

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 03/05/2025
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>41984</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to inform a resident's representative in advance of the proposed care, including the risk and benefits of the prescribed medication for one of five sampled residents (Resident R1).</p> <p>Findings include:</p> <p>Review of Resident R1's MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs), dated 12/3/24, indicated she had diagnoses included end stage renal disease (permanent condition in which the kidneys are no longer able to filter waste from the blood), dementia (progressive decline in cognitive abilities, such as memory, thinking, problem-solving, and judgment) and chronic kidney disease.</p> <p>Further review of the MDS indicated the resident's BIMS (Brief Interview for Mental Status assessment was 10 indicating moderately impairment.</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:</p> <p>13-15: cognitively intact</p> <p>8-12: moderately impaired</p> <p>0-7: severe impairment</p> <p>Review of physician orders dated 8/17/24 Mirtazapine Oral Tablet , Give 30 mg at bedtime for mood.</p> <p>Review of physician orders dated 11/9/24 Mirtazapine Oral Tablet , Give 45 mg at bedtime for mood.</p> <p>Review of Resident R1's nurse progress notes November 2024-December 2024 revealed no evidence that the resident's daughter or other representatives was notified of the new order, discussed the advantage and disadvantage of medication increase and alternative options.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Director of Nursing (DON) on 3/5/25, at 12:30 p.m., DON confirmed that the facility did not inform a resident's representative in advance of the proposed care, including the risk and benefits of the prescribed medication for Resident R1 as required.</p> <p>28 Pa Code 201.29(j) Resident rights.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services.</p>		