

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 12/04/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395786	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Pleasant View Communities		STREET ADDRESS, CITY, STATE, ZIP CODE 544 North Penryn Road Manheim, PA 17545	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 40010 Based on surveyor observation, facility policy, and staff interview, it was determined that the facility failed to store schedule IV-controlled medication in a separately locked, permanently affixed compartment for one of three (500 west medication storage room refrigerator) areas observed. Findings Include: Review of facility provided policy, Controlled Medications Orders, revised September 17, 2013, revealed, Medications included in the DEA classifications as scheduled II thru V and are considered controlled substances by state law are subject to special ordering, receipt, and record keeping requirements in the facility. The facility failed to provide any more specific information regarding how the medication would be stored. Observation of the 500 west medication storage room refrigerator on July 31, 2024, at 10:00 AM, revealed two 30 ml bottles of 2 mg/ml Lorazepam (sedative medication and schedule IV-controlled substance). The two bottles of Lorazepam were in the main part of the refrigerator and not secured in a separately locked, permanently affixed compartment in any way. Interview with Director of Nursing on August 1, 2024, at 11:35 AM, revealed that the Lorazepam should have been kept in a separate locked container inside of the refrigerator. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.9(a)(1) Pharmacy 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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 37817 Based on observations, review of facility policy, and staff interviews, it was determined that the facility failed to store and serve food/beverages in accordance with professional standards for food safety on the spice rack in the main kitchen, in three of three nourishment pantry refrigerators, and in one kitchenette refrigerator. Findings include: Review of facility policy, Food Storage Chart, no date, read, in part, butter should be stored in the refrigerator and is good for four days once removed from the master case, and commercially prepared nutritional supplements should be used within seven days once thawed. Observation on the spice rack in the main kitchen on July 29, 2024, at 9:32 AM, revealed the following items were not labeled to identify contents or date marked: one metal pan containing a red colored spice blend with a black plastic spoon inside; one plastic container with a red colored spice blend inside; and one metal pan containing roux (a cooked flour and butter mixture use for thickening liquid). During an interview with Employee 2 (Assistant Manager of Dining Services) on July 31, 2024, at 9:32 AM, it was revealed that the pan of roux didn't require refrigeration, the red spices were made in-house, and all the aforementioned items should've been labeled and date marked. Observation on July 29, 2024, at 9:52 AM, on the 500 neighborhood in the nourishment refrigerator revealed the following items were thawed and not date marked with a thaw or use by date: nine chocolate nutritional drinks and 14 vanilla nutritional drinks. Observation in the kitchenette refrigerator on July 29, 2024, at 9:53 AM, revealed one unopened plastic bag of thawed non-dairy topping was not date marked with a thawed or use by date. During an interview with Employee 2 on July 29, 2024, at 9:55 AM, it was revealed that each carton of nutritional drink and the non-dairy topping should be date marked when remove from the freezer. Observations on July 29, 2024, at 10:02 AM, on the 400 neighborhood in the nourishment refrigerator revealed the following items were thawed and not date marked with a thaw or use by date: 18 vanilla nutritional drinks and 12 chocolate nutritional drinks. Observation on July 29, 2024, at 10:12 AM, on the 300 neighborhood in the nourishment refrigerator revealed the following items were thawed and not date marked with a thaw or use by date: three chocolate nutritional drinks and nine vanilla nutritional drinks. During an interview with the Nursing Home Administrator on August 1, 2024, at 10:30 AM, the surveyor reviewed concerns with labeling and dating of items on the spice rack and in the refrigerators in the kitchenettes on all three neighborhoods. No further information was provided. (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	28 Pa code 211.6(f) - Dietary Services		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 34631 Based on staff interview and facility policy review, it was determined the facility failed to maintain a data collection system of surveillance designed to identify possible communicable disease or infection for three of 10 months reviewed (October 2023, November 2023, and December 2023). Findings include: A review of the facility policy, titled Infection Preventionist, last reviewed May 21, 2024, read, in part, the Infection Preventionist will Establish facility-wide systems for the prevention, identification, reporting, investigation, and control of infections and communicable diseases of residents, staff and visitors. The facility's monthly infection control logs for October 2023 through December 2023 were unable to be provided by the facility. An interview with the Director of Nursing (DON) and Nursing Home Administrator on August 1, 2024, at 9:46 AM, revealed the facility's former DON did not complete the line listing during October 2023, November 2023, and December 2023 to track resident disease or infection. 28 Pa Code 201.14(a)(c) Responsibility of licensee 28 Pa Code 211.1(a)(c) Reportable diseases		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34631 Based on clinical record review, facility policy, and staff interview, it was determined that the facility failed to ensure that residents were offered the pneumococcal vaccine as required for one of five residents reviewed (Resident 56). Findings include: A review of the facility's policy, titled Pneumococcal Conjugate Vaccine, recently revised June 12, 2024, read, in part, All residents should be offered the pneumococcal conjugate vaccine to aid in preventing pneumococcal infections (i.e. pneumonia). The policy continued, Prior to or upon admission, residents should be assessed for eligibility to receive the pneumococcal vaccine, and when indicated, should be offered the vaccination within thirty (30) days of admission to the community unless medically contraindicated or the resident has already been vaccinated. Also, Before receiving the pneumococcal vaccine, the resident or resident representative should receive information and education regarding the benefits and potential side effects of the pneumococcal vaccine. Provision of such education should be documented in the resident's medical record. A review of Resident 56's clinical record revealed an admitted [DATE]. According to Resident 56's immunization documentation, the facility received historical data reflecting Resident 56 received the vaccine on April 10, 2024. Further review of Resident 56's clinical record revealed no documentation the facility provided education on the risks and benefits of the vaccine entered into the Resident's clinical record. An interview with the Director of Nursing on August 1, 2024, at 9:56 AM, confirmed the facility could not locate any documentation of the Resident or Resident Representative being provided education regarding the risks/benefits of receiving or refusing the vaccine in the clinical record. 28 Pa. Code 201.18(b)(1) Management		

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34631 Based on clinical record review, policy review, and staff interview, it was determined that the facility failed to ensure that residents were offered any current COVID-19 vaccinations as required for two of five residents reviewed (Residents 16 and 56). Findings include: A review of the facility's policy, titled Covid-19 Vaccine for Residents, effective June 1, 2021, read, in part, All residents should be offered the COVID-19 vaccine to aid in prevention and transmission of COVID-19 infections. The policy continued, Before receiving the COVID-19 vaccine, the resident or resident representative should receive information and education regarding the benefits and potential side effects of the covid vaccine. Provision of such education should be documented in the resident's medical record. Also, In situations where COVID-19 vaccination requires multiple doses, the resident, the resident representative is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects, associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses. A review of Resident 16's clinical record revealed an admitted to the facility on [DATE]. Further review of the clinical record revealed Resident 16's Power of Attorney (POA) refused the administration of the COVID-19 vaccine to Resident 16. Further review of Resident 16's clinical record revealed no documentation of the Resident or POA provided education regarding the risks/benefits of the vaccine. A review of Resident 56's clinical record revealed an admitted to the facility on [DATE]. Further review of the clinical record revealed Resident 56's POA refused the administration of the COVID-19 vaccine to Resident 56, Further review of Resident 56's clinical record revealed no documentation of the Resident or POA provided education regarding the risks/benefits of the vaccine. An interview with the Director of Nursing on August 1, 2024, at 9:56 AM, confirmed the facility could not locate any documentation of the Resident or Resident Representative being provided education regarding the risks/benefits of receiving or refusing the Covid-19 vaccine in those Resident records. 28 Pa. Code 201.18(b)(1) Management		