

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Crawford Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 20881 State Highway 198 Saegertown, PA 16433	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42655</p> <p>Based on review of facility policies and clinical records, and staff interviews, it was determined that the facility failed to ensure the resident and/or resident representative was offered the opportunity to participate in the development, review, and/or revision of their person-centered care plan for three of three residents reviewed (Residents R1, R2, and R3).</p> <p>Findings include:</p> <p>Facility policy entitled Care Planning - Interdisciplinary Team, dated 1/18/24, indicated the interdisciplinary team is responsible for the development of resident care plans. Resident care plans are developed according to the timeframes and criteria established by 483.21. The resident, the resident's family and/or resident's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the resident's care plan.</p> <p>Facility policy entitled Quarterly Assessments and Care Plan, dated 1/18/24, indicated Quarterly MDS assessments are conducted to track the resident's status between comprehensive assessments to ensure critical indicators of gradual change in a resident's status are monitored. Quarterly and annual care plan conferences invites are to be mailed to responsible party and resident to participate in plan of care with interdepartmental team.</p> <p>Resident R1's clinical record revealed an admitted [DATE], with diagnoses that included heart disease, bronchitis, obstructive and reflux uropathy (a condition where the flow of urine is blocked and flows backward from the bladder and sometimes into the kidneys), and maxillary sinusitis (a condition when the sinuses behind the cheekbones become inflamed or infected).</p> <p>Resident R1's clinical record revealed an Annual MDS (Minimum Data Set - federally mandated standardized assessment conducted at specific intervals to plan resident care needs) assessment, with an Assessment Reference Date (ARD - a look back period of time for the MDS assessment) of 9/20/24. The clinical record lacked any evidence that the resident or resident representative was invited to or attended a care plan meeting in conjunction with the 9/20/24, Annual MDS.</p> <p>Resident R2's clinical record revealed an admitted [DATE], with diagnoses that included Alzheimer's disease (a disease that affects the brain resulting in mood disturbances, behaviors, and poor decision making), high blood pressure, high cholesterol, and hypothyroidism (a condition where the thyroid does not produce enough thyroid hormone).</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Crawford Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 20881 State Highway 198 Saegertown, PA 16433	
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident R2's clinical record revealed a Quarterly MDS assessment, with an ARD of 9/13/24. The clinical record lacked any evidence that the resident or resident representative was invited to or attended a care plan meeting in conjunction with the 9/13/24, Quarterly MDS.</p> <p>Resident R3's clinical record revealed an admitted [DATE], with diagnoses that included epilepsy (a chronic brain disorder that causes seizures), benign prostatic hyperplasia (a type of prostate gland enlargement that can cause urination difficulty), dysphagia (difficulty swallowing foods or liquids), and weakness.</p> <p>Resident R3's clinical record revealed a Quarterly MDS assessment, with an ARD of 9/10/24. The clinical record lacked any evidence that the resident or resident representative was invited to or attended a care plan meeting in conjunction with the 9/10/24, Quarterly MDS.</p> <p>During an interview on 12/30/24, at 1:50 p.m. the Social Worker confirmed the facility lacked evidence of care plan meetings for all residents prior to 10/01/24.</p> <p>During an interview on 12/30/24, at 1:55 p.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to ensure that the resident and/or resident representative was offered the opportunity to participate in the development, review, and/or revision of their person-centered care plan by not having care plan meetings between 5/01/24, and 10/01/24 for each resident, including Residents R1, R2 and R3.</p> <p>28 Pa. Code 201.29(a) Resident Rights</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Crawford Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 20881 State Highway 198 Saegertown, PA 16433	

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 0568</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42655</p> <p>Based on review of facility policy, and facility provided documentation, and staff interviews, it was determined that the facility failed to ensure that resident financial records were made available through quarterly statements for two of two residents reviewed (Residents R1 and R3).</p> <p>Findings include:</p> <p>Facility policy entitled Resident Personal Funds dated 1/18/24, revealed the resident has a right to manage his or her financial affairs to include the right to know, in advance, what charges a facility may impose against a resident's personal funds. Accounting and Records - The individual financial record must be available to the resident through quarterly statements and upon request.</p> <p>Resident R1's clinical record revealed an admitted [DATE], with diagnoses that included heart disease, bronchitis, obstructive and reflux uropathy (a condition where the flow of urine is blocked and flows backward from the bladder and sometimes into the kidneys), and maxillary sinusitis (a condition when the sinuses behind the cheekbones become inflamed or infected).</p> <p>Facility documentation indicated that the facility was responsible for handling Resident R1's finances through a resident trust fund account which had a balance of \$280.24 on 6/30/22. Further corresponding facility documentation dated 7/07/23, revealed \$3,715.65 as the balance.</p> <p>Resident R3's clinical record revealed an admitted [DATE], with diagnoses that included epilepsy (a chronic brain disorder that causes seizures), benign prostatic hyperplasia (a type of prostate gland enlargement that can cause urination difficulty), dysphagia (difficulty swallowing foods or liquids), and weakness.</p> <p>Facility documentation indicated that the facility is responsible for handling Resident R3's finances through a resident trust fund account.</p> <p>During an interview on 1/02/25, at 4:00 p.m. the Business Office Manager indicated that he/she had not provided quarterly financial statements at the end of the quarter, or within 30-days of the end of the quarter. He/She further confirmed the facility lacked evidence that Resident R1 was provided a receipt for the transaction regarding the \$280.24 funds in his/her trust account on 6/30/22.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(2) Management</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Crawford Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 20881 State Highway 198 Saegertown, PA 16433	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>42655</p> <p>Based on a review of facility policy, facility written menus, observations, and staff interviews, it was determined that the facility failed to follow their planned menu.</p> <p>Findings include:</p> <p>Facility policy entitled, Menus dated 1/18/24, revealed Menus will be planned in advance to meet the nutritional needs of the residents/patients in accordance with established national guidelines. Menus will be developed to meet the criteria through the use of an approved menu planning guide. Menus will be served as written, unless a substitution is provided in response to preference, unavailability of an item, or a special meal. A menu substitution log will be maintained on file.</p> <p>Facility menus revealed a meal consisting of smothered chicken thigh, whole kernel corn, oven browned potatoes, cornbread, sliced pears and coffee or hot tea was to be provided for the residents' lunch meal on 12/30/24.</p> <p>Observations of the 400-unit meal service on 12/30/24, at 1:15 p.m. revealed five residents received mashed potatoes instead of oven browned potatoes.</p> <p>During an interview on 12/30/24, at 1:17 p.m. the Dietary Manager indicated mashed potatoes were provided to the five residents due to running out of the oven browned potatoes. The Dietary Manager further confirmed the residents were not notified of the food substitution.</p> <p>During an interview on 12/30/24, at approximately 2:00 p.m. the Nursing Home Administrator indicated he/she is not sure why the dietary department would run out of food, other than not accounting for the new admissions and increased census in the past several weeks.</p> <p>28 Pa. Code 211.6(a) Dietary services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Crawford Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 20881 State Highway 198 Saegertown, PA 16433	
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>42655</p> <p>Based on a review of facility policy, facility meal schedules, observations, and staff interviews, it was determined the facility failed to follow their schedule for frequency of resident meals.</p> <p>Findings include:</p> <p>A facility policy entitled, Meal Distribution, dated 1/18/24, revealed meals are transported to the dining locations in a manner that ensures proper temperature maintenance, protects against contamination, and are delivered in a timely and accurate manner.</p> <p>Facility posting entitled, Tray Service Schedule noted: Lunch: 11:00 a.m. - 11:45 a.m. - Main Dining Room, 11:45 a.m. - 500 Hall, 11:55 a.m. - 600 Hall, 12:05 p.m. - 100 Hall, 12:15 p.m. - 300 Hall, 12:25 p.m. - 400 Hall.</p> <p>Observations on 12/30/24, at 12:25 p.m., 12:35 p.m., and 12:50 p.m. of the dining rooms for the 300 and 400 units revealed residents sitting in their wheelchairs and dining room chairs awaiting their lunch meal (both units are located in a secured dementia unit). At 12:57 p.m. (42 minutes beyond the scheduled service) the meal cart for the 300-unit dining room arrived with resident meals, followed by the meal cart for the 400-unit dining room arriving at 1:05 p.m. (40 minutes beyond the scheduled service). The last tray was observed being delivered to a resident at 1:15 p.m. of the 400 unit.</p> <p>An interview with Registered Nurse Employee E1 on 12/30/24, at 12:45 p.m. revealed meals are often late for the residents.</p> <p>An interview on 12/30/24, at 1:17 p.m. with the Dietary Manager confirmed the lunch meal should have been delivered at 12:15 p.m. and 12:25 p.m. respectively, for the residents of the 300 and 400 units per the facility tray service-meal schedule.</p> <p>The Dietary Manager further confirmed the dietary staff were late on the delivery of the meal due to a late start with preparation of the lunch meal and did not start serving the main dining room until 11:30 a.m.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p>		