STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395778	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Communities at Indian Haven,	1675 Saltsburg Avenue Indiana, PA 15701

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure that each resident's assessment is updated at least once every 3 months. 42079 Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that Quarterly Minimum Data Set assessments were completed within the required timeframe for seven of 43 residents reviewed (Residents 19, 33, 35, 38, 43, 54, 62). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of residents' abilities and care needs), dated October 2024, indicated that the completion date for a quarterly assessment is the Assessment Reference Date (ARD - the last day of an assessment's look-back period) plus 14 days. A quarterly assessment is due every 92 days (ARD of most recent assessment + 92 days). A quarterly MDS assessment for Resident 19, with an ARD of September 3, 2024, was due to be completed on September 16, 2024; however, it was not completed until October 4, 2024, which was 18 days late. A quarterly MDS assessment for Resident 33, with an ARD of December 17, 2024, was due to be completed on December 31, 2024; however, it was not completed until January 1, 2025, which was one day late. A quarterly MDS assessment for Resident 35, with an ARD of August 7, 2024, and the next quarterly MDS assessment with an ARD of November 8, 2024, was to be completed on November 7, 2024, which was one day late for an assessment to be completed every 92 days. A quarterly MDS assessment for Resident 38, with an ARD of July 9, 2024, was due to be completed on July 23, 2024; however, it was not completed until July 26, 2024, which was three days late. A quarterly MDS assessment for Resident 43, with an ARD of July 12, 2024, was due to be completed on July 26, 2024; however, it was not completed until August 1, 2024, which was six days late. A quarterly MDS assessment for Resident 54, with an ARD of July 26, 2024, was due to be completed on August 9, 2024; however, it was not completed until August 26, 2024, which was 17 days late. (continued on next page)

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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	395778	A. Building B. Wing	02/05/2025

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A quarterly MDS assessment for Resident 62, with an ARD of August 30, 2024, and the next quarterly MDS assessment with an ARD of December 4, 2024, was to be completed on December 1, 2024, which was three days late for an assessment to be completed every 92 days. An interview with Nursing Home Administrator on February 4, 2025, at 4:39 p.m. confirmed that the quarterly MDS assessments listed above were not completed within the required time frames. 28 Pa. Code 211.5(f) Clinical Records. 28 Pa. Code 211.12(d)(5) Nursing Services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. 38012 Based on a review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate Minimum Data Set (MDS) assessments for two of 43 residents reviewed (Residents 63, 78). Findings include: The Long-Term Care Facility RAI User's Manual, which provides guidance and instructions for the completion of MDS assessments, dated October 2024, revealed that Section N was to be coded for medications received in the last seven days. Section N0415B was to be coded if the resident received an antianxiety medication in the previous seven days. N0415C was to be coded if the resident received an antidepressant medication in the last seven days. Section N0415E was to be coded if the resident received an anticoagulant (blood thinner) in the last seven days. Section N0415F was to be coded in the resident received an antibiotic in the last seven days. Physician's orders for Resident 63, dated October 24, 2024, included an order for the resident to receive 0.5 milligrams (mg) Lorazepam (anti-anxiety medication) three times a day and an order for the resident to receive 60 mg Duloxetine (antidepressant) daily. Physician's order, dated October 23, 2024, included an order for the resident to receive 2.5 mg Apixaban (anticoagulant) two times a day and an order for the resident to receive 250 mg Cephalexin (antibiotic) daily for seven days. A significant change MDS assessment for Resident 63, dated October 29, 2024, revealed that Section N0415B was coded indicating that the resident had not received an anti-anxiety medication, Section N0415C was coded indicating that the resident had not received an antidepressant, Section N0415E was coded indicating that the resident had not received an anticoagulant, and Section N0415F was coded indicating that the resident had not received an antibiotic. Interview with the Nursing Home Administrator on February 5, 2025 at 10:53 a.m. revealed that Resident 63's MDS assessment was coded incorrectly. The Long-Term Care Facility RAI User's Manual, dated October 2024, revealed that Section A2105 was to be coded based on the discharge status of the resident. A Discharge Return Not Anticipated MDS assessment, dated November 11, 2024, for Resident 78 indicated that the resident was discharged to the hospital. A nursing note for Resident 78, dated November 11, 2024, indicated that the resident was discharged home with his brother. Interview with the Nursing Home Administrator on February 4, 2025, at 3:38 p.m. revealed that Resident 78's MDS assessment was coded incorrectly. 28 Pa. Code 211.5(f) Clinical Records.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 48809 Based on review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to develop comprehensive care plans that included specific and individualized treatment for two of 43 residents reviewed (Residents 37, 293) who were receiving intravenous antibiotics and anticoagulants. Findings include: A facility policy for care plans, dated January 15, 2024, revealed that the care plan is based on the resident's comprehensive assessment. Admission orders for Resident 37, dated December 18, 2024, included an order for the resident to receive 10 milligrams (mg) normal saline to flush the peripherally inserted central catheter or PICC line (a thin flexible tube inserted into a vein in the upper arm for fluid or medication administration), and for the resident to receive 1.5 grams Vancomycin (antibiotic) every 24 hours for a left hip infection. Observations of Resident 37 on February 3, 2025, at 1:03 p.m. revealed that the resident had a PICC line in her right upper extremity. Resident 37's Medication Administration Record (MAR) for December 2024 and January 2025 revealed that the resident received the Vancomycin through her PICC line every 24 hours and IV flushes for her PICC line daily after the Vancomycin. There was no documented evidence that Resident 37's care plan included a PICC line or antibiotic medication. Interview with the Assistant Director of Nursing on February 5, 2025, at 12:12 p.m. confirmed that Resident 37's care plan was not individualized regarding the resident's PICC line and Vancomycin and it should have been. Admission orders for Resident 293, dated January 21, 2025, included an order for the resident to receive 15 milligrams (mg) of Xarelto (anticoagulant) by mouth daily. A review of Resident 293's MAR, dated January and February 2025, revealed that the resident received the Xarelto daily. There was no documented evidence that Resident 293's care plan included the resident's anticoagulant medication. Interview with the Assistant Director of Nursing on February 4, 2025, at 12:01 p.m. confirmed that Resident 239's care plan was not individualized regarding the resident's Xarelto and that it should have been. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 201.24(e)(4) Admission Policy.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 48809 Based on clinical record reviews and staff interviews, it was determined that the facility failed to provide medications as ordered by the physician for one of 43 residents reviewed (Resident 41). Findings include: A quarterly MDS assessment for Resident 41, dated December 19, 2024, revealed that the resident was cognitively intact, required moderate assistance from staff for daily care, and had diagnoses that included high blood pressure. Physician's orders for Resident 41, dated February 4, 2025, revealed that the resident was to stop taking 5 milligrams (mg) amlodipine (a medication to treat high blood pressure) and to start taking 5 mg of lisinopril (a medication to treat high blood pressure). Observations of Licensed Practical Nurse 1 during medication administration on February 5, 2025, at 8:00 a. m. revealed that she dropped a 5 mg tablet of amlodipine on the cart, picked it up with her bare hands, and administered the pill to Resident 41. Interview with Licensed Practical Nurse 1 at that time confirmed that she administered 5 mg of amlodipine and not 5 mg of lisinopril as ordered. She also confirmed that should not have touched the 5 mg tablet of amlodipine with her bare hands. A nurse's note for Resident 41, dated February 5, 2025, at 2:01 p.m., revealed that the Medical Director was notified that the resident received 5 mg of amlodipine and did not receive 5 mg of lisinopril as ordered. New orders were received from the Medical Director to hold the lisinopril for one day. Interview with the Nursing Home Administrator on February 5, 2025, at 10:07 a.m. indicated that she was told the 5 mg of amlodipine had not been given to Resident 41. She also confirmed that medications should not be touched with bare hands. 28 Pa. Code 211.12(d)(5) Nursing Services.

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. 48809 Based on review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that laboratory specimens were obtained as ordered by the physician for one of 43 residents reviewed (Resident 37). Findings include: A facility policy for lab and diagnostic testing, dated January 15, 2024, revealed that the physician will order diagnostic testing and the staff will process test requisitions and arrange for tests. Physician's orders for Resident 37, dated January 21, 2025, included an order for the resident to have a vancomycin (antibiotic) trough (a blood test to monitor the therapeutic dose of vancomycin) 30 minutes prior to vancomycin administration on January 24, 2025. A nursing note for Resident 37, dated January 25, 2025, at 1:15 p.m. revealed that the vancomycin trough was missed on January 25, 2025. New orders were received by the physician to have the vancomycin trough drawn 30 minutes prior to vancomycin administration on January 25, 2025. Interview with the Nursing Home Administrator on February 5, 2025, at 10:52 p.m. confirmed that a vancomycin trough was not obtained per physician order on January 24, 2025. 28 Pa. Code 211.12(d)(3) Nursing Services.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 42079 Based on a review of facility policies and written menus, as well as observations and staff and resident interviews, it was determined that the facility failed to follow their planned menu. Findings include: A facility policy, dated January 15, 2024, indicated that food menu substitutions for unplanned situations, such as an emergency event, food unavailability, or special dining events, would be communicated to residents prior to meal service. The facility's written and printed menu for the dinner meal on February 4, 2025, indicated that the residents were to receive vegetable soup, chicken salad croissant, roasted vegetables, and sliced peaches. Observations of the lunch meal in the dining room on February 4, 2025, at 5:00 p.m. revealed that the facility served chicken salad on a hamburger bun and not a croissant as listed on the menu. Interview with Dietary Aide 2 on February 4, 2025, at 5:22 p.m. confirmed that staff made a mistake, and that the Dietary Manager was to update staff and residents. Interview with the Resident 51, who was the resident council president, on February 4, 2025, at 5:38 p.m. indicated that he was not informed of the menu change. Interview with the Nursing Home Administrator on February 5, 2025, at 9:36 a.m. confirmed that a hamburger bun was substituted for the croissant for the dinner meal on February 4, 2025, and that the residents were not informed of the change prior to the meal.

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	395778	A. Building B. Wing	02/05/2025

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 48809 Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that clinical records were complete and accurately documented for one of 43 residents reviewed (Resident 37). Findings include: The facility's policy for medication administration, dated January 15, 2024, revealed that the facility shall maintain a medication administration record to document all medications administered. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 37, dated December 17, 2024, revealed that she was cognitively intact and required partial staff assistance with her daily care needs. Physician's orders for Resident 37, dated December 17, 2024, included orders for the resident to receive 1.5 grams of vancomycin HCL in dextrose intravenous solution 1.5-5 grams/300 ml (an antibiotic) every 24 hours; 10 milliliters (ml) of normal saline solution (NSS) intravenously after receiving her antibiotic; 5 ml of Heparin Porcine (an anticoagulant) intravenously after the second NSS flush in the afternoon; 25 micrograms (mcg) of levothyroxine sodium (a thyroid hormone) once a day; 300 mg lithium carbonate (a medication used to treat mood disorders) in the evening; 20 mg omeprazole (a medication used to treat acid reflux) at 6:00 a. m. daily; and 5 mg of olanzapine (an antipsychotic) in the evening. There was no documented evidence in Resident 37's Medication Administration Records (MAR) for December 2024, January 2025, and February 2025 that the resident received the 1.5 grams of vancomycin HCL in dextrose intravenous solution 1.5-5 grams/300 ml on December 25 and 30, 2024, and January 29, 2025; the NSS flushes on December 25 and 30, 2024; the Heparin Porcine on December 21, 25, and 30, 2024, and January 7, 23, and 29, 2025; the 25 mcg of levothyroxine sodium as ordered on December 19, 23, and 25, 2024 and January 4, 8, and 30, 2025; the 300 mg of lithium carbonate and 5 mg of olanzapine on January 7, 2025; or the 20 mg omeprazole on January 4, 8, and 30, 2025. An interview with Resident 37 on February 5, 2025, at 12:01 p.m. confirmed that she has not missed any medications since arriving at the facility. An interview with the Nursing Home Administrator on February 5, 2025, at 11:40 a.m. confirmed that Resident 37's clinical record was not complete and accurately documented on the dates listed above. 28 Pa. Code 211.5(f) Clinical Records. 28 Pa. Code 211.12(d)(5) Nursing Services.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 42079 Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies. Findings include: The facility's deficiencies and plans of corrections for a State Survey and Certification (Department of Health) survey ending March 21, 2024, and October 2, 2024, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending January 24, 2025, identified repeated deficiencies related to timely quarterly MDS assessments, accurate MDS assessments, comprehensive care plans, and quality of care. The facility's plan of correction for a deficiency regarding a failure to provide quarterly assessments at least every three months, cited during the survey ending March 21, 2024, and October 2, 2024, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F638, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding quarterly assessments at least every three months. The facility's plan of correction for a deficiency regarding a failure to provide accurate resident assessments, cited during the survey ending March 21, 2024, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F641, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding accuracy of assessments. The facility's plan of correction for a deficiency regarding a failure to provide comprehensive resident care plans, cited during the survey ending March 21, 2024, and October 2, 2024, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F656, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding comprehensive resident care plans. The facility's plan of correction for a deficiency regarding a failure to provide quality of care, cited during the survey ending March 21, 2024, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F684, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding quality of care. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Refer to F638, F641, F656, F684. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(e)(1) Management.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 48809 Based on clinical record reviews, observations, and staff interviews, it was determined that the facility failed to ensure that proper infection control practices were followed while administering medications for one of 43 residents reviewed (Resident 41). Findings include: Physician's orders for Resident 41 included orders for the resident to receive 5 mg amlodipine (a medication that is used to treat high blood pressure) that was discontinued on February 4, 2025. Observations of Licensed Practical Nurse 1 during medication administration on February 5, 2025, at 8:00 a.m. revealed that she dropped a 5 mg tablet of amlodipine on the cart and picked it up with her bare hands, then administered the pill to Resident 41. Interview with Licensed Practical Nurse 1 at that time confirmed that she should not have touched the 5 mg tablet of amlodipine with her bare hands and administered it to the resident. Interview with the Nursing Home Administrator on February 5, 2025, at 10:07 a.m. confirmed that staff were not to touch residents' medications with their bare hands. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.