

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395790	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER Seneca Place		STREET ADDRESS, CITY, STATE, ZIP CODE 5360 Saltsburg Road Verona, PA 15147	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on review of clinical records, staff, and resident interviews, it was determined that the facility failed to provide Activity of Daily Living (ADL) assistance for one of two residents (Resident R1).</p> <p>Findings include:</p> <p>The facility Activities of Daily Living policy dated 5/12/24, indicated that residents will be provided with care, treatment, and services to maintain or improve their ability to carry out ADL's. Care and services will be provided for residents who are unable to carry out ADL's independently including bathing, dressing, grooming, and oral care.</p> <p>Review of Resident R1's admission record indicated he was originally admitted on [DATE].</p> <p>Review of Resident R1's MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 10/23/24, indicated that she had diagnoses that included high blood pressure, hip fracture, and dementia (a group of symptoms that affects memory, thinking and interferes with daily life).</p> <p>Review of Resident R1's MDS assessment dated [DATE], indicated that Section GG0130-Self-care (resident's need for assistance with bathing, dressing, using the toilet) was coded 1, indicating that resident is dependent, and helper does all of the work.</p> <p>Review of Resident R1's October 2024 shower documentation indicated there were no showers provided on 10/12/24, 10/19/24, and 10/26/24.</p> <p>During an interview on 11/6/24, at 4:02 p.m. Nursing Home Administrator confirmed that the facility failed to provide Activity of Daily Living (ADL) assistance for one of two residents (Resident R1).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(e)(6) Management.</p> <p>28 Pa. Code: 211.12(a)(c)(d)(1)(2)(3)(4) Nursing services.</p> <p>28 Pa. Code: 201.20 Staff development.</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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