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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395758 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/27/2024 |
| NAME OF PROVIDER OR SUPPLIER Grove at Harmony, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 191 Evergreen Mill Road Harmony, PA 16037 | |

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) |
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| <p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41984</p> <p>Based on review of facility documents and staff and resident interview it was determined that the facility failed to resolve concerns for 2 of 2 resident's reviewed.</p> <p>Findings include:</p> <p>Review of Resident R2's admission record indicated she was originally admitted on [DATE], with diagnoses that included anxiety, osteoarthritis and difficulty walking.</p> <p>Review of Resident R2's quarterly Minimum Data Set(MDS-a periodic assessment of care) dated 5/10/24 indicated diagnosis remain current. Interview for Mental Status (BIMS a screening test that aides in detecting cognitive function.</p> <p>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>Resident R1's score was 15- cognitively intact</p> <p>Review of facility documentation indicated Resident R2's had a grievance on 5/31/24. She stated she did not get care. The facility resolution was to put a white board in Resident R2's room with who her nurse and nurse aide for the day.</p> <p>Interview on 6/27/24 at 12:35 p.m. Resident R2 stated the concern above were not resolved. The white board was dated 6/25/24 and had no staff listed. Resident R2 stated why have the board, there is nothing on it.</p> <p>Review of Resident R1's admission record indicated he was admitted on [DATE], with diagnoses that included neuromuscular dysfunction of bladder, major depressive disorder and muscle weakness.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of Resident R1's quarterly Minimum Data Set(MDS-a periodic assessment of care)dated 6/15/24 indicated diagnosis remain current. Interview for Mental Status (BIMS a screening test that aides in detecting</p> <p>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>Resident R1's score was 15- cognitively intact</p> <p>Review of facility documentation indicated Resident R1 on 5/1/24 needed help eating and was told no and was asked NA to go to bed, was told she was unavailable. 5/19/24 submitted a concern that no one was in to change him during the night.</p> <p>Interview on 6/27/24 at 1:15 p.m. Resident R1 stated the concerns above were not resolved. Resident R1 stated he doesn't get assistance to eat and proper incontinence care at night. Resident R1 stated If there is a hell, this place is it</p> <p>During an interview on 6/27/24, at 1:45 p.m. the Nursing Home Administrator confirmed that the facility failed to resolve grievances for 2 of 2 Resident R1 & R2.</p> <p>28 Pa. Code: 207.2(a) Administrator's responsibility.</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41984</p> <p>Based on clinical record review and staff interview it was determined that the facility failed to follow a physician order for one of seven residents (Resident R1).</p> <p>Findings include:</p> <p>Review of Resident R1's admission record indicated he was originally admitted on [DATE], with diagnoses that included neuromuscular dysfunction of bladder, major depressive disorder and muscle weakness.</p> <p>Review of Resident R1's quarterly MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 6/15/24, indicated that the diagnoses were current upon review.</p> <p>Review of Resident R1's physician order's dated 5/17/24 indicated to administer Ferrous Gluconate Oral Tablet 324 (38 Fe) MG (Ferrous Gluconate) give 324 mg by mouth one time a day for anemia.</p> <p>Review of Resident R1's physician order's dated 5/17/24 indicated to administer Protonix Oral Tablet Delayed Release 40 MG (Pantoprazole Sodium)give 1 tablet by mouth one time a day for GERD.</p> <p>Review of Resident R1's physician order's dated 5/17/24 indicated to administer LiquaCel Oral Liquid (Amino Acids) give 30 ml by mouth three times a day for wound healing.</p> <p>Review of Resident R1's MAR (medical administration record), the following was not administered:</p> <p>Ferrous Gluconate 6/15/24, 6/18/24, 6/22/24</p> <p>Protonix 6/6/24, 6/9/24, 6/17/24</p> <p>LiquaCel 6/22/24, 6/25/24</p> <p>Review of Resident R1's clinical nurse notes indicated medications need reordered or not on cart and resident R1 did not receive on 6/6/24, 6/9/24, 6/15/24, 6/17/24, 6/18/24, 6/22/24 and 6/25/24.</p> <p>During an interview on 6/27/24, at 2:00 p.m. the Director of Nursing (DON) confirmed that Resident R1's above medications were not available and were not administered per physician's order.</p> <p>28 Pa. Code: 211.10(c)(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p> | | |