

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2024
NAME OF PROVIDER OR SUPPLIER Sena Kean Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17083 Route 6 Smethport, PA 16749	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17260</p> <p>Based on review of clinical record and staff interviews, it was determined that the facility failed to ensure that physician's orders were followed for one of six residents reviewed for catheters (Resident R1).</p> <p>Findings include:</p> <p>Resident R1's clinical record revealed an admitted [DATE], with diagnoses that included anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), urinary retention (inability to release urine from the bladder) and bladder infections.</p> <p>Resident R20's physician's orders revealed an order dated 9/26/24, that directed facility staff not to change the suprapubic catheter (a tube inserted into the bladder to drain the urine).</p> <p>A nurse's note dated 10/21/24, at 2:41 a.m. revealed that a nurse attempted to change Resident R1's suprapubic catheter against physician's orders by removing the suprapubic catheter and attempting to replace it, but was unable to insert a new catheter.</p> <p>During interview on 11/09/24, at approximately 12:40 p.m., the Nursing Home Administrator and Director of Nursing confirmed that a nurse did attempt to change Resident R1's suprapubic catheter and did not follow physician's orders.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing services</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
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