed turned slightly on her right side. Resident did not appear to be in any distress. Resident alert and disoriented at baseline. Resident assessed and wound care provided. Wound measured 6.5 cm x 5.5 cm x 0.3 cm. Resident tolerated wound care well. RN assessment, skin tear measured, cleansed with wound cleanser, patted dry, wound approximated and steri-strips (wound closure strips) applied, in area wound could not be approximated Xeroform (fine mesh gauze) was applied to the wound bed, wound covered with ABD pad (highly absorbent dressing that provides padding and protection for large wounds) and wrapped with Kerlix (absorbent rolled bandage), secured with tape. Notification made to [medical provider], [hospice provider], and resident's daughter. CNA staff reeducated on ensuring safety of resident, disengaging from resident during period of agitation, allowing for resident to have a cool down period prior to reapproaching or having someone else attempt to approach, and reporting of behaviors to nurse for documentation and appropriate treatment of behaviors.</p> <p>Review of a written statement by Nurse Aide (NA) Employee E2 dated 5/28/24, indicated, I was getting her in bed and she was fighting me. I went to pull her pants down and she was trying to kick at me and in the process, she got a skin tear to her lower left leg. Nurse [LPN Employee E4] aware.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a follow-up interview on 6/4/24, at 7:15 p.m. NA Employee E2 stated that she was able to place Resident R2 into bed, with Resident R2 not being combative at that time. NA Employee E2 stated that when she was going to remove Resident R2's pants, she shot back up, like sitting up. I tried to pull her pants down and she tried to kick at me a little bit, and I guess I pulled the pant leg down to fast. NA Employee E2 confirmed that Resident R2 does become combative at times and confirmed that she provided care alone to Resident R2. When asked why she provided care alone when Resident R2 is ordered two people for care, NA Employee E2 stated that Resident R2 is usually not combative.</p> <p>During an interview on 6/14/24, at approximately 11:30 a.m. the Nursing Home Administrator confirmed that facility staff failed to provide the necessary services and failed to make certain appropriate treatment, and services for dementia for one of four residents (Resident R2).</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p> <p>28 Pa. Code 211.10(d) Resident care policies.</p> <p>28 Pa. Code: 201.29(a)(b)(c)(i)(n) Resident rights.</p> <p>28 Pa. Code 201.18(b)(1) Management.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of the clinical record, physician records, documents, and staff interviews, it was determined that the facility failed to schedule ordered appointments and failed to provide transportation for one of three residents (Resident R11), which resulted in the actual harm of a delay in cancer treatment.</p> <p>Findings include:</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2023, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:</p> <p>13-15: cognitively intact</p> <p>8-12: moderately impaired</p> <p>0-7: severe impairment</p> <p>Review of information provided by the U.S. National Institutes of Health; National Cancer Institute indicated a port (commonly referred to as a port-a-cath) is a device that is usually placed under the skin in the right side of the chest. It is attached to a catheter (a thin, flexible tube) that is threaded into a large vein above the right side of the heart. A port-a-cath is used to give intravenous fluids, blood transfusions, chemotherapy, and other drugs. It is also used for taking blood samples. A port-a-cath may stay in place for a long time and helps reduce the need for repeated needle sticks.</p> <p>Review of the clinical record indicated Resident R11 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS, mandated assessment of a resident's abilities and care needs) for Resident R11 dated 3/30/24, included diagnoses of hemiplegia (paralysis on one side of the body), Alzheimer's disease (a type of brain disorder that causes problems with memory, thinking and behavior), and aftercare following surgery for neoplasm (a new and abnormal growth of tissue in some part of the body, especially as a characteristic of cancer). Review of Section C: Cognitive Patterns, Questions C0500 BIMS Summary Score revealed Resident R11's score to be 15.</p> <p>Review of a progress note written by Registered Nurse (RN) Employee E18 dated 1/26/24, at 5:36 p.m. Returned from appt. No new orders. Follow-up appt needs to be scheduled.</p> <p>Review of the physician appointment after visit summary dated 1/26/24, included referrals for:</p> <p>-NM (nuclear medicine) PET/CT (PET, positron emission tomography, an imaging test that uses a radioactive substance to look for disease in the body). Skull-thigh-Initial (First imaging test done, from the skull through mid-thigh).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Echocardiogram (ultrasound test that checks the structure and function of the heart).</p> <p>Paper orders for these tests were included with the discharge paperwork, with directions highlighted at the top, with the phone number to schedule the tests.</p> <p>Review of physician appointment after visit summary dated 1/31/24, included in the Instructions section, handwritten in large letters, 2/16/24 Port Insertion Surgery. A paper orders for the PET scan was again included, with directions circled at the top with the phone number to schedule the tests.</p> <p>Review of a progress note dated 2/15/24, at 10:16 a.m. indicated Resident R11's port placement surgery was confirmed with the facility for the following day.</p> <p>Review of a progress note dated 2/15/24, at 12:01 p.m. indicated the port placement appointment was cancelled due to the PET scan and echocardiogram not being done.</p> <p>Review of a progress note dated 2/15/24, at 12:20 p.m. revealed the PET scan now scheduled for 2/22/24.</p> <p>Review of a progress note dated 2/15/24, at 2:09 p.m. revealed the echocardiogram now scheduled for 2/21/24.</p> <p>Review of a surgical provider note dated 2/28/24, indicated, We have struggled significantly in the past 6 weeks to get her to return for testing. She was scheduled and did not show up for her CT PET scan on at least two occasions and then finally had the test completed last week. She has also failed to show up for blood work and it has been very difficult to have a reliable input from the nursing facility that she resides. After discussing with the medical oncologist, it was felt that proceeding directly to surgery and then making a decision about adjuvant treatment options after she has recovered would be more appropriate rather than having ongoing delays as well as perhaps even multiple missed appointments.</p> <p>Further in this note, I did discuss the concerns about reliable follow-up and maintaining multiple appointments for neoadjuvant chemotherapy (chemotherapy provided to shrink a tumor prior to surgical removal) but also if we were to consider breast conservation which was the original plan to make a daily appointments for radiation and the difficulty with transportation from her facility. Given these problems I had recommended we reconsider a mastectomy and then we can address adjuvant treatment options once she is recovered. We also discussed the role of genetic testing again and although this has been ordered and set up she failed to make that appointment as well.</p> <p>Review of a facility appointment sheet dated 4/15/24, indicated that Resident R11 will need port placement.</p> <p>Review of a surgical provider note dated 4/22/24, indicated, Patient is 3 weeks and 6 days post op. Patient missed her appointment last week. Medical oncology is planning to attempt adjuvant chemotherapy and therefore we will place port next week.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a surgical provider note dated 5/6/24, indicated, Patient was evaluated by Medical Oncology postoperatively and they recommended adjuvant chemotherapy. We again scheduled her for an Infuse-A-Port (type of port, often used for chemotherapy) of which she did not show up at the time of her surgery. I discussed this with Medical Oncology about concerns of putting her through an additional surgical procedure only not to have completed therapy therefore we decided to initiate her chemotherapy without the Infuse-A-Port. Major obstacles has been compliance and working with the nursing home to make appointments and schedule surgery.</p> <p>Review of a physician's note dated 5/21/24, indicated that Resident R11 is scheduled to infuse-a-port.</p> <p>During an interview on 6/3/24, at 10:44 a.m. the Oncology Nurse from physician's office confirmed that the care team for Resident R11 is made up of two sides, the surgical team, and the oncology team that is treating the cancer. the Oncology Nurse confirmed that while the pre-op testing is not required for the port placement by the surgical team, the oncology providers were unwilling for the port placement to occur, due to the PET scan and echocardiogram not being done, to allow them to develop a treatment plan and decide if chemotherapy was necessary. The Oncology Nurse definitively stated that the port placement was canceled solely due to the PET scan and echocardiogram not being completed. The Oncology Nurse stated that Resident R11 was not transported to multiple appointments (no-shows), that she was not able to be provided a person at the facility to was responsible for coordinating care, and stated that she informed the facility that they are delaying care of Resident R11's breast cancer.</p> <p>During this interview the Oncology Nurse further confirmed that the original plan was for Resident R11 to have the port placed in February (2024), to be able to provide chemotherapy to be given to shrink Resident R11's tumor, prior to the surgery. The Oncology Nurse stated that due to the missed appointments and testing, the plan was changed from an attempt to conserve Resident R11's breast, to a mastectomy, as the surgical and oncology team did not think Resident R11 would be consistently transported for daily radiation that breast conservation would require.</p> <p>Review of a progress note dated 6/12/24, at 3:16 a.m. indicated that Resident R11 returned from port insertion.</p> <p>During an interview on 6/14/24, at approximately 11:30 a.m. the Nursing Home Administrator was made aware of the concerns related to the facility's failure to schedule ordered appointments and failure to provide transportation for one of three residents, which resulted in the actual harm of a delay in cancer treatment.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18 (b)(1))(3)(e)(1) Management.</p> <p>28 Pa. Code 201.29 (a)(j) Resident rights.</p> <p>28 Pa. Code 211.2 (a) Physician services.</p> <p>28 Pa. Code 211.16 (a) Social services.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	

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)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39311</p> <p>Based on a review of facility policies, observations, and staff interviews, it was determined that the facility failed to properly label and date food, maintain refrigerator temperature logs, and maintain cleanliness in two of two nursing unit nutrition rooms (First and Second floor nursing units).</p> <p>Findings include:</p> <p>Review of the facility policy Food Receiving and Storage dated 11/30/23, indicated that all food items are placed in the refrigerator located at the nurse's station and labeled with a use by date. All foods belonging to residents are labeled with the resident's name, the item, and the use by dated. Partially eaten food is not kept in the refrigerator.</p> <p>During an observation of the Second-floor nutrition room on 5/30/24, at 2:09 p.m. revealed the following:</p> <ul style="list-style-type: none"> -April 2024 refrigerator temperature log was missing daily temperature assessments on 11 of 30 days. -May 2024 refrigerator temperature log was missing daily temperature assessments on 11 of 29 days. -(1) package of breakfast cereal stored under the sink. -(1) partially consumed, undated bottle of apple juice. -(2) partially consumed, undated cartons of nutritional supplement. -(1) partially consumed, undated gallon of milk. -(1) partially consumed, undated gallon of chocolate milk. -(1) partially consumed, undated container of fruit punch. -(1) partially consumed, undated container of iced tea. - A grocery store bag, tied, with items inside, without a name or date. - A partially consumed salad in a plastic container without a name or date. - A plastic bag of strawberries, without a name or date. -(3) partially consumed 20-ounce bottles of soda, without a name or date. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation of the First-floor nutrition room on 5/30/24, at 2:22 p.m. revealed the following:</p> <ul style="list-style-type: none"> -May 2024 refrigerator temperature log was missing daily temperature assessments on five of 30 days. -Ice scoop laying directly on the unclean counter. -Plastic cup of M&Ms on the counter, open to air, without a name or date. -(3) partially consumed, undated cartons of nutritional supplement. -(1) partially consumed, undated half-gallon of lemonade. -(1) partially consumed, undated gallon of iced tea. -(2) partially consumed, undated bottles of dipping sauce. -(1) partially consumed, undated container of iced tea. -(3) grocery store bags, tied, with items inside, without names or dates. -(3) bottles of salad dressing without a name or date. -(2) food storage containers with food inside, without a name or date. <p>During an interview on 6/14/24, at approximately 11:30 a.m. the Nursing Home Administrator confirmed that the facility failed to properly label and date food, maintain refrigerator temperature logs, and maintain cleanliness in two of two nursing unit nutrition rooms.</p> <p>28 Pa. Code: 211.6(c) Dietary services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on facility policy, observation, and staff interview, it was determined that the facility failed to maintain infection control practices to prevent the potential of infection and/or reinfection occurring for one of four residents (Resident R1).</p> <p>Findings include:</p> <p>Review of the facility policy, Infection Prevention and Control Program dated 11/30/23, indicated the facility maintains an Infection Prevention and Control Program to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>Review of the clinical record revealed Resident R1 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS, periodic assessment of resident care needs) dated 5/20/24, included diagnoses of osteomyelitis (inflammation of bone or bone marrow, usually due to infection), peripheral vascular disease (PVD, circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time).</p> <p>Review of a physician's order dated 8/24/23, indicated Wound Care: Every two hours, t/r (** turn and reposition) in bed; Elevate heels with bunny boots (cushioned, heel protector booties).</p> <p>Review of the wound nurse practitioner's report dated 5/29/24, indicated Resident R1 had a Stage IV pressure wound (full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer) on his right heel. The wound was noted to have a moderate amount of sanguineous exudate (leakage of fresh blood from an open wound).</p> <p>During an observation on 5/31/24, at 1:21 p.m. Resident R1's bunny boot and dressing were observed. When the boot was removed for Registered Nurse (RN) Employee E1 to complete the dressing change on Resident R1's right heel, the boot was noted to be very soiled with wound drainage. Large, crusted areas of wound drainage were present, and areas where the drainage had dried into the boot were visible.</p> <p>During an interview on 5/31/24, at 1:23 p.m. RN Employee E1 confirmed that the boot was extremely soiled, and should have been changed to prevent possible infection from developing.</p> <p>During an interview on 5/31/24, at 3:00 p.m. the Nursing Home Administrator confirmed the failed to maintain infection control practices to prevent the potential of infection and/or reinfection occurring for one of four residents.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1) Management.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code: 201.20(c) Staff development.</p> <p>28 Pa. Code: 211.10(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of facility documentation and staff interviews, it was determined that the facility failed to develop, implement, and maintain an effective training program, including additional training topics based on the resident population, outcome of the facility assessment, or non-common procedures for three of six staff members sampled (RN Employee E12, LPN Employee E15 and E16).</p> <p>Findings include:</p> <p>Review of the Facility assessment dated [DATE], indicated the facility included under the section, Acuity - Frequency of Potentially High-Risk Treatments that surgical drains are a type of care provided. Within the subsequent section, Acuity - Care requirements the assessment indicated staff competencies were required. No further information was available describing what type of education would be provided.</p> <p>Review of physicians' orders dated from 6/1/23, through 5/31/24, revealed two residents had orders provided for the care of a Jackson Pratt drain (JP drain, a surgical suction drain that gently draws fluid from a wound to help the resident recover after surgery).</p> <p>Review of a progress note written by LPN Employee E16, dated 3/29/24, at 12:20 a.m. indicated, Resident has had no output from J-Tube (jejunostomy tube is a soft, plastic tube placed through the skin of the abdomen into the midsection of the small intestine) in the last 24 hours. Denies pain or discomfort at this time. Will continue to monitor for pain and or output. (Resident in this note did not have a J-tube, Resident had a JP drain).</p> <p>Review of a progress note dated 4/2/24, at 2:34 a.m. indicted, Resident continues to have no output in J-tube. (Resident in this note did not have a J-tube, Resident had a JP drain).</p> <p>During interviews with licensed practical nurse (LPN) Employee E8 (5/31/24, at 10:59 a.m.), LPN Employee E5 (5/31/24, 11:13 a.m.), and LPN Employee E4 (6/2/24, 342 p.m.), when asked to describe the procedure for care and emptying of a JP drain, each was able to do so successfully.</p> <p>During an interview on 5/31/24, at 11:10 a.m. LPN Employee E15, when asked to describe the procedure for care and emptying of a JP drain, stated that you open the bottom and let the fluid drain out and re-close it. When prompted if the bulb should be compressed before closing the valve, LPN Employee E15 stated, I think so.</p> <p>During an interview on 6/2/24, at 3:37 p.m. Registered Nurse Supervisor Employee E12, when asked to describe the procedure for care and emptying of a JP drain, stated that after draining the fluid from the bulb, she allows it to re-inflate prior to closing the valve.</p> <p>During an interview on 6/2/24, at approximately 1:00 p.m. when asked what type of education was provided to staff for the care of a JP drain, the Director of Nursing (DON) stated that a paper was put on the medication cart. The DON further confirmed that no evaluation for competency was completed with the nursing staff to ensure understanding of the care of a JP drain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Southwestern Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Lewis Run Road Pittsburgh, PA 15122	
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 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/14/24, at approximately 11:30 a.m. the Nursing Home Administrator confirmed the care of a JP drain was not a common requirement in the facility, confirmed that the facility did not evaluate staff to ensure competency of the care of a JP drain, and further confirmed that the facility failed to develop, implement, and maintain an effective training program, including additional training topics based on the resident population, outcome of the facility assessment, or non-common procedures for four of six staff members sampled.</p> <p>28 Pa. Code 201.19(7) Personnel policies and procedures.</p> <p>28 Pa. Code 201.20(a) Staff development.</p>		