

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395870	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Quality Life Services - Markleysburg		STREET ADDRESS, CITY, STATE, ZIP CODE 252 Main Street Markleysburg, PA 15459	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on a review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to appropriately respond to a resident's change in condition for one of four residents (Resident R1).</p> <p>Findings include:</p> <p>Review of the facility policy Bowel Management dated 2/22/24, indicated the standard regimen for bowel management will be followed for a resident who experiences alteration in bowel elimination. The procedure was listed as follows:</p> <ol style="list-style-type: none"> 1. Initiate bowel regimen per protocol as indicated: <ul style="list-style-type: none"> -On third day without BM (bowel movement), give Senna (Senokot, a vegetable-based laxative), two tablets by mouth. -On fourth day, if Senna ineffective, give Bisacodyl (Dulcolax, a laxative medication) suppository rectally. -On evening of the fourth day, if Bisacodyl suppository ineffective, administer Fleet enema (saline enema) rectally. 2. If still no BM after completion of protocol, notify physician. 3. Document administration on MAR / TAR (medication administration record / treatment administration record) and effectiveness in nurse notes. <p>Review of the facility policy Resident Change in Condition or Status dated 2/22/24, indicated it is the policy of the facility to promptly address all resident changes in condition and to manage them in compliance with all applicable standards of care.</p> <p>Review of the American College of Cardiology/American Heart Association Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults, dated 2017, indicated the following levels:</p> <p>Normal</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: 395870	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Quality Life Services - Markleysburg		STREET ADDRESS, CITY, STATE, ZIP CODE 252 Main Street Markleysburg, PA 15459	
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>-systolic: less than 120 mm Hg (millimeters of mercury)</p> <p>-diastolic: less than 80 mm Hg</p> <p>Elevated</p> <p>-systolic: 120-129 mm Hg</p> <p>-diastolic: less than 80 mm Hg</p> <p>High blood pressure (hypertension)</p> <p>-systolic: 130 mm Hg or higher</p> <p>-diastolic: 80 mm Hg or higher</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 8/22/24, included diagnoses of endocarditis (inflammation of the inner lining of the heart's chambers and valves), heart failure (a progressive heart disease that affects pumping action of the heart muscles), and high blood pressure.</p> <p>Review of Resident R1's altered cardiovascular status care plan initiated 8/19/24, indicated for staff to check vital signs according to the protocol in the facility and to notify the physician of any abnormal findings.</p> <p>Review of Resident R1's Potential for, or actual constipation care plan initiated 8/19/24, indicated for staff to follow the facility protocol for bowel management.</p> <p>Review of Resident R1's blood pressure record indicated the highest blood pressure assessed from admission to 9/4/24, was 138/82 mm hg.</p> <p>Review of Resident R1's bowel elimination record revealed a medium bowel movement on day shift of 8/31/24, with no further bowel movements until day shift on 9/4/24, twelve shifts later.</p> <p>Review of Resident R1's MAR failed to reveal an administration or refusal of senna after the third day without a bowel movement and failed to reveal an administration or refusal of bisacodyl on the fourth day without a bowel movement.</p> <p>Review of a nurse practitioner progress note dated 9/5/24, at 1:50 a.m. indicated, Notified by Charge Nurse that resident has c/o (complained of) lower abdominal pain and insists on going to the hospital because he feels he has a bowel obstruction. LPN (licensed practical nurse) assessment revealed a firm, tender abdomen with hypoactive BS (decreased bowel sounds). Due to multiple bowel movements that day, and resident did not appear to be in that much pain or distress, LPN stated he attempted to have resident wait until the AM (morning) for further assessment. Resident refused and called 911 himself for transport. Resident could not be redirected. Advised to send to ER.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395870	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Quality Life Services - Markleysburg		STREET ADDRESS, CITY, STATE, ZIP CODE 252 Main Street Markleysburg, PA 15459	
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>Review of a progress note dated 9/5/24, at 2:13 a.m. indicated, Resident complains of lower abdominal pain and states he has a possible bowel blockage, he states he wants to go to the hospital, bowel sounds decreased and lower abdominal area is firm, vitals are temp. 97.2 B/P (blood pressure) 196/116 P96 (heart rate) resp. (respirations)20 spo2 97% (blood oxygen level) on R/A (room air) spoke with DON (Director of Nursing) and is to monitor closely and resident call 911 to have ambulance sent to facility, spoke with DON and on call [provider] and was advised to send resident to hospital as he requested, [emergency services] arrived around 02:09 and is being transported to Hospital.</p> <p>Review of a progress note dated 9/5/24, at 11:12 p.m. indicated that Resident R1 was admitted to the Intensive Care Unit with osteomyelitis (inflammation of bone or bone marrow, usually due to infection), hydronephrosis (excess urine in the kidneys causing swelling and pain), hydroureter (abnormal enlargement of the ureter caused by a blockage), and was receiving three intravenous antibiotics.</p> <p>During an interview on 9/17/24, at 1:30 p.m. the Nursing Home Administrator confirmed that Resident R1 displayed emergent symptoms of pain, firm abdomen, hypoactive bowel sounds, and dangerously high blood pressure outside of the resident's normal level, and confirmed that the nursing staff (LPN) should not have attempted to request the resident to [NAME] until the morning, or attempt to redirect the resident. The Nursing Home Administrator further confirmed that the facility failed to appropriately respond to a resident's change in condition for one of four residents.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>28 Pa. Code: 201.29(a) Resident rights.</p> <p>28 Pa. Code: 201.10(c)(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.</p>		