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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 07/31/2024 |
| 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.

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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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to obtain a physician's order for a discharge and make certain that the necessary resident information was communicated to the receiving health care provider for one out of five residents sampled with facility-initiated transfers (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy Documentation of Resident discharge date d 2/1/24, indicated that documentation will be completed when a resident is discharged for m this facility. The following items are to be documented when a resident is discharged from the facility to home or another facility:</p> <ul style="list-style-type: none"> - Resident current condition, including mental status - Physician's discharge order has been obtained - Transfer form, facesheet, history, and physical - Physician current orders and completed testing <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 6/5/24, indicated diagnoses of high blood pressure, muscle spasms, and multiple sclerosis (a disease that affects central nervous system).</p> <p>During a review of the clinical record indicated Resident R1 was transferred to an Inpatient Rehabilitation Center on 7/25/24.</p> <p>During a review of Resident R1's clinical record on 7/31/24, at 12:05 p.m. failed to reveal a physician order for discharge to an inpatient rehabilitation center on 7/25/24.</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a review of Resident R1's clinical record on 7/31/24, at 12:10 p.m. revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transferred and expected to return, which included the resident's care plan goals, advanced directive information, specific instructions for ongoing care, resident representative information, and all information necessary to meet the resident's specific needs at the receiving facility.</p> <p>During an interview on 7/31/24, at 1:05 p.m. Social Worker Employee E1 stated I faxed all the information but did not document anything.</p> <p>During an interview on 7/31/24, at 2:10 p.m. Director of Nursing confirmed that the facility failed to obtain a physician's order for a discharge and make certain that the necessary resident information was communicated to the receiving health care provider for one out of five residents sampled with facility-initiated transfers (Resident R1).</p> <p>28 Pa. Code 201.29 (a) (c.3) (2) Resident rights.</p> | | |