STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395831	A. Building B. Wing	05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Schuylkill Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36935 Based on clinical record review and observation, it was determined that the facility failed to provide assistance with dining in a manner that promoted and maintained dignity for two residents (Residents 42, 74) on two of four nursing units. (Homestead and C Unit) Findings include: Clinical record review revealed that Resident 42 had diagnoses that included Alzheimer's disease. Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed that the resident had cognitive impairment, and required supervision with eating. Review of Resident 42's current care plan revealed that the resident was on a restorative nursing program for dining and staff was to provide assistance with meals. Observation on May 7, 2024, from 1:37 p.m. through 1:50 p.m., revealed Resident 42 in the dining room on the Homestead nursing unit eating spaghetti with meat sauce with her fingers. At no time did staff redirect or offer assistance to Resident 42. Clinical record review revealed that Resident 74 had diagnoses that included arthritis and vision problems. Review of the MDS assessment, dated January 31, 2024, revealed that the resident was alert, oriented, and required set-up by staff for all meals. Review of Resident 74's current care plan revealed that the resident was on a restorative nursing program for eating, was at risk for nutrition related problems related to varied intakes at mealtimes, and had difficulty completing activities of daily living due to compromised functional ability and impaired vision. Interventions were for staff to set-up the resident for her meals, and to provide as needed assistance. On May 8, 2024, from 12:08 p.m. through 12:40 p.m., in the C unit dining room, Resident 74 was observed to be eating a piece of cake with her hands. Resident 74's hands were covered in cake and icing. At no time did staff redirect or offer any assistance to Resident 74. 28 Pa. Code 201.29(a) Resident rights. 28 Pa. Code 211.12(d)(5) Nursing services.

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48578 Based on clinical record review and staff interview, it was determined that the facility failed to develop a comprehensive care plan to meet each resident's needs identified in the comprehensive assessment for two of 34 sampled residents. (Resident 141, 168) Findings include: Clinical record review revealed that Resident 141 had diagnoses that included difficulty communicating due to a cognitive issue, hearing loss, and dementia. The Minimum Data Set (MDS) assessment dated [DATE], identified that Resident 141 was cognitively impaired and used hearing aids. The Care Area Assessment (CAA) summary indicated that communication was to be addressed in the care plan. There was no evidence that interventions to address Resident 141's communication problems were included in the current care plan. Clinical record review revealed that Resident 168 had diagnoses that included dementia and chronic kidney disease. The MDS assessment dated [DATE], indicated that Resident 168 was occasionally incontinent of urine and the CAA summary indicated that it was to be addressed in the care plan. There was no evidence that interventions to address Resident 168's urinary incontinence were included in the current care plan. In an nterview on May 10, 2024, at 9:30 a.m. and 10:48 a.m., the Director of Nursing confirmed that the identified care areas were not addressed in the residents' care plans. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 36935 Based on observation, facility documentation, results of a test tray, and staff interview, it was determined that the facility failed to follow the pre-approved menus on one of four nursing units. (C Unit) Findings include: Review of monthly Resident Council and Food Committee meeting minutes from December 2023, through April 2024, revealed a pattern of complaints about portion size of food at mealtimes. On May 8, 2024, at 10:30 a.m., residents in a confidential group meeting stated that portion sizes were often too small. Review of the facility menus revealed the lunch meal on May 8, 2024, was to include three ounces of glazed pork medallions and four ounces of California blend vegetables. Results of a test tray audit conducted on May 8, 2024, from 12:05 p.m. through 12:20 p.m., revealed staff served two ounces of glazed pork and three ounces of California blend vegetables. In an interview on May 8, 2024, the Dietary Manager confirmed that the incorrect portion size was given for the entree and vegetables for the lunch cart delivered to C Unit. 28 Pa. Code 211.6(a) Dietary services.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 36935 Based on observation, resident interview, and results of a test tray audit, it was determined that the facility failed to provide food that was palatable and at appetizing temperatures on one of four nursing units. (C Unit) Findings include: On May 7, 2024, at 1:10 and 1:15 p.m., Residents 66 and 74 stated their lunch was cold to taste. Review of monthly Resident Council and Food Committee meeting minutes from December 2023 through April 2024, revealed a pattern of complaints about food not being served at correct temperatures. In a confidential group interview on May 8, 2024, at 10:30 a.m., residents also stated that food was often not the right temperature and the pork was too tough. Results of a test tray audit conducted on May 8, 2024, at 12:10 p.m., revealed glazed pork was served at a temperature of 120.7 degrees Fahrenheit (F), scalloped potatoes at a temperature of 111 degrees F, and California blend vegetables at a temperature of 116 degrees F. The food was cool to taste and the pork tough and difficult to chew. On May 8, 2024, from 12:10 p.m. through 12:35 p.m., Residents 63, 74, and 168 were observed eating lunch in the C unit dining room and stated that their pork was tough to chew and was not hot. At 12:20 p.m., Resident 74 stated, The pork is always tough here. At 12:36 p.m., Resident 66 was observed eating her lunch in her room when she stated that her pork was cold and tough to cut and chew, and that she was having difficulty cutting and chewing it. CFR 483(d) Food and drink. Previously cited 6/16/23

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48578 Based on clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that adaptive equipment was provided to two of four sampled residents who used adaptive equipment for meals. (Residents 29, 76) Findings include: Clinical record review revealed that Resident 29 had diagnoses that included Parkinson's disease, dementia, arthritis, and a lack of coordination. The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident had cognitive impairment and required assistance from staff for all meals. A review of the care plan revealed that the resident had a nutrition problem related to a history of weight loss and that staff was to provide adaptive equipment including Kennedy cups (spill proof drinking cups that included a lid and a straw) for all meals. On May 3, 2023, the dietitian documented that the resident continued to benefit from the use of adaptive equipment at meals. On May 8, 2024, at 1:10 p.m., Resident 29 was observed in bed immediately after having finished with lunch. A disposable foam cup with a straw was at the bedside and not a Kennedy cup. In an interview at that time, Resident 29 stated that was the type of cup the resident usually received. On May 9, 2024, at 12:26 p.m., Resident 29 was in the dining room eating lunch and was served coffee in a regular mug without a lid or a straw and juice in a regular juice cup without a lid or straw. Clinical record review revealed that Resident 76 had diagnoses that included paralysis on one side and vision problems. The MDS assessment dated [DATE], indicated that the resident had cognitive impairment and required supervision with eating. A review of the care plan revealed that the resident had a nutrition problem related to diabetes and impaired skin integrity and that staff was to provide adaptive equipment including a Kennedy cup with a straw for all meals. On April 23, 2024, the dietitian documented that the resident continued to benefit from the use of a Kennedy cup at meals. On May 7, 2024, at 1:14 p.m., and May 8, 2024, at 12:47 p.m., Resident 76 was observed eating lunch and was using a regular white foam cup with a straw, a red juice cup, and a coffee mug. All cups had no lids or straws. In an interview on May 10, 2024, at 9:35 a.m., the Director of Nursing stated that Residents 29 and 76 were to have had their drinks served in Kennedy cups. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 36935 Based on observation and staff interview, it was determined that the facility failed to store food under sanitary conditions in the kitchen. Findings include: In an interview on May 7, 2024, at 9:30 a.m., the Director of Dietary Services stated that refrigerated foods were to be labeled and dated when opened and used within three days. Observation of the kitchen during a tour on May 7, 2024, at 9:32 a.m., revealed the following in the walk-in refrigerator: a container of opened pumpkin puree dated May 2, 2024, opened raspberry glaze dated April 25, 2024, pureed peaches dated May 3, 2024, a dish of cottage cheese that was undated, a dish of salad dated May 2, 2024, and a container of spaghetti with sauce without a date. In reach-in refrigerator 1, there was a dish of chopped lettuce that was browning dated May 2, 2024, and in reach-in refrigerator 3, there was opened ham luncheon meat dated April 29, 2024, opened turkey luncheon meat dated April 29, 2024, and a container of chicken dated May 2, 2024. In the walk-in freezer, there was a large accumulation of ice buildup on food items and a container of ground beef that was opened and had ice buildup directly on the beef. In the food preparation area, near the microwave oven there were two opened containers of cereal that were undated. In the dry storage area, there was an opened, undated bag of noodles. There were chunks of tile missing on the floor near the reach-in freezer, near the cooler across from the ice machine, and under the coffee machine. CFR 483.60 Food Procurement Store/Prepare/Serve-Sanitary. Previously cited 6/16/23 28 Pa. Code 201.18(b)(3) Management.