

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395785	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Stonebridge Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 102 Chandra Drive Duncannon, PA 17020	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on facility policy, clinical record review, and staff interviews, it was determined that the facility failed to provide services necessary to maintain adequate personal grooming of residents dependent on staff for assistance with these activities of daily living for two of six residents reviewed (Residents 3 and 4).</p> <p>Findings Include:</p> <p>Review of the facility policy, titled Resident Bath/Showering/Scheduling Policy with a last revised date of September 9, 2022, revealed (A) Each resident will be asked about his/her bathing preferences upon admission (type of bath, preferred days and times), (H) If the bath/shower cannot be given or the resident refuses, the nursing assistant will promptly report this to the Charge Nurse, and (I) The Charge Nurse will speak with the resident who refuses to ascertain why they are refusing and to determine if alternate arrangement that suit the resident can be made. If the resident continues to refuse the Charge Nurse document the resident's refusal in the medical record.</p> <p>Review of Resident 3's clinical record revealed diagnoses that included chronic kidney disease (a long-term condition where the kidneys gradually lose their ability to filter waste products and excess fluid from the blood) and hypertension (high blood pressure).</p> <p>Review of Resident 3's clinical record revealed their shower days are on every Wednesday and Saturday. Review of Resident 3's clinical record failed to reveal their bathing preference.</p> <p>Review of Resident 3's current care plan revealed a problem area that the Resident is unable to effectively communicate related to dementia, hearing loss. Mostly non-verbal, speaks in non-sensical sentences, gibberish, unable to follow commands, unable to answer simple yes/no questions appropriately, created on August 14, 2024.</p> <p>Review of Resident 3's Activities of Daily Living (ADL's) type of bath task from March 1, 2025, through April 2, 2025, revealed that the Resident received a bed bath on their scheduled shower days on March 1, 5, 8, 15, 22, 26, 29, 2025, and on April 2, 2025.</p> <p>Review of Resident 3's progress notes from March 1, 2025, through April 2, 2025, failed to reveal any notes indicating a shower refusal on the dates listed above.</p> <p>Review of Resident 4's clinical record revealed diagnoses that included dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) and hypertension.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 4's Quarterly MDS (Minimum Data Set is part of the federally mandated process for clinical assessment of all Medicare and Medicaid certified nursing homes), dated February 11, 2025, revealed the Resident had a BIMS (brief interview for mental status) of 7, which indicates severe cognitive impairment.</p> <p>Review of Resident 4's clinical record revealed their shower days are on every Tuesday and Friday. Review of Resident 4's clinical record failed to reveal their bathing preference.</p> <p>Review of Resident 4's ADLs type of bath task from March 1, 2025, through April 2, 2025, revealed that the Resident received a bed bath on their scheduled shower days on March 4, 7, 11, 14, 18, 21, 25, and 28, 2025, and April 1, 2025.</p> <p>Review of Resident 4's progress notes from March 1, 2025, through April 2, 2025, failed to reveal any notes indicating a shower refusal on the dates listed above.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on April 2, 2025, at 10:20 AM, revealed that the expectation is for staff to ask the resident every shower day what type of shower the resident prefers. Further, if the residents refuse a shower, the staff are to reapproach the resident and, if they refuse again, the staff are to inform the Licensed practical nurse (LPN). The LPN is then to document the resident's shower refusal and give them a bed bath.</p> <p>During a further interview with the ADON on April 2, 2025, at 12:13 PM, revealed the expectation is for staff to be providing non-verbal residents with showers unless they are giving non-verbal cues of refusing a shower on their shower day, and, if that occurs, they are to inform the LPN and give the resident a bed bath and document the refusal in a progress note.</p> <p>During an interview with the Nursing Home Administrator on April 2, 2025, at 2:02 PM, he revealed he would expect residents to be receiving showers on their shower days and staff to be documenting refusals.</p> <p>28 Pa Code 211.12(a)(c)(d)(1)(3)(5)Nursing services</p>		