

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395846	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Kadima Rehabilitation & Nursing at Campbelltown		STREET ADDRESS, CITY, STATE, ZIP CODE 2880 Horseshoe Pike Palmyra, PA 17078	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48578</p> <p>Based on observation, it was determined that the facility failed to provide a clean, homelike, and comfortable environment on one of one nursing units. (Skilled Nursing Unit)</p> <p>Findings include:</p> <p>During a tour of the Skilled Nursing Unit on July 16, 2024, between 10:45 a.m. and 1:20 p.m., and again on July 18, 2024, between 10:25 a.m. and 10:50a.m., the following were observed:</p> <p>In the shared bathroom between rooms [ROOM NUMBERS], there was peeling paint on the walls behind and beside the sink.</p> <p>Outside of room [ROOM NUMBER], there was peeling paint on both sides of the doorway.</p> <p>In room [ROOM NUMBER], a black substance covered the floor from the entrance and extended under A bed. The curtain for bed A had a large stain on it.</p> <p>At the nursing station entrance there was a hard piece of wall molding that was peeling off the wall and sticking out into the hallway.</p> <p>In the bathroom across the hallway from the nurses' station, a black substance was noted around the perimeter of the room on the grout lines and tiles adjacent to the walls. On the left side of the shower stall, a large black mark extended up the lower portion of the shower tile wall.</p> <p>In the main shower room on the unit, a black substance was observed on the grout at the intersections of the walls and floor to the right. The curtain near the shower had a large stain on it.</p> <p>CFR 483.10(i) Safe Environment</p> <p>Previously cited 8/30/23</p> <p>28 Pa. Code 201.18(b)(1)(e)(2.1) Management.</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 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>14599</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to notify the resident and the resident's representative(s) of transfer(s), including the reasons for the moves, and Ombudsman information, in writing upon transfer from the facility for six of six sampled residents who were transferred to the hospital. (Residents 15, 17, 27, 43, 46, 54)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 15 was transferred to the hospital on June 8, 2024, after a change in condition. There was no documentation to support that the resident and/or the resident's responsible party or legal representative was provided written information regarding the transfer to the hospital.</p> <p>Clinical record review revealed that Resident 17 was transferred to the hospital on April 22, 2024, after a change in condition. There was no documentation to support that the resident and/or the resident's responsible party or legal representative was provided written information regarding the transfer to the hospital.</p> <p>Clinical record review revealed that Resident 27 was transferred to the hospital on November 3, 2023, after a change in condition. There was no documentation to support that the resident and/or the resident's responsible party or legal representative was provided written information regarding the transfer to the hospital.</p> <p>Clinical record review revealed that Resident 43 was transferred to the hospital on May 9, 2024, after a change in condition. There was no documentation to support that the resident and/or the resident's responsible party or legal representative was provided written information regarding the transfer to the hospital.</p> <p>Clinical record review revealed that Resident 46 was transferred to the hospital on March 30, 2024, after a change in condition. There was no documentation to support that the resident and/or the resident's responsible party or legal representative was provided written information regarding the transfer to the hospital.</p> <p>Clinical record review revealed that Resident 54 was transferred to the hospital on April 24, 2024, after a change in condition. There was no documentation to support that the resident and/or the resident's responsible party or legal representative was provided written information regarding the transfer to the hospital.</p> <p>In an interview on July 18, 2024, at 12:15 p.m., the interim Nursing Home Administrator confirmed that notifications of transfers were not sent for these residents.</p>

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<p>F 0625</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>48578</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to provide a written notice of the facility's bed-hold policy (an agreement for the facility to hold a bed for an agreed rate during a hospitalization) to the resident, family member, or legal representative at the time of the transfer out of the facility for three of six sampled residents with transfers to a hospital. (Residents 27, 46, 54)</p> <p>Findings include:</p> <p>Clinical record review revealed that resident 27 was transferred and admitted to the hospital on November 3, 2023, after a change in condition. There was no documented evidence that the resident or responsible party was provided written information about the facility's bed-hold policy at the time of the transfer.</p> <p>Clinical record review revealed that resident 46 was transferred and admitted to the hospital on March 30, 2024, after a change in condition. There was no documented evidence that the resident or responsible party was provided written information about the facility's bed-hold policy at the time of the transfer.</p> <p>Clinical record review revealed that resident 54 was transferred and admitted to the hospital on April 24, 2024, after a change in condition. There was no documented evidence that the resident or responsible party was provided written information about the facility's bed-hold policy at the time of the transfer.</p> <p>In an interview on July 18, 2024, at 9:30 a.m., the Interim Administrator confirmed no bed-hold notices were provided to the residents or representatives in the cases listed above.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45125</p> <p>Based on review of the Resident Assessment Instrument (RAI) User's Manual, clinical record review and staff interview, it was determined that the facility failed to document why information was not coded and failed to complete an accurate Minimum Data Set (MDS) assessment for two of 15 sampled residents. (Residents 17, 24)</p> <p>Findings include:</p> <p>Review of the Long-Term Care Facility RAI User's Manual dated October 2023, which provided instructions and guidelines for completing MDS assessments (federally mandated assessment tool that evaluates a resident's functional capabilities and helps nursing home staff identify health problems), revealed for section K that if a resident cannot be weighed, the standard no information code should be used and then the reason should be documented on the resident's clinical record.</p> <p>Clinical record review revealed that Resident 17's section K in the MDS assessment dated [DATE], had the no information code entered for height and weight. Review of the clinical record revealed no rationale regarding why there was no height or weight obtained as per RAI manual instructions.</p> <p>In an interview on July 18, 2024, at 10:45 a.m., the interim Nursing Home Administrator confirmed that there was no height or weight entered into Section K and it should have been.</p> <p>Clinical record review revealed that Resident 24 had diagnoses that included Parkinson's disease and Alzheimer's disease. According to the resident's weight records, she weighed 147.8 pounds on August 7, 2023, and on February 1, 2024, she weighed 120.5 pounds, an 18.4 percent weight loss. Documentation indicated that on February 1, 2024, the resident weighed 120.5 pounds, which was a 21.6 percent weight loss in six months. The MDS assessment, dated February 13, 2024, inaccurately indicated that the resident did not have a significant weight loss of 10 percent in the previous six months.</p> <p>CFR 483.20(g) Accuracy of Assessments</p> <p>Previously cited 8/30/23</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45125</p> <p>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 15 sampled residents. (Residents 17, 46)</p> <p>Findings include:</p> <p>Clinical record review revealed Resident 17 was admitted to the facility on [DATE], and had diagnoses that included end stage renal disease. The Minimum Data Set (MDS) Care Area Assessment (CAA) summary dated November 3, 2023, noted that the resident's nutritional status was to be addressed in the care plan. There was no documented evidence that interventions to address Resident 17's nutritional status were included in the current care plan.</p> <p>Clinical record review revealed Resident 46 was admitted to the facility on [DATE], and had diagnoses that included psychological problems, an enlarged prostate and difficulty walking. The MDS CAA summary dated March 20, 2024, noted that the resident's occasional incontinence was to be addressed in the care plan. There was no documented evidence that interventions to address Resident 46's incontinence status were included in the current care plan prior to July 18, 2024.</p> <p>In an interview on July 18, 2024, at 12:18 p.m., the interim Nursing Home Administrator confirmed there was no documented evidence that the residents' care plans included interventions as identified above.</p> <p>CFR 483.21(b)(1) Comprehensive Care Plans</p> <p>previously cited 8/30/23</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48578</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to schedule a follow-up doctor's appointment for one of 15 sampled residents. (Resident 2)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 2 was admitted to the facility on [DATE], following a hospitalization with diagnoses that included a urinary tract infection and diabetes. Resident 2's discharge instructions from the hospital noted the presence of a salivary gland tumor and recommended the resident follow-up with an oncologist. A nurse practitioner's admission note, dated March 4, 2024, noted that Resident 2 had a salivary gland tumor that was most likely cancerous and oncology follow-up was scheduled. Subsequent progress notes by the physician between March 4 and May 20, 2024, continued to note the same information regarding the tumor. There was lack of evidence to support the resident had been evaluated by an oncologist or that an appointment was scheduled.</p> <p>In an interview on July 18, 2024, at 1:50 p.m., the Director of Nursing confirmed there was no follow-up appointment scheduled.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14599</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to assess significant weight changes in accordance with facility policy for two of 15 sampled residents. (Residents 2, 24)</p> <p>Findings include:</p> <p>According to the facility policy entitled, Nutrition Management and Weight Policy, last reviewed [DATE], facility staff was to monitor resident weights and report any significant changes (5 percent in a month, 7.5 percent in 3 months, or 10 percent in 6 months) to the dietitian. The dietitian and the interdisciplinary team were to evaluate the weight changes and discuss them at a nutrition meeting. These meeting were to be held at least quarterly.</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included diabetes and heart disease. According to the Minimum Data Set (MDS) assessment, dated [DATE], the resident was cognitively impaired, required assistance from staff for eating, and had significant weight loss. The Care Area Assessment, dated [DATE], identified that the resident was at risk for nutritional problems due to his medical diagnoses. On [DATE], a physician ordered that staff weigh the resident every month. According to the resident's monthly weight record between [DATE] and [DATE], the resident's weight decreased from 286.1 pounds to 235 pounds, a significant weight loss of 17.9 percent. The resident continued to lose weight though [DATE], when he weighed 228.8 pounds. There was no documented evidence between April and July, 2024, that the dietitian assessed the resident's weight loss, nor were any nutrition meetings held to discuss Resident 2's significant weight loss.</p> <p>Clinical record review revealed that Resident 24 had diagnoses that included Parkinson's disease and Alzheimer's disease. The comprehensive care plan identified that the resident had been at risk for weight loss since [DATE], due to her medical diagnoses. Since then, there were interventions in the care plan including that staff monitor the resident's weight and report changes to the dietitian. According to the MDS assessment, dated [DATE], the resident was cognitively impaired, required assistance from staff for eating, and was at risk for weight loss. On [DATE], the dietitian noted that the resident weighed 123.8 pounds, a significant loss from previous assessments. The dietitian noted that staff needed to continue to monitor the resident's weight. According to the resident's monthly weight record between [DATE], and [DATE], the resident's weight trended downward and significant weight losses were identified every month (either 5 percent in a month or 10 percent in 6 months) as defined by facility policy. On [DATE], the resident weighed 110 pounds. There was no documented evidence between January and [DATE], that the dietitian assessed the resident's weight loss, nor were any nutrition meetings held to discuss Resident 24's significant weight loss.</p> <p>In an interview on [DATE], at 9:30 a.m. and again at 1:51 p.m., the Director of Nursing confirmed that the dietitian did not assess these residents' significant weight changes and that no nutrition meetings had been held in 2024.</p> <p>CPR 483.25(g) Assisted nutrition and hydration</p> <p>Previously cited [DATE]</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45125</p> <p>Based on policy review, staff interview, and clinical record review, it was determined that the facility failed to provide services consistent with professional standards of practice and the facility failed to develop and implement a care plan for one of three sampled residents receiving dialysis (process of removing excess toxins and water from the blood). (Resident 17)</p> <p>Findings include:</p> <p>A review of the facility policy entitled, Hemodialysis, last reviewed August 21, 2023, revealed that all residents receiving hemodialysis would have their access site (a way to reach the blood for hemodialysis) assessed every shift. The nurse was to check the access site for bleeding, signs of infection, and bruit and thrill (sight and sound of blood flow at the site). In an interview on July 17, 2024, at 1:30 p.m., the Director of Nursing stated this access site monitoring by nursing should be documented on the Treatment Administration Record (TAR) every shift, that there should be physician's orders for hemodialysis, and that there should be a hemodialysis care plan.</p> <p>Clinical record review revealed that Resident 17 was admitted on [DATE], and had diagnoses that included end stage renal disease. A physician's note dated October 30, 2023, indicated that Resident 17 required hemodialysis three times a week. Review of the clinical record, including the TAR for June and July 2024, revealed no evidence that staff assessed the resident's access site for bleeding, signs of infection, and bruit and thrill every shift per facility policy. Further review of the clinical record revealed there were no physician's orders or care plan for hemodialysis.</p> <p>In an interview on July 18, 2024, at 9:30 a.m., the Director of Nursing confirmed that Resident 17 was to get hemodialysis, that there was no documented evidence that staff assessed the access site, that there were no physician's orders for dialysis, and that no hemodialysis care plan had been developed.</p> <p>28 Pa. Code 211.12(1)(3)(5)Nursing services.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>48108</p> <p>Based on observation and interview, it was determined that the facility failed to post accurate and current nurse staffing information.</p> <p>Findings include:</p> <p>During a tour of the facility on July 16, 2024, at 9:59 a.m., the staffing information that was posted in the lobby was dated July 2, 2024.</p> <p>During a tour of the facility conducted on July 17, 2024, at 3:00 p.m., the staffing information that was posted in the lobby was dated July 16, 2024.</p> <p>During a tour of the facility conducted on July 18, 2024, at 12:16 p.m., the staffing information that was posted in the lobby was dated July 17, 2024.</p> <p>In an interview on July 18, 2024, at 1:25 p.m., the interim Administrator confirmed that incorrect staffing data was posted.</p> <p>28 Pa. Code 201.18(b)(3) Management.</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>45125</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure the physician acknowledged the pharmacist's recommendations for one of 15 sampled residents. (Resident 17)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 17 had diagnoses that included reflux disease, constipation, and chronic respiratory failure. On March 16, 2024, the consultant pharmacist made recommendations regarding Resident 17's medication regimen that included adding the amount of liquid to add to the Miralax dose, changing the timing of the dose of pantoprazole, and adding the instruction to rinse out mouth after use of albuterol. On May 15, 2024, the consultant pharmacist made a recommendation regarding Resident 17's medication regimen to include a risk versus benefit analysis if the resident was to continue on Montelukast. There was no documented evidence that the attending physician had acknowledged or acted upon the recommendations.</p> <p>In an interview on July 18, 2024, at 12:50 p.m., the interim Nursing Home Administrator confirmed that the medication review recommendations were not addressed by the physician.</p> <p>28 Pa.Code 201.18(e)(1)(3)Management.</p> <p>28 Pa.Code 211.12(d)(3)(5)Nursing services.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48578</p> <p>Based on facility policy review, observation, and staff interview, it was determined that the facility failed to ensure that medications were securely stored in a medication storage room on one of one nursing units. (Skilled Nursing unit)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Medication Storage in the Facility, Storage of Medication, last reviewed August 21, 2023, revealed that drugs and biologicals were to be stored in locked compartments and only persons authorized to administer medications were to have access to locked medications. Controlled substances were to be stored separately from other medications in a designated locked drawer or compartment.</p> <p>Observation of the medication room on the Skilled Nursing unit on July 18, 2024, at 10:49 a.m., revealed that a controlled substance was stored in a locked box inside an unlocked refrigerator and the box was not permanently affixed to the refrigerator wall. The portable medication box contained one bottle with 30 milliliters of Ativan, which is a controlled substance.</p> <p>In an interview on July 18, 2024, at 11:21 a.m., the interim Nursing Home Administrator confirmed there that the medication box should have been permanently affixed.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>48108</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on a review of documentation, policy review, and staff interview, it was determined that the facility failed to ensure that all required staff persons were in attendance at quarterly Quality Assurance and Performance Improvement (QAPI) Committee meetings for four of four quarters reviewed. In addition, the facility failed to ensure that QAPI meetings were held on a quarterly basis for three of four quarters between June 2023 through June 2024.</p> <p>Findings include:</p> <p>A review of Quality Assurance and Performance Improvement (QAPI) Committee meeting sign-in sheets for the period of July 2023 through June 2024, revealed no documentation of meetings was available for the third quarter 2023, July - September, 2023; first quarter 2024, January - March, 2024; and second quarter 2024, April - June, 2024.</p> <p>The Infection Preventionist was not present for the fourth quarter 2023, October - December, 2023, meeting held on January 18, 2024.</p> <p>In an interview on July 18, 2024, at 11:24 a.m., the interim Administrator confirmed there has been only one QAPI meeting since the last survey in 2023 and no Infection Preventionist was present at the meeting on January 18, 2024.</p> <p>28 Pa. Code 201.18(e)(1)(2)(3) Management</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395846	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Kadima Rehabilitation & Nursing at Campbelltown		STREET ADDRESS, CITY, STATE, ZIP CODE 2880 Horseshoe Pike Palmyra, PA 17078	

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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>14599</p> <p>Based on policy review and staff interview, it was determined that the facility did not have a credentialed Infection Preventionist (IP).</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Infection Control, last reviewed August 21, 2023, revealed that the facility staff was to report all infections to the IP, who would then conduct routine surveillance.</p> <p>In an interview on July 18, 2024, at 9:30 a.m., the Director of Nursing stated that the facility had no staff that were credentialed infection preventionists.</p> <p>28 Pa. Code 211.10(d) Resident care policies.</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395846	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
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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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 14599</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to offer pneumococcal disease vaccines in accordance with facility policy to two of five residents whose vaccines were reviewed. (Residents 26, 34)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Infection Control, last reviewed August 21, 2023, revealed that upon admission, the facility would assess each resident to determine if they had been previously vaccinated for pneumococcal disease and offer the vaccine if the resident had not received it.</p> <p>Clinical record review revealed that Resident 26 was admitted to the facility on [DATE]. There was no documented evidence that the facility offered a pneumococcal disease vaccine or determined if the resident had received it prior to admission.</p> <p>Clinical record review revealed that Resident 34 was admitted to the facility on [DATE]. There was no documented evidence that the facility offered a pneumococcal disease vaccine or determined if the resident had received it prior to admission.</p> <p>In an interview on July 18, 2024, at 2:30 p.m., the Director of Nursing confirmed that there was no documentation related to pneumococcal disease vaccines for these two residents.</p> <p>28 Pa. Code 211.10(d) Resident care policies.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		