

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395825	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Watsontown Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 245 East Eighth Street Watsontown, PA 17777	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>36798</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to notify the physician of a resident's change in condition requiring interventions for one of five residents reviewed (Resident CR1).</p> <p>Findings include:</p> <p>Closed clinical record review for Resident CR1 revealed nursing documentation dated March 1, 2025, at 9:35 PM that indicated he was unable to swallow.</p> <p>A nursing progress note dated March 2, 2025, at 10:11 AM indicated that Resident CR1's medications were not given because it was not safe due to him not responding.</p> <p>A nursing progress note dated March 2, 2025, at 11:32 AM revealed that Resident CR1's daughter called and wanted updates on the resident. The resident was assessed by the documenting nurse and indicated his vital signs were within normal limits, his heart rate (HR) was regular, and he had no edema. His feet were cool to touch, and he had coarse lung sounds. He was mouth breathing. His HR was 98 beats per minute, his temperature was 96.6 degrees Fahrenheit, and his blood pressure was unable to be obtained. The daughter declined for Resident CR1 to go to the emergency room at this time and said she would be coming in.</p> <p>A nursing progress note for Resident CR1 dated March 2, 2025, at 12:36 PM revealed that he was not responding and was dead weight. He had no response to a drink or spoon touching his mouth.</p> <p>A nursing progress note for Resident CR1 dated March 2, 2025, at 12:41 PM indicated the resident was in no distress, he was breathing even, his pulse was thready (weak and difficult to feel), and his blood pressure was not able to be obtained.</p> <p>A nursing progress note for Resident CR1 dated March 2, 2025, at 12:45 PM revealed that Resident CR1's blood sugar was checked per the daughter's request. His blood sugar was 374 mg/dL (milligrams per deciliter; normal range is between 70 to 100 mg/dL). The daughter requested the resident be sent to the emergency room .</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note for Resident CR1 dated March 2, 2025, at 1:06 PM revealed that Resident CR1 left for the ER due to being lethargic, arousable only to physical stimuli, unable to administer meds, no intake by mouth, and a blood sugar of 374 mg/dL.</p> <p>Further clinical record review revealed that the only notification to the physician during Resident CR1's change of condition occurred on March 2, 2025, at 12:39 PM when the facility faxed a form entitled Physician Call Report (a form used to communicate with physicians) to the physician's office. The form indicated that Resident CR1 was lethargic, responding to physical stimuli, vital signs were within normal limits, blood sugar was 374 mg/dL, staff were unable to give morning medications, resident had coarse lung sounds, his apical pulse was regular, positive bowel sounds, and he had no intake by mouth. The form was faxed back to the facility signed and dated by the physician on March 2, 2025, at 2:30 PM. The form indicated to send Resident CR1 to the emergency room, which the nurse had already done at 1:06 PM the same day.</p> <p>Closed clinical documentation for Resident CR1 revealed that he had a change in condition that started March 1, 2025, at 9:35 PM that required interventions, and the facility failed to notify his physician in a timely.</p> <p>Interview with the Nursing Home Administrator on March 6, 2025, at 12:15 PM confirmed the above noted findings related to physician notification for Resident CR1's change in condition that required intervention.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>36798</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure complete and accurate clinical records for one of five residents reviewed (Resident CR1).</p> <p>Findings include:</p> <p>Clinical record review revealed the facility admitted Resident CR1 on February 14, 2025, for a respite (a short stay to give his caregiver a break from their responsibility) stay.</p> <p>Review of the admission orders provided by Resident CR1's physician from the community, revealed that he was to have his blood sugar monitored four to five times a day.</p> <p>Review of Resident CR1's physician orders revealed that the order for his blood sugar checks never got transcribed to his physician orders on admission and his blood sugars were not being monitored.</p> <p>Interview with the Nursing Home Administrator on March 6, 2025, at 12:30 PM confirmed the above noted findings related to Resident CR1's order to monitor his blood sugars.</p> <p>The facility failed to ensure a complete and accurate clinical record for Resident CR1.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		