

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395780	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Fair Acres Geriatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE  340 N. Middletown Road Lima, PA 19037	

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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47968</p> <p>Based upon facility policy review, clinical record review, and interviews, it was determined that the facility failed to ensure that medication irregularities were acted upon by a physician for one of five residents reviewed (Resident 134).</p> <p>Findings include:</p> <p>Review of facility records revealed a policy titled [NAME] Rx Policy and Procedures Manual, Subject: Medication Regimen Review, dated June 1, 2023, documenting resident-specific irregularities and/or clinically significant risks resulting from or associated with medications are documented in the pharmacy's consulting records and reported to the resident's attending physician, the facility's Medical Director and Director of Nursing as appropriate.</p> <p>The physician will accept and document that the irregularity has been reviewed. The attending physician should document his or her rationale in accordance with federal and state regulations.</p> <p>Review of R134's Consultation Report for the Medication Regimen Review completed on October 6, 2024, revealed a recommendation to discontinue D-Mannose (a dietary supplement used to treat or prevent urinary tract infections), as the resident continues to have urinary tract infections (UTIs). Use should also be avoided in patients with diabetes (disease that affects how the body uses blood sugar) due to effects on blood sugar.</p> <p>Review of R134's clinical record failed to reveal that the above recommendation was addressed by the physician.</p> <p>Review of R134's Consultation Report for the Medication Regimen Review completed on October 6, 2024, revealed a recommendation to discontinue Melatonin (a hormone that regulates day and night cycles) for insomnia, as the resident is also ordered Trazadone (an antidepressant) for insomnia.</p> <p>Review of R134's Consultation Report for the Medication Regimen Review completed on October 6, 2024, revealed a recommendation to discontinue Glucosamine-Chondroitin (supplement for joint pain) for osteoarthritis, as pain has been uncontrolled with use of this supplement, and it is likely not contributing to pain relief.</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
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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R134's Consultation Report for the Medication Regimen Review completed on October 6, 2024, revealed a recommendation to discontinue PreserVision AREDS 2 (a multivitamin), as resident is already ordered a daily multivitamin with minerals (Centrum Silver Women 50+).</p> <p>Review of R134's Consultation Report for the Medication Regimen Review completed on October 6, 2024, revealed a recommendation to change timing of Omeprazole (a stomach acid reducer), to 30-60- minutes prior to breakfast to optimize effectiveness.</p> <p>Review of R134's clinical record failed to reveal that the above recommendations were addressed by the physician.</p> <p>Interview conducted with Nursing Home Administrator (NHA) and Director of Nursing (DON) on January 24, 2025, at 1:30 p.m. when the above information was presented, the DON confirmed there was no documented evidence of a response by the physician to the recommendations made by the consulting pharmacist.</p> <p>483.45 Drug Regimen Review, Report Irregular, Act on</p> <p>28 Pa. Code 211.5(f) Clinical records</p>		