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| 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 01/24/2025 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49646</p> <p>Based on review of the facility policy and clinical records and staff interviews, it was determined that the facility failed to provide the opportunity to formulate an advance directive (written instructions such as a living will or durable power of attorney for health care for when the individual is incapacitated) for three of the eight residents reviewed (Resident R41, R75, and R77).</p> <p>Findings Include:</p> <p>A review of the facility policy Advanced Directives last reviewed 11/5/24, indicated the facility will comply with the requirements related to maintaining written policies and procedures regarding advance directives, including provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and formulate an advance directive.</p> <p>A review of the medical record indicated Resident R41 was readmitted to the facility on [DATE], with diagnoses that included muscle weakness, high blood pressure, and heart failure (heart cannot pump or fill adequately).</p> <p>A review of the clinical record failed to reveal an advance directive or documentation that Resident R41 was given the opportunity to formulate an Advanced Directive.</p> <p>A review of the clinical record indicated Resident R75 was admitted to the facility on [DATE], with diagnoses that included dyspnea (difficult or labored breathing), muscle weakness, and epilepsy (nerve cells in the brain are disturbed, causing seizures).</p> <p>A review of the clinical record failed to reveal an advance directive or documentation that Resident R75 was given the opportunity to formulate an Advanced Directive.</p> <p>A review of the clinical record indicated Resident R77 was admitted to the facility on [DATE], with diagnoses that include high blood pressure, dysphagia (difficulty swallowing), muscle weakness, and liver transplant status.</p> <p>A review of the clinical record failed to reveal an advance directive or documentation that Resident R77 was given the opportunity to formulate an Advanced Directive.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 1/24/25, at 9:39 a.m. the Director of Nursing (DON) confirmed that the clinical record did not include documentation that Resident R41, R75, and R77 were not afforded the opportunity to formulate Advance Directives, it was confirmed again with the Admissions Director on 1/24/25 at 10:42 a.m</p> <p>28 Pa. Code: 201.29(b)(d)(j) Resident rights.</p> | | |

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| <p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to complete a significant change Minimum Data Set (MDS- assessments completed indicating a change in condition of a resident requiring change in care) assessment for one of four residents reviewed (Residents R27).</p> <p>Findings include:</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual (reference used to complete an MDS) effective October 2024, indicated that the facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition.</p> <p>Review of the clinical record indicated that Resident R27 was admitted to the facility on [DATE].</p> <p>Review of the MDS dated [DATE], included diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life), Wernicke's encephalopathy (a neurological disorder caused by thiamine deficiency, and marked by mental confusion, abnormal eye movements, and unsteady gait) and schizophrenia (a mental disorder characterized by delusions, hallucinations, disorganized speech and behavior). Review of Section O: Special Treatments, Procedures, and Programs revealed at the time of the MDS, Resident R27 did not receive hospice services.</p> <p>Review of a physician order dated 11/27/24, indicated Resident R27 was admitted to hospice care (a special model of care for patients who are in the late phase of an incurable illness and wish to receive end-of-life care).</p> <p>Review of Resident R27's MDS assessments revealed a MDS significant change was not completed to include hospice services.</p> <p>During an interview on 1/22/25, at 2:01 p.m. the Director of Nursing confirmed that a Significant Change MDS assessment for Resident R27 was not completed.</p> <p>During an interview on 1/24/25, at approximately 1:00 p.m. the Nursing Home Administrator confirmed the facility failed to complete a Significant Change Minimum Data Set for one of four residents.</p> <p>28 Pa. Code: 211.5(f) Clinical records.</p> | | |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure each resident receives an accurate assessment.</p> <p>39311</p> <p>Based on review of the Resident Assessment Instrument User's Manual and clinical records, and staff interview, it was determined that the facility failed to make certain that comprehensive Minimum Data Set (MDS - periodic assessment of care needs) assessments were accurate and fully completed for seven of eight residents without a BIMS assessment completed (Resident R7, R21, R22, R24, R38, R43, and R60).</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing MDS Assessments dated October 2018, and updated October 2024, indicated that Section C: Cognitive Patterns, Question C0100 Should Brief Interview for Mental Status Be Conducted? (BIMS) should be coded as 0 if the resident is rarely/never understood, or it should be coded 1, and the BIMS assessment should be completed if the resident is at least sometimes understood. Section D: Mood, Question D0100 Should Resident Mood Interview Be Conducted? should be coded as 0 if the resident is rarely/never understood, and or it should be coded 1, and the assessment should be completed if the resident is at least sometimes understood.</p> <p>-Resident R7 had an MDS completed on 12/13/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R7 is sometimes understood. Review of Section C: Cognitive Patterns, and Section D: Mood were indicated that Resident R7 is rarely understood, and the BIMS assessment and Resident Mood Interview were not completed.</p> <p>-Resident R21 had an MDS completed on 11/14/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R21 is usually understood. Review of Section C: Cognitive Patterns, and Section D: Mood were indicated that Resident R21 is rarely understood, and the BIMS assessment and Resident Mood Interview were not completed.</p> <p>-Resident R22 had an MDS completed on 1/2/25. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R22 is understood. Review of Section C: Cognitive Patterns, and Section D: Mood were indicated that Resident R22 is rarely understood, and the BIMS assessment and Resident Mood Interview were not completed.</p> <p>-Resident R24 had an MDS completed on 1/7/25. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R24 is sometimes understood. Review of Section C: Cognitive Patterns, and Section D: Mood were indicated that Resident R24 is rarely understood, and the BIMS assessment and Resident Mood Interview were not completed.</p> <p>-Resident R38 had an MDS completed on 10/16/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R38 is sometimes understood. Review of Section C: Cognitive Patterns, and Section D: Mood were indicated that Resident R38 is rarely understood, and the BIMS assessment and Resident Mood Interview were not completed.</p> <p>(continued on next page)</p> | | |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Resident R43 had an MDS completed on 12/27/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R43 is sometimes understood. Review of Section C: Cognitive Patterns, and Section D: Mood were indicated that Resident R43 is rarely understood, and the BIMS assessment and Resident Mood Interview were not completed.</p> <p>-Resident R60 had an MDS completed on 12/19/24. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R60 is sometimes understood. Review of Section C: Cognitive Patterns, and Section D: Mood were indicated that Resident R60 is rarely understood, and the BIMS assessment and Resident Mood Interview were not completed.</p> <p>During an interview on 1/24/25, at 11:26 a.m. Registered Nurse Assessment Coordinator Employee E1 confirmed that the above MDS assessments were not accurate.</p> <p>During an interview on 1/24/25, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to make certain that comprehensive Minimum Data Set assessments were accurate for seven of eight residents.</p> <p>28 Pa. Code: 211.5(f) Clinical records.</p> |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of facility policies and documents, clinical records, and staff interviews, it was determined that the facility failed to provide care and services after hospitalization for one of three residents (Resident R27).</p> <p>Review of the facility policy, Resident Hydration and Prevention of Dehydration dated 11/5/24, previously dated 11/30/23, indicated the facility will strive to provide adequate hydration and to prevent dehydration.</p> <p>Review of the clinical record indicated that Resident R27 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 11/14/24, included diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life), Wernicke's encephalopathy (a neurological disorder caused by thiamine deficiency, and marked by mental confusion, abnormal eye movements, and unsteady gait) and schizophrenia (a mental disorder characterized by delusions, hallucinations, disorganized speech and behavior).</p> <p>Review of Resident R27's plan of care for problem/potential problem with nutrition and/or hydration status dated 2/1/22, with a revision on 9/23/24, failed to include interventions related to hydration status.</p> <p>Review of Resident R27'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, failed to include instructions on hydration status.</p> <p>Review of hospital discharge paperwork dated 6/13/24, indicated Resident R27 had been admitted for acute metabolic encephalopathy (alteration in consciousness caused by a chemical imbalance affecting the brain, often caused by infections or dehydration) and hypernatremia (high sodium levels in the blood, often caused by dehydration), and a urinary tract infection. The paperwork indicated that while in the hospital, Resident R27 was treated with intravenous fluids for dehydration with hypernatremia, and it was noted:</p> <p>Hypernatremia, secondary to dehydration.</p> <p>Overall, she is not eating and drinking adequately which is contributing to dehydration.</p> <p>Upon discharge nursing will be asked to push oral fluids.</p> <p>It is thought she is having poor intake of food, water.</p> <p>Review of Resident R27's progress notes after her hospitalization with treatment for dehydration failed to reveal any notes related to fluid status.</p> <p>Review of Resident R27's physician's orders after hospitalization with treatment for dehydration failed to reveal any orders related to monitoring fluid status.</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of Resident R27's plan of care failed to reveal any interventions after her hospitalization with treatment for dehydration related to monitoring fluid status.</p> <p>During an interview on 1/24/25, at approximately 1:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to provide care and services after hospitalization for one of three residents.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>28 Pa Code: 211.10(c)(d) Resident rights.</p> <p>28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.</p> |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on a review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to make certain that each resident's drug regimen was free from unnecessary drugs used without adequate indications for use for one of five residents. (Resident R23).</p> <p>Findings include:</p> <p>Review of the facility policy, Medication Use: Psychotropic dated 11/5/24, indicated; Residents will not receive medications that are not clinically indicated to treat a specific condition.</p> <p>Review of Resident R23's admission record indicated she was initially admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident R23's Minimum Data Set (MDS- periodic assessment of care needs) assessment dated [DATE], included diagnoses of multiple sclerosis (a disease that affects central nervous system), dementia (a group of symptoms that affects memory, thinking and interferes with daily life) without behaviors, and anxiety. Review of Section N: Medications revealed Resident R23 received antipsychotic medications in the seven days prior to the assessment.</p> <p>Review of a physician order dated 1/16/25, indicated Resident R23 received Seroquel (an anti-psychotic medication) 25 mg twice per day for anxiety.</p> <p>Review of Resident R23's care plan for the use of psychotropic behaviors initiated 8/13/24, indicated Resident R23 received psychotropic medication related to dementia.</p> <p>Review of Resident R23's progress notes from 7/1/24, through 1/24/25, failed to include documentation of unwanted behaviors.</p> <p>Review of behavior monitoring documentation for November 2024, December 2024, and January 2025 (through 1/24/25), failed to reveal any documented behaviors.</p> <p>During an interview 1/24/25, at approximately 1:00 p.m. Nursing Home Administrator and the Director of Nursing confirmed the facility failed to make certain that each resident's drug regimen was free from unnecessary drugs used without adequate indications for use for one of five residents.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 211.2(a)(c) Physician services.</p> <p>28 Pa. Code: 211.9(a)(1)(d)(k) Pharmacy services.</p> <p>28 Pa. Code: 211.12(c)(d)(5) Nursing services.</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - 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>31343</p> <p>Based on observations and staff interviews it was determined that the facility failed to verify the dish washing temperature and staff education on the use of chemical sanitation to prevent the potential for cross contamination and failed to store food products in a manner to prevent foodborne illness in the main kitchen.</p> <p>Findings include:</p> <p>During an observation on 1/21/25 beginning at approximately 10:15 a. m., of the Main Kitchen the following concerns were identified:</p> <p>The dish machine was identified as high temperature, however, according to Dietary Aide(DA) Employee E3 who was assisting in running the dish machine with DA Employee E4 stated that the dish machine elements were not working and the machine was currently functioning as a low temp with chemicals used for sanitation.</p> <p>During an interview on 1/21/25, at 10:20 a.m., Dietary Aides were asked to run a strip through the machine to show the level of sanitation. Neither employee stated that they were not trained how to run the strips and had not done so prior to using the machine.</p> <p>During an interview on 1/21/25, at 10:45 a.m., District Manager Dietary Employee E5 stated that the dish machine had not been functioning since 1/20/25 evening and that EcoLab (dishmachine vendor) staff had set the machine up for chemical use. The District Manager Employee E5 confirmed that staff had not been trained to perform test strip chemical testing.</p> <p>During an interview on 1/21/25, at 11:00 a.m., the Nursing Home Administrator confirmed that the staff were not trained how to perform necessary tasks to prevent the potential for cross contamination while using the dish machine.</p> <p>During an observation on 1/21/25 at 10:55 a. m., of the refrigerator leading to he deep freezer identified a gray fuzzy substance on the fan blades and cover and on the ceiling with food stored underneath which had the potential for food borne illness.</p> <p>During an interview on 1/21/25, at 11:00 a.m., the District Manager confirmed that the substance in the fans and ceiling had the potential for contamination of food which could cause potential for food borne illness.</p> <p>Pa Code: 211.6(c)(d)(f) Dietary services.</p> | | |

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| <p>F 0848</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>Provide a neutral and fair arbitration process and agree to arbitrator and venue.</p> <p>31343</p> <p>Based on review of the facility's admission and financial agreement and staff interviews, it was determined that the facility failed to ensure a neutral and fair arbitration process by ensuring both the resident or his or her representative, and the facility agree on the selection of a neutral arbitrator.</p> <p>Findings include:</p> <p>Review of facility's Admission Agreement packet, which contained the document Admission and Financial Agreement indicated that the Indemnification statement in the agreement indicated that the facility will not be indemnified or held harmless from injury to or death of any person or other resident, or for any damage to or loss of the property of any person or resident, caused by the acts or omissions of Resident to the fullest extent of the law.</p> <p>The facility's admission and financial agreement failed to identify the indemnification statement as an arbitration agreement and provide for the selection of a neutral arbitrator agreed upon by both parties as one is designated in the facility arbitration agreement, in accordance with S483.70(n)(2)(iii). Regulatory guidance defined a neutral Arbitrator as an impartial, or unbiased third-party decision maker, contracted with, and agreed to by both parties to resolve their dispute. To ensure a neutral arbitrator is selected, the facility should avoid even the appearance of bias, partiality, or a conflict of interest, and should promptly disclose to the resident or his or her representative the extent of any relationship which exists with an arbitrator or arbitration services company, including how often the facility has contracted with the arbitrator or arbitration service, and when the arbitrator or arbitration service has ruled for or against the facility.</p> <p>During an interview on 1/22/25, at 3:20 p.m. the Nursing Home Administrator confirmed the language of the admission/ financial agreement may appear to not identify the indemnification statement as arbitration and does not to afford a neutral and fair arbitration process by ensuring both the resident or his or her representative, and the facility agree on the selection of a neutral arbitrator.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(2) Management.</p> <p>28 Pa. Code 201.29(a)(j) Resident rights.</p> | | |

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| <p>F 0941</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>39311</p> <p>Based on review of facility personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on effective communication for eight of nine staff members (Employee E6, E7, E8, E9, E10, E11, E13, and E14).</p> <p>Findings include:</p> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on effective communication.</p> <p>Nurse Aide (NA) Employee E6 had a hire date of 9/16/21, failed to have effective communication in-service education between 9/16/23, and 9/16/24/24.</p> <p>NA Employee E7 had a hire date of 10/4/12, failed to have effective communication in-service education between 10/4/23, and 10/4/24.</p> <p>NA Employee E8 had a hire date of 10/14/13, failed to have effective communication in-service education between 10/14/23, and 10/14/24/24.</p> <p>NA Employee E9 had a hire date of 8/15/22, failed to have effective communication in-service education between 8/15/24, and 8/15/24.</p> <p>Central Supply Employee E10 had a hire date of 11/3/21, failed to have effective communication in-service education between 11/3/23, and 11/3/24.</p> <p>Activities Assistant Employee E11 had a hire date of 1/12/22, failed to have effective communication in-service education between 1/12/24, and 1/12/25.</p> <p>Registered Nurse Employee E13 had a hire date of 10/6/22, failed to have effective communication in-service education between 10/6/23, and 10/6/24.</p> <p>Licensed Practical Nurse Employee E14 had a hire date of 9/6/22, failed to have effective communication in-service education between 9/6/23, and 9/6/24.</p> <p>During an interview on 1/24/25, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on effective communication for eight of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p> | | |

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| 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 01/24/2025 |
| 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 0942</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>39311</p> <p>Based on review of facility personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on resident rights for eight of nine staff members (Employee E6, E7, E8, E9, E10, E11, E12, and E14).</p> <p>Findings include:</p> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on resident rights.</p> <p>Nurse Aide (NA) Employee E6 had a hire date of 9/16/21, failed to have resident rights in-service education between 9/16/23, and 9/16/24/24.</p> <p>NA Employee E7 had a hire date of 10/4/12, failed to have resident rights in-service education between 10/4/23, and 10/4/24.</p> <p>NA Employee E8 had a hire date of 10/14/13, failed to have resident rights in-service education between 10/14/23, and 10/14/24/24.</p> <p>NA Employee E9 had a hire date of 8/15/22, failed to have resident rights in-service education between 8/15/24, and 8/15/24.</p> <p>Central Supply Employee E10 had a hire date of 11/3/21, failed to have resident rights in-service education between 11/3/23, and 11/3/24.</p> <p>Activities Assistant Employee E11 had a hire date of 1/12/22, failed to have resident rights in-service education between 1/12/24, and 1/12/25.</p> <p>Maintenance Employee E12 had a hire date of 12/1/xx, failed to have resident rights in-service education between 12/1/23, and 12/1/24.</p> <p>Licensed Practical Nurse Employee E14 had a hire date of 9/6/22, failed to have resident rights in-service education between 9/6/23, and 9/6/24.</p> <p>During an interview on 1/24/25, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on resident rights for eight of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p> | | |

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| <p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>39311</p> <p>Based on review of facility personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on abuse and neglect prevention for three of nine staff members (Employee E9, E13, and E14).</p> <p>Findings include:</p> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on abuse and neglect prevention.</p> <p>Nurse Aide (NA) Employee E9 had a hire date of 8/15/22, failed to have abuse and neglect prevention in-service education between 8/15/24, and 8/15/24.</p> <p>Registered Nurse Employee E13 had a hire date of 10/6/22, failed to have abuse and neglect prevention in-service education between 10/6/23, and 10/6/24.</p> <p>Licensed Practical Nurse Employee E14 had a hire date of 9/6/22, failed to have abuse and neglect prevention in-service education between 9/6/23, and 9/6/24.</p> <p>During an interview on 1/24/25, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on abuse and neglect prevention for three of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p> | | |

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| <p>F 0944</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>39311</p> <p>Based on review of facility personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on Quality Assurance and Performance Improvement (QAPI) for eight of nine staff members (Employee E6, E7, E8, E9, E10, E11, E13, and E14).</p> <p>Findings include:</p> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on QAPI.</p> <p>Nurse Aide (NA) Employee E6 had a hire date of 9/16/21, failed to have QAPI in-service education between 9/16/23, and 9/16/24/24.</p> <p>NA Employee E7 had a hire date of 10/4/12, failed to have QAPI in-service education between 10/4/23, and 10/4/24.</p> <p>NA Employee E8 had a hire date of 10/14/13, failed to have QAPI in-service education between 10/14/23, and 10/14/24/24.</p> <p>NA Employee E9 had a hire date of 8/15/22, failed to have QAPI in-service education between 8/15/24, and 8/15/24.</p> <p>Central Supply Employee E10 had a hire date of 11/3/21, failed to have QAPI in-service education between 11/3/23, and 11/3/24.</p> <p>Activities Assistant Employee E11 had a hire date of 1/12/22, failed to have QAPI in-service education between 1/12/24, and 1/12/25.</p> <p>Registered Nurse Employee E13 had a hire date of 10/6/22, failed to have QAPI in-service education between 10/6/23, and 10/6/24.</p> <p>Licensed Practical Nurse Employee E14 had a hire date of 9/6/22, failed to have QAPI in-service education between 9/6/23, and 9/6/24.</p> <p>During an interview on 1/24/25, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on QAPI for eight of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p> | | |

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| <p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>39311</p> <p>Based on review of facility personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on infection control for one of nine staff members (Employee E13).</p> <p>Findings include:</p> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on infection control.</p> <p>Registered Nurse Employee E13 had a hire date of 10/6/22, failed to have infection control in-service education between 10/6/23, and 10/6/24.</p> <p>During an interview on 1/24/25, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on infection control for eight of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p> |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0946</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>Provide training in compliance and ethics.</p> <p>39311</p> <p>Based on review of facility personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on compliance and ethics for nine of nine staff members (Employee E6, E7, E8, E9, E10, E11, E12, E13, and E14).</p> <p>Findings include:</p> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on compliance and ethics.</p> <p>Nurse Aide (NA) Employee E6 had a hire date of 9/16/21, failed to have compliance and ethics in-service education between 9/16/23, and 9/16/24/24.</p> <p>NA Employee E7 had a hire date of 10/4/12, failed to have compliance and ethics in-service education between 10/4/23, and 10/4/24.</p> <p>NA Employee E8 had a hire date of 10/14/13, failed to have compliance and ethics in-service education between 10/14/23, and 10/14/24/24.</p> <p>NA Employee E9 had a hire date of 8/15/22, failed to have compliance and ethics in-service education between 8/15/24, and 8/15/24.</p> <p>Central Supply Employee E10 had a hire date of 11/3/21, failed to have compliance and ethics in-service education between 11/3/23, and 11/3/24.</p> <p>Activities Assistant Employee E11 had a hire date of 1/12/22, failed to have compliance and ethics in-service education between 1/12/24, and 1/12/25.</p> <p>Maintenance Employee E12 had a hire date of 12/1/xx, failed to have compliance and ethics in-service education between 12/1/23, and 12/1/24.</p> <p>Registered Nurse Employee E13 had a hire date of 10/6/22, failed to have compliance and ethics in-service education between 10/6/23, and 10/6/24.</p> <p>Licensed Practical Nurse Employee E14 had a hire date of 9/6/22, failed to have compliance and ethics in-service education between 9/6/23, and 9/6/24.</p> <p>During an interview on 1/24/25, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on compliance and ethics for eight of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>(continued on next page)</p> | | |

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| F 0946 Level of Harm - Potential for minimal harm Residents Affected - Many | 28 Pa Code: 201.20 (a)(c) Staff development. |

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| <p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>39311</p> <p>Based on review of staff education records and interviews, it was determined that the facility failed to conduct at least 12 hours of in-service education, within 12 months of their hire date anniversary, for nurse aides as required for four of four nurse aides (Employees E6, E7, E8, and E9).</p> <p>Finding include:</p> <p>Review of education records for Employees E6, E7, E8, and E9 revealed the following:</p> <p>Nurse Aide (NA) Employee E6 had a hire date of 9/16/21, with approximately 10.25 hours of in-service education between 9/16/23, and 9/16/24.</p> <p>NA Employee E7 had a hire date of 10/4/12, with approximately 9.75 hours of in-service education between 10/4/23, and 10/4/24.</p> <p>NA Employee E8 had a hire date of 10/14/13, with approximately 10.00 hours of in-service education between 10/14/23, and 10/14/24.</p> <p>NA Employee E9 had a hire date of 8/15/22, with approximately 6.75 hours of in-service education between 8/15/23, and 8/15/24.</p> <p>During an interview on 1/24/25, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide the required 12 hours annual in-service education within 12 months of their hire date anniversary for four of four nurse aides.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.20(c) Staff development.</p> | | |

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| <p>F 0949</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>39311</p> <p>Based on review of facility personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on behavioral health for eight of nine staff members (Employee E6, E7, E8, E9, E10, E11, E13, and E14).</p> <p>Findings include:</p> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on behavioral health.</p> <p>Nurse Aide (NA) Employee E6 had a hire date of 9/16/21, failed to have behavioral health in-service education between 9/16/23, and 9/16/24/24.</p> <p>NA Employee E7 had a hire date of 10/4/12, failed to have behavioral health in-service education between 10/4/23, and 10/4/24.</p> <p>NA Employee E8 had a hire date of 10/14/13, failed to have behavioral health in-service education between 10/14/23, and 10/14/24/24.</p> <p>NA Employee E9 had a hire date of 8/15/22, failed to have behavioral health in-service education between 8/15/24, and 8/15/24.</p> <p>Central Supply Employee E10 had a hire date of 11/3/21, failed to have behavioral health in-service education between 11/3/23, and 11/3/24.</p> <p>Activities Assistant Employee E11 had a hire date of 1/12/22, failed to have behavioral health in-service education between 1/12/24, and 1/12/25.</p> <p>Registered Nurse Employee E13 had a hire date of 10/6/22, failed to have behavioral health in-service education between 10/6/23, and 10/6/24.</p> <p>Licensed Practical Nurse Employee E14 had a hire date of 9/6/22, failed to have behavioral health in-service education between 9/6/23, and 9/6/24.</p> <p>During an interview on 1/24/25, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on behavioral health for eight of nine staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p> |