

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395831	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/01/2024
NAME OF PROVIDER OR SUPPLIER Schuylkill Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Schuylkill Manor Rd Pottsville, PA 17901	

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>36935</p> <p>Based on clinical record review and staff interview it was determined that the facility failed to ensure that physician's orders were implemented for two of nine sampled residents. (Residents 2, 4)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included hypertension and atrial fibrillation. On April 30, 2024, a physician ordered for staff to administer a medication (metoprolol) two times a day to treat the resident's high blood pressure. Staff was not to give the medication if the resident had a systolic blood pressure less than 100 mm/Hg (millimeters of mercury). A review of the May 2024 medication administration record (MAR) revealed that staff administered the medication when the resident's systolic blood pressure was under the established parameter 15 times.</p> <p>Clinical record review revealed that Resident 4 had diagnoses that included hypertension and atrial fibrillation. On January 6, 2024, the physician ordered that staff administer a medication (carvedilol) once a day to treat the resident's high blood pressure and to withhold the medication if the resident's systolic blood pressure was less than 110 mm/Hg and/or heart rate was less than 60 bpm (beats per minute). A review of the April and May 2024 MARs revealed that staff administered the medication when the resident's systolic blood pressure and/or heart rate were lower than the established parameters eight times.</p> <p>During an interview on June 1, 2024, at 12:00 p.m., the Director of Nursing confirmed that there was no documented evidence that the residents' medications were held when their systolic blood pressure or heart rate were below the established parameters.</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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