

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Lafayette Manor, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 147 Lafayette Manor Road Uniontown, PA 15401	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</p> <p>Based on clinical record review, staff interview, and observation, it was determined that the facility failed to provide an environment and care to promote dignity for each resident's quality of life for two of six sampled residents (Resident R500 and R501).</p> <p>Findings:</p> <p>Review of facility policy Resident Rights reviewed 1/4/24, indicated employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These include: a dignified existence; treated with respect, kindness, dignity, and self-determination.</p> <p>Review of facility policy Dignity reviewed 1/4/24, indicated each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality. Residents shall be treated with dignity and respect at all times. Treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth. Demeaning practices and standards of care that compromise dignity are prohibited.</p> <p>Review of facility policy Homelike Environment reviewed 1/4/24, indicated staff shall provide person-centered care that emphasizes the residents' comfort, independence, and personal needs and preferences.</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2019, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions:</p> <p>13 - 15: cognitively intact</p> <p>8 - 12: moderately impaired</p> <p>0 - 7: severe impairment</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the clinical record revealed Resident R500 was admitted to the facility on [DATE], with diagnoses that included diabetes, depression, and fusion of spine (cervical region, cervical spine is located below the skull and includes the first seven vertebrae C1-C7). On admission, Resident R500 was placed in room [ROOM NUMBER] with a shared bathroom with room [ROOM NUMBER].</p> <p>Review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 2/18/24, indicated the diagnoses are current. Review of Section C: Cognitive Patterns, Question C0500 BIMS Summary Score indicated 15. Section GG: Functional Abilities and Goals, Question GG0130 Self Care indicated Resident R500 required set up/clean up assistance with toileting hygiene, shower/bathe, and dressing upper and lower body. Question GG0170 Mobility indicated Resident R500 needed supervision for rolling right and left, sit to standing, toileting, and walking 50 feet with two turns. Section H: Bowel and Bladder, Question H0300 Urinary Continence indicated Resident R500 was always continent. Question H0400 Bowel Continence indicated Resident R500 was always continent.</p> <p>Review of the Admission assessment dated [DATE], indicated Resident R500 was continent of bowel and bladder.</p> <p>Review of the clinical record indicated Resident R501 was admitted to the facility on [DATE], with diagnoses that included diabetes, depression, and dementia.</p> <p>Review of the MDS dated [DATE], indicated the diagnoses remain current. Review of Section C: Cognitive Patterns, Question C0500 BIMS Summary Score indicated 11. Section GG: Functional Abilities and Goals, Question GG0130 Self Care indicated Resident R500 required partial/moderate assistance with toileting hygiene, shower/bathe, and dressing lower body. Question GG0170 Mobility indicated Resident R500 needed supervision for rolling right and left, sit to standing, toileting, and walking 10 feet with two turns. Section H: Bowel and Bladder, Question H0300 Urinary Continence indicated Resident R500 was always continent. Question H0400 Bowel Continence indicated Resident R500 was always continent.</p> <p>Review of the Admission assessment dated [DATE], indicated Resident R501 was continent of bowel and bladder.</p> <p>Review of the clinical record indicated Resident R501 was placed in room [ROOM NUMBER] on 2/12/24.</p> <p>Review of facility grievances revealed on 2/14/24, a grievance was filed for Resident R500 being upset about sharing a bathroom with a male, stating the bathroom door is often locked on room [ROOM NUMBER] side. Facility resolution was Resident R500 was given a bedside commode to use.</p> <p>Resident's R500 and R501 were not available for interview.</p> <p>During an interview on 9/5/24, at 10:30 a.m. the Nursing Home Administrator confirmed the facility failed to provide an environment and care to promote dignity for each resident's quality of life for Resident R500.</p> <p>28 Pa. Code 201.29(j) Resident rights.</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>31343</p> <p>Based on a review of facility policy, clinical records, and incident investigation documents, it was determined that the facility failed to ensure that residents are free from misappropriation of property for three of five residents (Resident R54, R92 and R94)/ This was identified as past non-compliance.</p> <p>Findings include:</p> <p>Review of the facility Abuse Prevention Policy and Procedure dated 1/2/24, indicated that the facility will assure that the resident is free from misappropriation of property, which the policy defined as, the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of resident's belongings or money without the resident's consent.</p> <p>Review of facility provided documents indicated medications signed out by LPN Employee E6 form 8/15/24, at 7:00 p.m., shift through 8/17/24, 7:00 a.m., revealed the following:</p> <p>Resident R54 had 3 pills of Oxycodone 5mg (commonly referred to as Percocet, an opioid pain medication used to treat moderately severe pain) signed out, but not administered.</p> <p>Resident R92 had four pills of Hydrocodone/APAP 5/325mg (commonly known as Vicodin, a narcotic used for severe pain) signed out but not administered.</p> <p>Resident R94 had 3 pills of Oxycodone 5mg signed out, but not administered.</p> <p>Review of the facility provided documents indicated On 8/20/24, the Licensed Practical Nurse(LPN) Employee E7 began the investigation as she had questioned the residents. The Director of Nursing(DON) was notified of the controlled medication discrepancies involving three residents. The DON and supervisors conducted an audit of controlled substance documentation and identified ten discrepancies involving three residents from 8/15/24 through 8/17/24, with one LPN identified as not completing documentation on EMAR (electronic medication administration record) but signed off on controlled substance count sheet. Two alert and oriented residents were interviewed by nursing supervisor, two residents reported that they did not receive pain medications. The DON immediately removed the LPN in question from the schedule. The State police were notified and conducted an investigation. Residents were interviewed by police.</p> <p>The conclusion of the investigation revealed, LPN Employee E6 was suspended until investigation completed and then terminated from position. State board of licensure was notified. Adult Protective Services were notified.</p> <p>On 8/23/24, the facility initiated a plan of correction that included:</p> <ul style="list-style-type: none"> -Staff education on controlled substance policy. -Suspension and subsequent termination of LPN Employee E6. <p>(continued on next page)</p>

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-State board of licensure notified.</p> <p>-on-going monitoring</p> <p>During interviews completed on 9/4/24, four staff members confirmed that they were provided abuse,neglect and misappropriation trainings with the previous citation.</p> <p>During an interview on 9/4/24, at 9:08 a. m., the Nursing Home Administrator (NHA) confirmed that the facility failed to ensure that residents are free from misappropriation of property for three of three residents who are ordered controlled medications.</p> <p>28 Pa. Code 211.5(f)(g) Clinical records.</p> <p>28 Pa. Code 211.9(a)(1)(k) Pharmacy services.</p> <p>28 Pa. Code 211.12(a)(c)(d)(1)(3)(5) Nursing services.</p>

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<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>31343</p> <p>Based on a review of federal regulation and staff interview, it was determined that the facility failed to provide transfer notices to representatives of the Office of the Long-Term Care Ombudsman Division.</p> <p>Findings include:</p> <p>Review of Title 42 Code of Federal Regulations S483.15(c)(3) Notice Before Transfer:</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>Federal Regulations further define emergency transfers as, When a resident is temporarily transferred on an emergency basis to an acute care facility, this type of transfer is considered to be a facility-initiated transfer.</p> <p>During an interview on 9/6/24, at 10:13 a.m., the Nursing Home Administrator confirmed the facility failed to provide transfer notices to representatives of the Office of the Long-Term Care Ombudsman Division since 9/20/23.</p> <p>28 Pa. Code 201.29(a)(c.3)(2) Resident rights.</p>

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<p>F 0726</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on review of facility policy, nursing staff personnel records, nurse training documentation and staff interview, it was determined that the facility failed to ensure that nursing staff received annual in-service education for 10 of 10 nursing personnel (Nurse Aide (NA) Employees E8, E9, and E10, E11 and E12), Licensed Practical Nurse (LPN) Employee E13, E15 and E16) and Registered Nurse (RN) Employee E14 and E17).</p> <p>Findings include:</p> <p>Review of the facility policy Staff Training Requirements and Orientation Components 1/2/24, with a previous review date of 8/17/23, indicated that the facility will provide in-service training for all personnel initially upon hire and regularly scheduled. All personnel are required to attend staff development/ training classes. Ongoing education programs planned are topics outlined by regulation. These include residents' rights, accident prevention, restorative nursing techniques, emergency preparedness, resident abuse detection and reporting, communication skills, compliance and ethics, quality assurance and performance improvement and behavioral health, fire prevention and infection control.</p> <p>Review of NA Employee E8's personnel record indicated she was hired to the facility on [DATE].</p> <p>Review of NA Employee E8's personnel record did not include annual in-services on infection prevention and control, fire prevention and safety, emergency preparedness, resident rights, compliance and ethics, behavioral health, accident prevention and restorative nursing techniques.</p> <p>Review of NA Employee E9's personnel record indicated she was hired to the facility on [DATE].</p> <p>Review of NA Employee E9's personnel record did not include annual in-services on behavioral health.</p> <p>Review of NA Employee E10's personnel record indicated she was hired to the facility on [DATE].</p> <p>Review of NA Employee E10's personnel record did not include annual in-services on behavioral health and restorative nursing techniques.</p> <p>Review of NA Employee E11's personnel record indicated he was hired to the facility on [DATE].</p> <p>Review of NA Employee E11's personnel record did not include annual in-services on behavioral health.</p> <p>Review of NA Employee E12's personnel record indicated he was hired on 11/14/22.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review of NA Employee E12's personnel record did not include annual in-services on communication techniques, resident rights', fire prevention and safety, emergency preparedness, restorative nursing techniques, abuse detection and reporting, compliance and ethics, quality assurance and performance improvement, infection control, accident prevention and behavioral health.</p> <p>Review of LPN Employee E13's personnel record indicated she was hired to the facility on [DATE].</p> <p>Review of LPN Employee E13's personnel record did not include annual in-services on behavioral health.</p> <p>Review of RN Employee E14's personnel record indicated she was hired to the facility on [DATE].</p> <p>Review of RN Employee E14's personnel record did not include annual in-services on residents' rights, accident prevention, restorative nursing techniques, emergency preparedness, resident abuse detection and reporting, communication skills, compliance and ethics, quality assurance and performance improvement and behavioral health, fire prevention and infection control.</p> <p>Review of LPN Employee E15's personnel record indicated she was hired to the facility on [DATE].</p> <p>Review of LPN Employee E15's personnel record did not include annual in-services on residents' rights, accident prevention, restorative nursing techniques, emergency preparedness, resident abuse detection and reporting, communication skills, compliance and ethics, quality assurance and performance improvement and behavioral health, fire prevention and infection control.</p> <p>Review of LPN Employee E16's personnel record indicated she was hired to the facility on [DATE].</p> <p>Review of LPN Employee E16's personnel record did not include annual in-services on residents' rights, accident prevention, restorative nursing techniques, emergency preparedness, resident abuse detection and reporting, communication skills, compliance and ethics, quality assurance and performance improvement and behavioral health, fire prevention and infection control.</p> <p>Review of RN Employee E17's personnel record indicated she was hired to the facility on [DATE].</p> <p>Review of RN Employee E17's personnel record did not include annual in-services on residents' rights, accident prevention, restorative nursing techniques, emergency preparedness, resident abuse detection and reporting, communication skills, compliance and ethics, quality assurance and performance improvement and behavioral health, fire prevention and infection control.</p> <p>During an interview on 9/4/24, at 1:00 p.m., the Nursing Home Administrator confirmed the facility failed to ensure that nursing staff received annual in-service education for 10 of 10 nursing personnel (Nurse Aide (NA) Employees E8, E9, and E10, E11 and E12), Licensed Practical Nurse (LPN) Employee E13, E15 and E16) and Registered Nurse (RN) Employee E14 and E17).</p> <p>28 Pa Code: 201.14(a) Responsibility of licensee</p> <p>28 Pa Code:201.18(a)(3) Management.</p>		

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<p>F 0730</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>31343</p> <p>Based on review of facility policy, personnel records, and staff interview it was determined that the facility failed to complete annual performance evaluations for five out of five nurse aides (NA Employee E8, E9, E10, E11, and E12).</p> <p>Findings include:</p> <p>Review of facility provided performance evaluations revealed the following:</p> <p>Nurse Aide (NA) Employee E8 had a hire date of 2/28/22, failed to have a performance evaluation between 2/28/23, and 2/28/24.</p> <p>NA Employee E9 had a hire date of 6/12/23, failed to have a performance evaluation by 6/12/24.</p> <p>NA Employee E10 had a hire date of 11/17/16, failed to have a performance evaluation between 11/17/22 and 11/17/23.</p> <p>NA Employee E11 had a hire date of 1/27/23, failed to have a performance evaluation by 1/27/24.</p> <p>NA Employee E12 had a hire date of 11/14/22, failed to have a performance evaluation by 11/14/23.</p> <p>During an interview on 9/4/24, at 1:00 p.m., the Director of Nursing confirmed that the facility failed to complete annual performance evaluations for five of five nurse aides as required.</p> <p>28 Pa Code: 201.20 (a)(b)(c)(d) Staff development.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>31343</p> <p>Based on a review of resident chosen menus, observations, resident council minutes and meeting and resident and staff interview it was determined that the facility failed to follow resident food preferences for three of four residents (Resident R63, R92 and R700).</p> <p>Findings include:</p> <p>During an observation conducted for tray accuracy on 9/5/24, for the breakfast and lunch meals it was revealed that the facility failed to provide the residents with their food preferences as follows:</p> <p>Breakfast Meal:</p> <ul style="list-style-type: none"> * Resident R63 requested scrambled eggs and cranberry juice, the facility failed to provide either item and the resident received pancakes. * Resident R92 requested oatmeal and received cold cereal. <p>During an interview on 9/5/24, at 8:24 a.m., Resident R63 stated that they always put on what they want to give you.</p> <p>During an interview on 9/5/24, at 8:25 a.m., Resident R92's representative stated that she has seen when her mother has not had items on her trays for all meals.</p> <p>Lunch Meal</p> <ul style="list-style-type: none"> * Resident R700 wanted a hotdog and cheese curls and received a chopped hot dog and no cheese curls. <p>During an interview on 9/5/24, at 11:40 a.m., Resident R700 stated that she often has preferred items missing off of her tray.</p> <p>Review of the Resident Council Minutes dated 8/29/24, indicated that residents identified that menus are not matching food provided.</p> <p>Review of the Resident Council Meeting dated 9/4/24, at 10:42 am, indicated that 12 of the 16 residents who attended group identified that menus were not matching the food provided.</p> <p>During an interview on 9/5/24, at 12:00 p.m., the concern regarding the facility's dietary staff not providing or substituting food items preferred by residents and menu selection process was reviewed with the Nursing Home Administrator.</p> <p>Pa Code: 211.6(a) Dietary Services</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>31343</p> <p>Based on a review of facility policies, observations and staff interviews it was determined that the facility failed to verify the washing temperature of the dish machine in the main kitchen, which created the potential for foodborne illness.</p> <p>Findings include:</p> <p>Review of the facility policy Automated Ware Washing Policy, dated 1/2/24, with a previous review date of 8/17/23, indicated that the dish machine will be checked prior to meals to assure proper functioning and appropriate temperatures for cleaning and sanitation. The food service manager will train staff to monitor dish machine temperatures throughout the process.</p> <p>Review of the facility policy Dish Machine Temperature Log, dated 1/4/24, with a previous review date of 8/17/23, indicated that dishwashing staff will monitor and record dish machine temperatures to assure proper sanitizing of dishes. Temperatures for wash is identified as >/= 160 degrees, with the final rinse temperature as >/= 180 degrees.</p> <p>During observation of the main kitchen on 9/4/24, at 9: 30 a.m., the following was identified:</p> <p>The dish machine valves did not function during the running of the wash and rinse cycles</p> <p>Confirmed with Dietary Manager Employee E5.</p> <p>During a second observation of the kitchen on 9/4/24, at 9:43 a.m., the dish machine was indicated as functioning properly. When observed it did not reach temperatures as indicated for proper sanitation.</p> <p>Pa. 28 Code: 211.6(c)(d)(f) Dietary services.</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>31343</p> <p>Based on review of facility documentation, review of cited deficiencies from the facility's abbreviated survey of 5/24/24, and staff interview, it was determined that the facility's Quality assurance and performance improvement (QAPI) program failed to correct previous cited deficiencies. This has the potential to effect all 83 residents of the facility.</p> <p>The findings include:</p> <p>The facility's deficiencies and plan of correction for the State Survey and Certification (Department of Health) survey ending May 24, 2024, revealed that the facility developed plans of corrections that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending September 6,2024, identified a repeated deficiency related to misappropriation of property and implementation of the policies and procedures to prohibit abuse and misappropriation of resident property for three of three residents.</p> <p>The facility QAPI Committee is responsible for the review and approval of facility policies, procedures and guidelines on an annual basis. The following schedule should be followed to assure review and adoption of key policies, procedures and guidelines. Additional requirements may be specified in other company programs.</p> <p>The facility policy Quality Assurance Process Improvement Plan, last reviewed 1/2/24, indicated that the purpose is to develop the means and methods to go beyond the Quality Assessment and Assurance (QAA) regulation and implement processes in order to meet the regulatory provisions of Section 6102(c) and March 2010 Patient Protection and Affordable Act. The purpose is to pursue continuous identification and correction of quality deficiencies as well as sustain performance improvement through implementation of QAPI principles utilizing a systematic, comprehensive , data- driven, proactive approach to performance management and improvement.</p> <p>During an interview on 9/4/24, at 9:08 a.m., the Nursing Home Administrator confirmed the facility failed to maintain their plan of correction for the deficient practices.</p> <p>Federal and state deficiencies cited in this report demonstrated that the facility failed to maintain an effective Quality Assurance Committee to ensure that the concerns related to abuse and misappropriation needs of the residents were identified.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(a)(b)(3)(e)(1)(3)(4) Management.</p> <p>28 Pa. Code 211.12(c) Nursing services.</p>		

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NAME OF PROVIDER OR SUPPLIER Lafayette Manor, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 147 Lafayette Manor Road Uniontown, PA 15401	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43725</p> <p>Based on review of facility policy, observations and staff interviews, it was determined that the facility failed to maintain infection control practices to prevent the potential for cross contamination during a dressing change.</p> <p>Findings include:</p> <p>Review of the facility policy Dry/Clean Dressings dated 1/4/24, indicated to clean the bedside stand before and after dressing change. Tape a biohazard bag or plastic bag on the bedside stand or use the waste basket below clean field. Pull glove over old dressing and discard into plastic or biohazard bag. Cleanse the wound with ordered cleanser. Clean for the least contaminated area to the most contaminated area (usually from center outward).</p> <p>Review of the facility policy Infection Prevention and Control Program dated 1/4/24, indicated the infection prevention and control program is developed to address the facility-specific infection control needs and requirements identified. Policies and procedures are utilized as the standards of the infection prevention and control program. Important facets of infection prevention include educating staff and ensuring that they adhere to proper techniques and procedures.</p> <p>During an observation on 9/4/24, at 12:50 p.m. with Licensed Practical Nurse (LPN) Employee E1 and LPN Employee E2 the following occurred during a dressing change:</p> <ul style="list-style-type: none"> -LPN Employees E1 and E2 washed their hands and donned gloves. -LPN Employee E1 placed a clean drape on the resident's bedside table. *Table was not cleansed prior to drape being placed; resident's belongings were not removed from the table. -LPN Employee E1 placed the supplies on the drape. -LPN Employee E2 pulled the drapes around resident bed for privacy; she did not wash her hands after completing this. -LPN Employee E2 removed the old dressings from four wounds located on resident's right lower leg. The areas are as follows: #1 middle right calf, #2 Right outer calf, #3 right shin, #4 top of right foot. At that time the drape was not placed under the wounds to protect the bedding. -LPN Employee E2 removed soiled gloves inside out and placed on foot of resident' s bed and did not wash hands. -LPN Employee E2 removed new gloves from her pocket and donned. LPN Employee E1 handed the supplies to LPN Employee E2 as they were needed. All four wounds cleansed with wound cleanser and gauze. During this process each wound was wiped multiple times with the same piece of gauze, the gauze was folded over and used to dry the wound with multiple swipes of the soiled gauze. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-LPN Employee E2 picked up previous discarded gloves, removed current gloves inside out with all soiled items inside gloves and placed gloves back on the residents bed; did not wash hands.</p> <p>-LPN Employee E2 removed gloves from her pocket and donned.</p> <p>-LPN Employee E1 removed scissors from his pocket to cut the ordered treatment to size; the scissors were not cleaned prior this use.</p> <p>-LPN Employee E2 applied each dressing to the four wounds.</p> <p>-LPN Employee E2 picked up the previously discarded gloves, removed her current gloves inside out, and placed the ball of soiled gloves and soiled dressings into her pocket. This soiled trash was not placed in the trash/bin.</p> <p>-LPN Employee E1 gathered supplies and replaced bedside table next to the resident for use. The table was not cleansed after this use.</p> <p>-LPN Employee E1 returned the supplies to the storage room. The scissors were replaced in his pocket. The wound cleanser spray bottle was returned to the storage room, this was used during this procedure in the resident's room. The scissors were not cleansed after use.</p> <p>-LPN Employee E2 threw the ball of soiled gloves in the trash in the storage room.</p> <p>During an interview on 9/4/24, at 1:30 p.m. LPN Employee E1 confirmed the above observations and stated he was orienting/training LPN Employee E2 as a new employee at the facility.</p> <p>During an interview on 9/4/22, at 2:30 p.m. the Nursing Home Administrator confirmed the facility failed to maintain infection control to prevent the potential for cross-contamination during a dressing change.</p> <p>28 Pa. Code: 201.20(c) Staff development.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code: 211.10(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p>		

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<p>F 0941</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>43725</p> <p>Based on review of facility documents and staff interview, it was determined that the facility failed to provide Communication training to five of ten direct care facility staff reviewed (Employees E12, E14, E15, E16, and E17).</p> <p>Finding include:</p> <p>Review of facility education documents revealed the facility failed to offer Communication education to its direct care staff members.</p> <p>Review of Nurse Aide (NA) Employee E12's facility provided information did not include training on effective communication.</p> <p>Review of Registered Nurse (RN) Employee E14 ' s facility provided information did not include training on effective communication.</p> <p>Review of Licensed Practical Nurse (LPN) Employee E15 ' s facility provided information did not include training on effective communication.</p> <p>Review of LPN Employee E16 ' s facility provided information did not include training on effective communication.</p> <p>Review of RN Employee E17 ' s facility provided information did not include training on effective communication.</p> <p>During an interview on 9/6/24, at 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide Communication training to direct care facility staff.</p> <p>28 Pa. Code: 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 201.20(c) Staff Development.</p>		

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<p>F 0942</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>43725</p> <p>Based on review of facility documents and staff interview, it was determined that the facility failed to provide training on resident rights for six of ten staff members (Employees E8, E12, E14, E15, E16, and E17).</p> <p>Findings include:</p> <p>Review of Nurse Aid (NA) Employee E8's facility provided information did not include training on resident rights.</p> <p>Review of NA Employee E12 ' s facility provided information did not include training on resident rights.</p> <p>Review of Registered Nurse (RN) Employee E14 ' s facility provided information did not include training on resident rights.</p> <p>Review of Licensed Practical Nurse (LPN) Employee E15 ' s facility provided information did not include training on resident rights.</p> <p>Review of LPN Employee E16 ' s facility provided information did not include training on resident rights.</p> <p>Review of RN Employee E17 ' s facility provided information did not include training on resident rights.</p> <p>During an interview on 9/6/24, at 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on resident rights for six of ten staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p>		

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>43725</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Abuse, Neglect, and Exploitation for five of ten staff members (Employees E12, E14, E15, E16, and E17).</p> <p>Findings include:</p> <p>Review of Nurse Aid (NA) Employee E12 ' s facility provided information did not include training on Abuse, Neglect, and Exploitation.</p> <p>Review of Registered Nurse (RN) Employee E14 ' s facility provided information did not include training on Abuse, Neglect, and Exploitation.</p> <p>Review of Licensed Practical Nurse (LPN) Employee E15 ' s facility provided information did not include training on Abuse, Neglect, and Exploitation.</p> <p>Review of LPN Employee E16 ' s facility provided information did not include training on Abuse, Neglect, and Exploitation.</p> <p>Review of RN Employee E17 ' s facility provided information did not include training on Abuse, Neglect, and Exploitation.</p> <p>During an interview on 9/6/24, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on Abuse, Neglect, and Exploitation for Employees E12, E14, E15, E16, and E17.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p>

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<p>F 0944</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>43725</p> <p>Based on review of facility documents and staff interview, it was determined that the facility failed to provide Quality Assurance and Performance Improvement (QAPI) training to five of ten facility staff reviewed (E12, E14, E15, E16, and E17).</p> <p>Finding include:</p> <p>Review of Nurse Aid (NA) Employee E12 ' s facility provided information did not include training on QAPI.</p> <p>Review of Registered Nurse (RN) Employee E14 ' s facility provided information did not include training on QAPI.</p> <p>Review of Licensed Practical Nurse (LPN) Employee E15 ' s facility provided information did not include training on QAPI.</p> <p>Review of LPN Employee E16 ' s facility provided information did not include training on QAPI.</p> <p>Review of RN Employee E17 ' s facility provided information did not include training on QAPI.</p> <p>During an interview on 9/6/24, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on QAPI for Employees E12, E14, E15, E16, and E17.</p> <p>28 Pa. Code: 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 201.20(c) Staff Development.</p>		

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>43725</p> <p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>Based on review of facility documents and staff interview, it was determined that the facility failed to provide training on infection control for six of ten staff members (Employees E8, E12, E14, E15, E16, and E17).</p> <p>Findings include:</p> <p>Review of Nurse Aid (NA) Employee E8 ' s facility provided information did not include training on infection control.</p> <p>Review of NA Employee E12 ' s facility provided information did not include training on infection control.</p> <p>Review of Registered Nurse (RN) Employee E14 ' s facility provided information did not include training on infection control.</p> <p>Review of Licensed Practical Nurse (LPN) Employee E15 ' s facility provided information did not include training on infection control.</p> <p>Review of LPN Employee E16 ' s facility provided information did not include training on infection control.</p> <p>Review of RN Employee E17 ' s facility provided information did not include training on infection control.</p> <p>During an interview on 9/6/24, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on infection control. for Employees E8, E12, E14, E15, E16, and E17.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p>		

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<p>F 0946</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide training in compliance and ethics.</p> <p>43725</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on compliance and ethics for six of ten staff members (Employees E8, E12, E14, E15, E16, and E17).</p> <p>Findings include:</p> <p>Review of Nurse Aid (NA) Employee E8 ' s facility provided information did not include training on compliance and ethics.</p> <p>Review of Nurse Aid (NA) Employee E12 ' s facility provided information did not include training on compliance and ethics.</p> <p>Review of Registered Nurse (RN) Employee E14 ' s facility provided information did not include training on compliance and ethics.</p> <p>Review of Licensed Practical Nurse (LPN) Employee E15 ' s facility provided information did not include training on compliance and ethics.</p> <p>Review of LPN Employee E16 ' s facility provided information did not include training on compliance and ethics.</p> <p>Review of RN Employee E17 ' s facility provided information did not include training on compliance and ethics.</p> <p>During an interview on 9/6/24, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on compliance and ethics for Employees E8, E12, E14, E15, E16, and E17.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a)(c) Staff development.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>31343</p> <p>Based on review of facility policy, staff education records, and staff interview, it was determined that the facility failed to conduct at least 12 hours of in-service education, within 12 months of their hire date anniversary, for nurse aides as required for two of five nurse aides (Employees E8 and E12).</p> <p>Finding include:</p> <p>Review of the facility policy, Staff Training Requirements dated 1/2/24, previously reviewed 8/17/23, indicated the facility will provide in-depth review of operational policies and procedures to all employees. All in-service training for all personnel will be conducted at a minimum of annually.</p> <p>Review of Nurse Aide (NA) Employees E8 and E12's education records with hire date greater than 12 months revealed the following:</p> <p>NA Employee E8 had a hire date of 2/28/22 with approximately 4.97 hours of in-service education between 2/28/23, and 2/28/24.</p> <p>NA Employee E12 had a hire date of 11/14/22, with zero hours of in-service education between 11/14/22 and 11/14/23. NA Employee E12 had not completed any in-services for 2024 as of the survey exit date of 9/6/24.</p> <p>During an interview on 9/4/24, at 1:00pm., the Nursing Home Administrator confirmed that the facility failed to provide the required 12 hours annual in-service education within 12 months of their hire date anniversary for two of five nurse aides. She indicated that the facility had no education process in place for annual trainings prior to her arrival at the facility.</p> <p>28 Pa. Code: 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 201.20(c) Staff Development.</p>

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<p>F 0949</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>43725</p> <p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>Based on review of facility documents and staff interview, it was determined that the facility failed to provide training on behavioral health for ten of ten staff members (Employees E8, E9, E10, E11, E12, E13, E14, E15, E16, E17).</p> <p>Findings include:</p> <p>Review of Nurse Aid (NA) Employee E8 ' s facility provided information did not include training on behavioral health.</p> <p>Review of NA Employee E9 ' s facility provided information did not include training on behavioral health.</p> <p>Review of NA Employee E10 ' s facility provided information did not include training on behavioral health.</p> <p>Review of NA Employee E11 ' s facility provided information did not include training on behavioral health.</p> <p>Review of NA Employee E12 ' s facility provided information did not include training on behavioral health.</p> <p>Review of Licensed Practical Nurse (LPN) Employee E13 ' s facility provided information did not include training on behavioral health.</p> <p>Review of Registered Nurse (RN) Employee E14 ' s facility provided information did not include training on behavioral health.</p> <p>Review of LPN Employee E15 ' s facility provided information did not include training on behavioral health.</p> <p>Review of LPN Employee E16 ' s facility provided information did not include training on behavioral health.</p> <p>Review of RN Employee E17 ' s facility provided information did not include training on behavioral health.</p> <p>During an interview on 9/6/24, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on behavioral health for Employees E8, E9, E10, E11, E12, E13, E14, E15, E16, and E17.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>(continued on next page)</p>		

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<p>F 0949</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>28 Pa Code: 201.20 (a)(c) Staff development.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p>		