

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395804	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Lutheran Community at Telford		STREET ADDRESS, CITY, STATE, ZIP CODE  12 Lutheran Home Drive Telford, PA 18969	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>39422</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure physician's orders were implemented for one of 19 sampled residents. (Resident 19)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 19 had diagnoses that included hypotension and Parkinson's disease. A physician's order dated May 5, 2023, directed staff to administer a medication (midodrine hydrochloride) three times a day for orthostatic hypotension (low blood pressure when standing, sitting, or lying down). Staff was not to administer the medication if the resident's systolic blood pressure (SBP) was 140 millimeters mercury (mm/Hg) or higher. Review of Resident 19's Medication Administration Record revealed that staff administered the medication when the resident's SBP was above 140 mm/Hg on four occasions in May 2024 and one occasion in June 2024.</p> <p>In an interview on June 13, 2024, at 12:10 p.m., the Director of Nursing confirmed that the medications were administered outside of established parameters for Resident 19.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</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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