

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395777	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Sugar Creek Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 351 Causeway Drive Franklin, PA 16323	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47356</p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to ensure a foley catheter (tubing inserted into the bladder to help drain urine from the bladder) was emptied and the amount was documented every shift per physician's orders for one of 21 residents reviewed (Resident R21)</p> <p>Findings include:</p> <p>Review of a facility policy entitled Catheter Care, Urinary dated 5/1/24, revealed Observe the resident's urine level for noticeable increases or decreases. If the level stays the same or increases rapidly, report it to the physician or supervisor. Follow the facility procedure for measuring and documenting input and output.</p> <p>Resident R21's clinical record revealed an admitted [DATE], with diagnoses that included retention of urine (bladder does not empty completely), heart failure, and hypertension (high blood pressure).</p> <p>Review of Resident R21's physician's orders dated 6/01/24, revealed an order to empty the foley catheter every shift and document the amount.</p> <p>Review of R21's Treatment Administration Record for August 2024 and September 2024 revealed his/her foley catheter was not emptied every shift and the amount was not documented per physician's orders on 8/11/24, 8/14/24, 8/15/24, 8/16/24, 8/20/24, 8/21/24, 8/29/24, 8/30/24, 9/06/24, 9/07/24, 9/11/24, 9/12/24, and 9/13/24.</p> <p>During an interview on 9/19/24, at approximately 10:03 a.m. the Director of Nursing confirmed that the clinical record lacked evidence that R21's foley catheter was being emptied and the amount documented per physician's orders.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47356</p> <p>Based on a review of facility policy and clinical records, and staff interview, it was determined that the facility failed to implement procedures to promote accurate tracking and safe disposition of controlled medications for one of three closed records reviewed (Closed Record Resident CR87).</p> <p>Findings include:</p> <p>Review of the facility policy, entitled Discarding and Destroying Medications, dated 5/1/24, revealed Schedule II, III, and IV (non-hazardous) controlled substances will be disposed of in accordance with state regulations and federal guidelines regarding disposition of non-hazardous controlled medications. The medication disposition record will contain the following information:</p> <ol style="list-style-type: none"> a. The resident's name; b. Date medication disposed; c. The name and strength of the medication; d. The name of the dispensing pharmacy; e. The quantity disposed; f. Method of disposition; g. Reason for disposition; h. Signature of witnesses. <p>Review of Resident CR87's clinical record revealed admission to the facility on [DATE]. Resident CR87 ceased to breathe on 6/24/24.</p> <p>Review of Resident CR87's closed record revealed a lack of evidence of a controlled substance tracking log which would include, but not limited to the resident's name, the dosage, the date the medication was received, the name and strength of the medication, the quantity received, the name of the pharmacy, the quantity disposed, the method of disposition, the reason for disposition, and signatures of at least two licensed staff that disposed of the medication for Resident CR87's Morphine (a controlled schedule II drug used for pain management and to help with breathing), Ativan (a controlled schedule IV drug used for anxiety and restlessness), and Diazepam (a controlled schedule IV drug used for anxiety and seizures). The closed record also lacked evidence of the destruction or return to pharmacy for Resident CR87's remaining doses of Morphine, Ativan, and Diazepam.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/20/24, at 9:56 a.m. the Director of Nursing confirmed that Resident CR87's clinical record lacked evidence a controlled substance tracking log for his/her Morphine, Ativan, and Diazepam and lacked evidence of the destruction or return to pharmacy for Resident CR87's remaining doses of Morphine, Ativan, and Diazepam.</p> <p>28 Pa. Code 211.9(a) Pharmacy services</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496</p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to ensure that it was free from significant medication errors for one of 21 residents reviewed (Resident R75).</p> <p>Findings include:</p> <p>Review of facility policy entitled Administering Medications dated, 5/1/24, indicated Medications are administered in accordance with prescriber orders including any required time frame. and The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.</p> <p>Review Resident R75's clinical record revealed an admitted [DATE], with diagnoses that included diabetes (a health condition that causes by the body's inability to produce enough insulin), hypertension (high blood pressure), and anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone).</p> <p>Review of Resident R75's physician's orders revealed, an order dated 6/20/24, for Humalog (type of insulin used to help with diabetes and blood sugar control) Injection Solution (Insulin Lispro) inject 5 units subcutaneously (injected into the tissue between the skin and muscle) with meals for diabetes Hold if BS (blood sugar) less than 120 milligrams/deciliter (mg/dL).</p> <p>Review of Resident R75's August 2024 Medication Administration Record (MAR) revealed the following:</p> <p>Resident R75's BS at 8:00 a.m. for the following dates: 8/11/24, was 110 mg/dL; BS on 8/16/24, was 105 mg/dL; BS on 8/18/24, was 98 mg/dL; and BS on 8/26/24, was 102 mg/dL.</p> <p>Resident R75's BS at 12:00 p.m. for the following dates: 8/11/24, was 93 mg/dL; BS on 8/16/24, was 100 mg/dL; BS on 8/17/24, was 104 mg/dL; and BS on 8/18/24, was 90 mg/dL.</p> <p>Resident R75's BS at 5:00 p.m. for the following dates: 8/8/24, was 119 mg/dL; BS on 8/10/24, was 118 mg/dL; BS on 8/16/24, was 105 mg/dL; BS on 8/17/24, was 111 mg/dL; and BS on 8/26/24, was 109 mg/dL.</p> <p>Staff failed to hold Humalog 5 units for a BS less than 120 in accordance with physician's order on the above dates and times.</p> <p>Review of Resident R75's September 2024 MAR revealed Resident R75's BS at 12:00 p.m. on 9/11/24, was 90 mg/dL. Staff failed to hold Humalog 5 units for a BS less than 120 in accordance with physician's order on the above date and time.</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/19/24, at 10:30 a.m. the Director of Nursing (DON) confirmed that Resident R75's Humalog was not administered in accordance with physicia's orders and that Resident R75 was administered 5 units of Humalog when his/her BS was below 120 mg/dL on the above dates and times and the insulin should have been held.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p> <p>28 Pa. Code 211.10(c) Resident care policies</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48496</p> <p>Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to store Schedule II-V medications in a separately locked, permanently affixed compartment in one of two medication rooms reviewed (West medication room) and failed to appropriately discard outdated medications for one of two medication rooms reviewed (West medication room).</p> <p>Findings include:</p> <p>Review of facility policy entitled Storage of Medications dated 5/1/24, revealed that Schedule II-V controlled medications are stored in separately locked, permanently affixed compartments.</p> <p>Review of facility policy entitled Administering Medications dated 5/1/24, revealed that When opening a multi-dose container, the date opened is recorded on the container.</p> <p>Observation of drug storage on 9/17/24, at 11:35 a.m. of the [NAME] medication room refrigerator revealed an open multi-dose vile of Tubersol (a solution used for tuberculosis testing upon admission and employment) with no date indicating when the vile was open. Further observation of the refrigerator revealed a shelf with a clear plastic box and inside the clear plastic box were two boxes of Lorazepam (a controlled antianxiety medication). The shelf with the clear plastic box containing the Lorazepam was not permanently affixed to the refrigerator allowing the shelf and Lorazepam to be removed from the refrigerator.</p> <p>During an interview at the time of observation Licensed Practical Nurse (LPN) Employee E1 he/she confirmed that the opened Tubersol vial lacked an open date and staff were unable to determine the discard date. LPN Employee E1 also confirmed that the clear plastic box containing Lorazepam was not permanently affixed to the refrigerator. He/she confirmed that the vile of Tubersol should have been dated when opened and that Schedule II-V medications should be stored in a separately locked permanently affixed compartment.</p> <p>28. Pa. Code 201.18(b)(1) Management</p> <p>28. Pa. Code 211.9(a)(1) Pharmacy services</p> <p>28 Pa. Code 211.12(d)(1) 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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47356</p> <p>Based on review of a facility policies, observations, and staff interviews, it was determined that the facility failed to ensure that food was stored in accordance with standards for food safety in two of two unit refrigerators reviewed (East Unit and [NAME] Unit).</p> <p>Findings include:</p> <p>A facility policy entitled Use and Storage of Food and Beverage brought in for Residents dated 5/1/24, revealed it is the policy of this facility to provide safe and sanitary storage, handling, and consumption of all food including food and fluids brought to residents by family and other visitors. Additionally, the facility procures food from sources approved or considered satisfactory by federal, state, or local authorities. This includes storage, preparations, distribution, and serving food in accordance with professional standards for food service safety.</p> <p>A facility policy entitled Preventing Foodborne Illness - Food Handling dated 5/1/24, revealed Food will be stored, prepared, handled and served so that the risk of foodborne illness is minimized.</p> <p>Observations on 9/19/24, at approximately 9:45 a.m. of the East Unit freezer revealed several ice packs that are used for treatments on resident's bodies stored next to popsicles.</p> <p>During an interview at the time of observation of the East Unit freezer with Licensed Practical Nurse (LPN) Employee E2, he/she confirmed that ice packs that are used on resident's bodies should not be stored in the resident freezer with food.</p> <p>Observations on 9/19/24, at approximately 9:50 a.m. of the [NAME] Unit freezer revealed several ice packs that are used for treatments on resident's bodies stored next to several containers of ice cream.</p> <p>During an interview at the time of observation of the [NAME] Unit freezer with LPN Employee E3, he/she confirmed that the ice packs that are used on resident's bodies should not be stored in the resident freezer with food.</p> <p>During an interview on 9/19/24, at approximately 10:03 a.m. the Director of Nursing confirmed that ice packs that are used on resident's bodies should not be stored in the resident freezer with food.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.10(d) Resident care policies</p>		