STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395785	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Health & Rehabilitation Center	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)
F 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 37013 Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to include reconciliation of all pre-discharge medications with the resident's post-discharge medications in the resident's discharge summary for one of three closed records reviewed (Resident 55). Findings Include: Review of facility policy, titled Discharge Planning Policy, revised September 24, 2020, revealed When a discharge is anticipated, [Facility] will develop a discharge summary/instructions that includes, but is not limited to, the following: .Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter.) Review of Resident 55's clinical record revealed diagnoses that included cerebral infarction (stroke - occurs as a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it) and anxiety (a feeling of fear, dread, and uneasiness). Further review of Resident 55's clinical record revealed that he was discharged from the facility to home on May 31, 2024. Review of Resident 55's discharge summary dated May 31, 2024, failed to reveal a reconciliation of all pre-discharge medications with the Resident's post-discharge medications. During an interview with the Director of Nursing on June 13, 2024, at 9:50 AM, she confirmed that Resident 55's discharge summary did not contain his medication reconciliation. 28 Pa. Code 211.5(f)(x) Medical Records 28 Pa. Code 211.12(d)(1)(2)(5) Nursing Services

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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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 37013 Based on clinical record review and resident and staff interviews, it was determined that the facility failed to ensure residents with limited mobility received appropriate services, equipment, and assistance to maintain or improve mobility for one of three residents reviewed for mobility (Resident 22). Findings Include: Review of Resident 22's clinical record revealed diagnoses that included hypertension (elevated blood pressure), congestive heart failure (CHF- a chronic condition in which the heart doesn't pump blood as well as it should), and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest). During an interview with Resident 22 on June 10, 2024, at 10:38 AM, she stated that she wants to walk at least once a day, but stated that staff don't always assist her in doing so. During the resident group interview on June 11, 2024, at 11:00 AM, Resident 22 again expressed concern with her walking program and not being assisted with walking every day. Review of Resident 22's facility form, titled Restorative Ambulation Program Referral, dated January 23, 2024, revealed goals/objectives for Resident 22 to walk in cooridor with assist of one and to walk 50 feet. Review of Resident 22's restorative nursing order revealed an order dated April 10, 2024, for a walking goal- Resident will ambulate 50 feet per day in hallway with one-person assist and front wheeled walker. Review of Resident 22's current care plan revealed an intervention dated May 16, 2024, that Resident will ambulate 50 feet per day in hallway with one-person assist and front wheeled walker. Review of Resident 22's restorative nursing documentation for walking dated April 2024, revealed that on April 10, 2024, it was documented as not performed. Review of Resident 22's restorative nursing documentation for walking dated May 2024, revealed that on May 8 and 12, 2024, there is no documentation of Resident 22 walking; and on May 25, 2024 it was documented as not performed. Review of Resident 22's restorative nursing documentation for walking dated June 2024, revealed that on June 7 and 8, 2024, there is no documentation of Resident 22 walking. During an interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on June 12, 2024, at 2:12 PM, they were made aware of Resident 22's statements regarding not being walked every day and asked about the restorative documentation on the aforementioned days. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In a follow-up interview with the DON on June 13, 2024, at 9:45 AM, she stated that the facility recently changed providers for their electronic medical records and staff are still getting used to documenting in the new system. She stated that that could be the reason for the missing documentation or being documented as not performed. On June 13, 2024, at 10:15 AM, the NHA was again made aware of Resident 22 stating staff do not assist her to walk every day and the documentation supporting that interview. No additional information was provided. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

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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. 37817 Based on review of facility policy, observations, and staff interviews, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one of 21 residents on transmission-based precautions (Residents 46). Findings include: Review of facility policy, titled Transmission-Based Precautions Isolation Policy, revised April 15, 2024, read, in part, contact precautions also apply where there is urinary incontinence or other discharges from the body suggest an increased potential for environmental contamination and risk of transmission. Personal Protective Equipment (gloves, gown, face mask, face shield) recommended: gloves whenever touching the resident's intact skin or surfaces and articles in close proximity to the resident. Gowns whenever anticipating that clothing will have direct contact with the resident or potentially contaminated environmental surfaces. Review of Resident 46's revealed diagnoses that included dementia (a condition characterized by progressive loss of intellectual functioning, impairment of memory, and abstract thinking), Methicillin resistant Staphylococcus aureus infection (MRSA-Bacterial infection that is resistant to antibiotics and can be difficult to treat), contractures right and left hands (condition of shortening of muscles, tendons or other tissue leading to deformity and hardening of joints), and urinary tract infection (UTI). Observation of Resident 46's door revealed a contact precaution sign that read, in part: clean hands, including before room entry and when leaving the room; put on gloves and gown before entry and discard before exiting the room. Review of Resident 46's physician orders included contact isolation related to MRSA and proteus mirabilis (a bacterial infection), with a start date of June 10, 2024. Urinalysis dated May 16, 2024, revealed MRSA. Urinalysis dated June 6, 2024, revealed proteus mirabilis. Further clinical record review revealed Resident 46 is incontinent of urine. Observation on June 10, 2024, at 12:12 PM, revealed a contact precaution sign was on the door to Resident 46's room. Employee 1 (Nursing Assistant) entered Resident 46's room to serve lunch; touched the overbed table to position it closer to the Resident, and provided meal set up. Employee 1 failed to don gloves prior to entering Resident 46's room or assisting with meal set up, however, did utilize hand sanitizer upon exiting the room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on June 11, 2024, at 12:20 PM, revealed Employee 2 (Nursing Assistant) entered Resident 46's room to serve lunch; touched the overbed table to position it closer to the Resident and provided meal set up, went into the hallway, retrieved a clothing protector from the linen cart, and then assisted Resident 46 with the clothing protector. Employee 2 failed to don gloves prior to entering Resident 46's room or assisting with meal set up and the clothing protector; and failed to complete hand hygiene both times when exiting the room. Employee 2 then went to C- hall, without completing hand hygiene, opened the food cart, obtained a lunch tray, entered Resident 7's room, served lunch, and assisted with tray set up. Employee 2 exited Resident 7's room without completing hand hygiene, went to the beverage cart, poured hot water, inserted a tea bag, and then served the hot tea to Resident 7. After exiting the room, Employee 2 went to the restroom to wash her hands. During an interview with Employee 3 (Registered Nurse) on June 12, 2024, at 11:30 AM, it was revealed that Resident 46 had tested positive for MRSA in his urine; most recent culture was positive for proteus mirabilis (bacterial infection). It was also revealed that she would expect staff to utilize Personal Protective Equipment (PPE-gloves, gown) and complete hand hygiene after doffing PPE and after serving each resident their meal, regardless if PPE was worn. It was further revealed that serving a meal to a Resident on contact precautions doesn't require full use of gloves and a gown, however, if surfaces are touched or contact is made with the Resident, at least gloves should be worn. Additionally, if there is a potential for staff's clothing to come into contact with the Resident or a surface, a gown should be worn. During an interview with Nursing Home Administrator and Director of Nursing on June 12, 2024, at 2:16 PM, the surveyor informed them of concerns with failure to utilize PPE and complete hand hygiene during meal service for Resident 46. No additional information was provided. During an interview with Director of Nursing on June 13, 2024, at 9:39 AM, it was revealed that if resident care wasn't provided and no resident contact was made, she wouldn't expect hand hygiene to be performed. It was also revealed that, because Resident 46 was assisted with a clothing protector, hand hygiene should've been completed. 28 Pa code 211.10(d) Resident care policies 28 Pa code 211.12(d)(5) Nursing services