

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Cedar Haven Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 590 South Fifth Avenue Lebanon, PA 17042	

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>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** 45244</p> <p>Based on facility policy review, clinical record review, review of documentation submitted by the facility, and staff interview, it was determined that the facility failed to ensure that residents were free from mental abuse, which resulted in psychosocial harm for two of 36 residents reviewed. (Residents 65, 227)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Abuse definitions, prevention and reporting, last reviewed October 2024, revealed that instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. This included verbal abuse, sexual abuse, physical abuse, and mental abuse, including abuse facilitated or enabled through the use of technology.</p> <p>Review of documentation entitled, Use of Social Media, in the facility's, Employee Handbook, dated December 2023, revealed that use of personal cell phones and other personal devices for other than work-related purposed while on duty was expressly prohibited.</p> <p>Clinical record review revealed that Resident 65 was admitted to the facility on [DATE], and had diagnoses that included cognitive communication deficit and insomnia (difficulty sleeping). Review of the Minimum Data Set (MDS) assessment (a periodic assessment of resident care needs) dated October 4, 2024, revealed that the resident had no cognitive impairment.</p> <p>Clinical record review revealed that Resident 227 was admitted to the facility on [DATE], and had diagnoses that included dementia, anxiety and depression. Review of the MDS assessment dated [DATE], revealed that the resident was cognitively impaired.</p> <p>Review of information submitted by the facility dated October 31, 2024, revealed that Witness 1 received a video text message from Employee 1, a nurse aide, where Employee 1 was visible exposing her breasts in a resident room with Residents 65 and 227 present and observing the incident. In a written statement dated October 31, 2024, the Nursing Home Administrator noted that the video showed Employee 1 in scrubs in a resident room with music playing. Employee 1 held the video at chest level and above, revealing her face, one breast, sticking her tongue out, and spinning around the room for a full 360-degree view, with two residents visible in the room. These residents were identified as Residents 65 and 227.</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: 395770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Cedar Haven Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 590 South Fifth Avenue Lebanon, PA 17042	
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>In a telephone statement dated November 1, 2024, Employee 1 admitted to filming the video and that she knew it was wrong.</p> <p>Review of facility documentation reflected that Employee 1 had initially received training on abuse prevention and reporting on November 19, 2018. Review of the facility documentation entitled Personal device usage/social media acknowledgment, dated March 22, 2019, revealed that Employee 1 had received training that under no circumstances would employees be allowed to photograph, or video/audio record any resident without prior permission of the Executive Director and express written permission from the resident or the responsible party for the resident.</p> <p>In a written statement dated October 31, 2024, the Nursing Home Administrator noted that Resident 65 refused to talk about the incident. Review of the clinical record, revealed that Resident 65 was examined by the Certified Physician's Assistant following the incident. Resident 227 was examined by the Certified Physican's Assistant and psychology following the incident.</p> <p>Review of the information dated November 7, 2024, submitted by the facility reflected that the facility had substantiated the allegation of mental abuse of Residents 65 and 227 by Employee 1. Employee 1 was terminated by the facility.</p> <p>Based on these findings, the facility failed to ensure that Residents 65 and 227 were free from mental abuse and psychosocial harm.</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 201.29(a) Resident rights.</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: 395770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Cedar Haven Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 590 South Fifth Avenue Lebanon, PA 17042	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>45125</p> <p>Ensure each resident receives an accurate assessment.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the Minimum Data Set (MDS) assessment was completed to accurately reflect the current status of two of 36 sampled residents. (Residents 57 and 178)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 57 had diagnoses that included end stage renal disease. Review of Resident 57's care plan revealed she required hemodialysis. On July 3, 2024, the physician ordered for the resident to receive dialysis on Mondays, Wednesdays, and Fridays. The MDS assessment, dated October 17, 2024, did not indicate that Resident 57 received dialysis.</p> <p>Clinical record review revealed that Resident 178 had diagnoses that included a urinary tract infection and bladder cancer. Review of Resident 178's care plan revealed he had a nephrostomy. On November 1, 2024, the physician ordered staff to provide nephrostomy care. The MDS assessment, dated November 6, 2024, did not indicate that Resident 178 had a nephrostomy.</p> <p>In an interview on November 20, 2024, at 9:40 a.m., the Registered Nurse Assessment Coordinator (RNAC1) confirmed that Residents 57's and 178's MDS assessments were inaccurate.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Cedar Haven Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 590 South Fifth Avenue Lebanon, PA 17042	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39422</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to develop a comprehensive care plan that addressed individual resident needs as identified in the comprehensive assessment for four of 36 sampled residents. (Residents 49, 62, 133, 242)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 49 was admitted to the facility on [DATE], and had diagnoses that included diabetes, kidney disease, and heart failure. The Minimum Data Set (MDS) Care Area Assessment (CAA) summary dated August 29, 2024, noted that the resident's psychotropic drug use and urinary incontinence was to be addressed in the care plan. Review of the medication administration records revealed the resident was receiving an antidepressant at the time of the MDS CAA summary. There was no evidence that interventions to address Resident's 49's psychotropic drug use and urinary incontinence were included in the current care plan.</p> <p>Clinical record review revealed that Resident 62 was admitted to the facility on [DATE], and had diagnoses that included dementia and hypertension (high blood pressure). The MDS CAA summary dated June 4, 2024, noted that the resident's urinary incontinence was to be addressed in the care plan. There was no evidence that interventions to address Resident's 62's urinary incontinence were included in the current care plan.</p> <p>Clinical record review revealed that Resident 133 was admitted to the facility on [DATE], and had diagnoses that included hypertension and anxiety. The MDS CAA summary dated October 22, 2024, noted that the resident's psychotropic drug use was to be addressed in the care plan. Review of the medication administration records revealed the resident was receiving both an antipsychotic and antidepressant at the time of the MDS CAA summary. There was no evidence that interventions to address Resident's 133's psychotropic drug use was included in the current care plan.</p> <p>Clinical record review revealed that Resident 242 was admitted to the facility on [DATE], and had a diagnoses that included fracture of lower end of right femur (broken leg), pain, and dementia. The MDS CAA summary dated September 30, 2024, noted that the resident's pain was to be addressed in the the care plan. Review of the medication administration records revealed the resident was receiving pain medications the time of the MDS CAA summary. There was no evidence that interventions to address Resident's 242's pain were included in the current care plan.</p> <p>In an interview on November 21, 2024, at 9:45 a.m., the Director of Nursing confirmed there was no documented evidence that the identified care areas were addressed in the care plan.</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: 395770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Cedar Haven Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 590 South Fifth Avenue Lebanon, PA 17042	
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 - 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>45125</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure physician's orders were implemented for one of 36 sampled residents. (Resident 224)</p> <p>Findings include:</p> <p>Review of the policy entitled, Medication Administration, last reviewed October 2024, revealed that staff were to administer medications in accordance with the written orders of the physician. Vital signs were to be entered into the Medication Administration Record as indicated.</p> <p>Clinical record review revealed that Resident 224 had diagnoses that included hypertension (high blood pressure). On June 27, 2024, the physician ordered staff to administer a blood pressure medicine (lisinopril) once a day. Staff were not to administer the medication if the resident's systolic blood pressure (the first measurement of blood pressure when the heart beats and the pressure is at its highest) was less than 110 millimeters of mercury (mm Hg). Review of Resident 224's October and November 2024 Medication Administration Records revealed that staff administered the medication 49 times with no documentation that the blood pressure was assessed prior to medication administration per physician's order.</p> <p>In an interview on November 21, 2024, at 9:30 a.m., the Director of Nursing confirmed there was no documented evidence that the blood pressure was taken prior to medication administration per physician's order for Resident 224.</p> <p>CFR 483.25 Quality of Care</p> <p>Previously cited 12/1/23</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: 395770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Cedar Haven Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 590 South Fifth Avenue Lebanon, PA 17042	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>39422</p> <p>Based on clinical record review, policy review, and staff interview, it was determined that the facility failed to assess bladder incontinence and provide services to restore bladder function as much as possible for one of 36 sampled residents. (Resident 133)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Bowel and Bladder Management, last reviewed October 20, 2024, revealed that facility staff was to complete a urinary incontinence assessment upon admission and whenever there was a change in a resident's urinary tract function. Staff would review the pre-admission history, assess the resident's current bladder elimination problem, and identify causes of incontinence. If there was a change in incontinence staff would implement a toileting diary to determine a resident's voiding pattern for assistance in decision making and development of a toileting program. The type of urinary incontinence was to be identified in the care plan with specific interventions.</p> <p>Clinical record review revealed that Resident 133 was admitted to the facility with diagnoses that included hypertension (high blood pressure) and anxiety. A Bowel and Bladder Program Screener was completed on October 19, 2024, and indicated that the resident was a candidate for a scheduled toileting program. According to the Minimum Data Set assessment, dated October 22, 2024, the resident needed assistance from staff for toileting, was always incontinent of urine, and was not on a toileting program. Review of the current care plan revealed that Resident 133's type of urinary incontinence was not identified and there was no indication that the resident was on a scheduled toileting program. There was no documented evidence that a scheduled toileting program had been implemented.</p> <p>In an interview on November 21, 2024, at 11:20 a.m., the Nursing Home Administrator confirmed that there was no documented evidence that a toileting program was implemented for Resident 133.</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: 395770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Cedar Haven Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 590 South Fifth Avenue Lebanon, PA 17042	

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 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>45125</p> <p>Based on observation, it was determined that the facility failed to dispose of trash and refuse properly.</p> <p>Findings include:</p> <p>Observation of the trash compactor area on November 19, 2024, at 10:30 a.m., revealed various items on the ground next to the dumpster, including two used briefs, four used gloves, and a large opened plastic bag.</p> <p>28 Pa Code 201.18(b)(3) Management.</p>