

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  01/28/2025
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50075</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider for two of two residents sampled with facility-initiated transfers (Residents R1, and R2).</p> <p>The findings include:</p> <p>Review of facility policy Transfer Form dated 5/12/24, indicated that the facility provides a completed and accurate transfer form to a resident transferred or discharged from our facility. A copy of the transfer form will be filed in the resident ' s medical record.</p> <p>Review of Resident R1's clinical record indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R1's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 1/19/25, indicated diagnoses of high blood pressure, diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and cerebral infarction (necrotic tissue in the brain resulting loss of blood and oxygen to the brain).</p> <p>Review of Resident R1's clinical record revealed that the resident was transferred to the hospital on 1/14/25.</p> <p>Review of Resident R1's clinical record revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transferred and expected to return, which included the resident's care plan goals, advanced directive information, specific instructions for ongoing care, resident representative information, and all information necessary to meet the resident's specific needs at the receiving facility.</p> <p>Review of Resident R2's clinical record indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R2's MDS dated [DATE], indicated diagnoses of depression, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and Parkinson's disease (neuromuscular disorder causing tremors and difficulty walking).</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R2's clinical record revealed that the resident was transferred to the hospital on 1/21/25.</p> <p>Review of Resident R2's clinical record revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transferred and expected to return, which included the resident's care plan goals, advanced directive information, specific instructions for ongoing care, resident representative information, and all information necessary to meet the resident's specific needs at the receiving facility.</p> <p>During an interview on 1/28/25, at 3:12 p.m. the Director of Nursing confirmed that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider for two of two residents sampled with facility-initiated transfers (Residents R1, and R2).</p> <p>28 Pa. Code 201.29 (a) (c.3) (2) Resident rights.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</b></p> <p>Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to notify the resident or resident's representative of the facility bed-hold policy (an agreement for the facility to hold a bed for an agreed upon rate during a hospitalization ) for two of two resident hospital transfers (Residents R1, and R2).</p> <p>Findings Include:</p> <p>Review of the facility policy Bed Holds and Returns, dated 5/12/24, indicated that residents or representatives are informed (in writing) of the facility bed hold policies. All residents or representatives are provided information regarding the facility bed hold policies, which address holding or reserving residents bed during periods of absence (hospitalization or therapeutic leave). Residents are provided information about these policies at least twice: Admission packet, and at the time for transfer.</p> <p>Review of Resident R1's clinical record indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R1's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 1/19/25, indicated diagnoses of high blood pressure, diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and cerebral infarction (necrotic tissue in the brain resulting loss of blood and oxygen to the brain).</p> <p>Review of Resident R1's clinical record revealed that the resident was transferred to the hospital on 1/14/25 and returned to the facility on [DATE].</p> <p>Review of Resident R1's clinical record failed to include documented evidence that the resident or the resident's representative were provided with written information about the facility's bed hold policy at the time of the transfer to the hospital on 1/14/25.</p> <p>Review of Resident R2's clinical record indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R2's MDS dated [DATE], indicated diagnoses of depression, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and Parkinson's disease (neuromuscular disorder causing tremors and difficulty walking).</p> <p>Review of Resident R2's clinical record revealed that the resident was transferred to the hospital on 1/21/25 and returned to the facility on [DATE].</p> <p>Review of Resident R2's clinical record failed to include documented evidence that the resident or the resident's representative were provided with written information about the facility's bed hold policy at the time of the transfer to the hospital on 1/21/25.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/28/25, at 3:12 p.m. the Director of Nursing confirmed that the facility failed to notify the resident or resident's representative of the facility bed-hold policy for two of two resident hospital transfers (Residents R1, and R2).</p> <p>28 Pa. Code: 201.29(b)(d)(j) Resident rights.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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 two out of four residents (Resident R1, and R3).</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 resident was admitted to facility on 1/13/25.</p> <p>Review of Resident R1's MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 1/19/25, indicated diagnoses of high blood pressure, diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and cerebral infarction (necrotic tissue in the brain resulting loss of blood and oxygen to the brain).</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 3, indicating that resident is partial-moderate need of assistance. Helper does less than half of the effort.</p> <p>Review of Resident R1's January 2025 shower documentation indicated there was no shower provided on 1/25/25.</p> <p>Review of Resident R3's admission record indicated resident was admitted to facility on 8/6/19.</p> <p>Review of Resident R3's MDS dated [DATE], indicated diagnoses of high blood pressure, depression, and anemia (low iron in the blood).</p> <p>Review of Resident R3's MDS assessment dated [DATE], indicated that Section GG0130-Self-care (resident's need for assistance with bathing, dressing, using the toilet) was coded 2, indicating that resident is substantial maximal need of assistance. Helper does more than half of the effort.</p> <p>Review of Resident R3's January 2025 shower documentation indicated there was no shower provided on 1/1/25, 1/4/25, 1/8/25, 1/11/25, and 1/18/25.</p> <p>During an interview on 1/28/25, at 2:40 p.m. Director of Nursing confirmed that the facility failed to provide Activity of Daily Living (ADL) assistance for two out of four residents (Resident R1, and R3).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(e)(6) Management.</p>		