STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395891	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel View Village	2000 Cambridge Drive Davidsville, PA 15928

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 46994 Based on review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physicians orders were followed for two of 17 residents reviewed (Residents 7, 28). Findings include: An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 7, dated April 12, 2024, revealed that the resident was cognitively intact, was independent for personal care needs, had a colostomy (an opening for the colon, or large intestine, through the stomach) and had diagnosis that included acute kidney failure. Physician's orders for Resident 7, dated April 29, 2024, included an order for the resident to have her periostomy (skin around the ostomy site) wound cleansed with wound cleanser, pat dry, betamethasone cream and calcium alginate applied to the wound bed, and covered with a bordered gauze every evening and as needed. A skin and wound note for Resident 7, dated May 20, 2024, at 8:27 a.m., revealed that the resident's wound treatment orders had changed. Physician's orders for Resident 7, dated May 20, 2024, included for the resident to have her periostomy wound cleansed with wound cleanser then collagen applied and covered with a bordered gauze every evening shift and as needed. A nurse's note, dated May 20, 2024, at 4:22 p.m., revealed that the resident was seen by the wound consultant and new orders were received and carried out. Review of the Medication Administration Record (MAR) for Resident 7, dated May 2024, revealed that on May 20, 21 and 22, 2024, both above-mentioned wound care orders were active and documented as administered. Interview with the Director of Nursing on May 23, 2024, at 12:48 p.m. confirmed that a new order was obtained for wound care on May 20, 2024, and was administered; however, the previous order was not discontinued as it should have been. Both treatment orders were documented as administered on the dates identified above; however, the order, dated April 29, 2024, should have been discontinued and not administered. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's policy on Hypoglycemia (Low blood sugar), dated February 12, 2024, revealed that insulin was to be held when a resident's blood sugar was less than 60 milligrams per deciliter (mg/dL) and the physician was to be notified. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 28, dated February 1, 2024, revealed that the resident was understood and was understood by others, cognitively intact, dependent on staff for daily care tasks, had diagnoses that included diabetes, and received insulin (to lower blood sugar levels). Physician's orders for Resident 28, dated April 17, 2022, included an order for the resident to receive 20 units of Lantus insulin before bedtime. Resident 28's MAR for March, April, and May 2024 revealed that the resident's blood sugar was 69 mg/dL on March 17; 74 mg/dL on April 2; 77 mg/dL on April 17; and 58 mg/dL on May 17, and the bedtime dose of insulin was held on the above dates. There was no documented evidence that the resident refused or that the physician was notified when the insulin was held for Resident 28 on these days. Interviews with the Director of Nursing on May 22, 2024, at 3:00 p.m. confirmed that the physician was not notified when the insulin was held and should have been. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 46994 Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders were followed for care of an indwelling urinary catheter for one of 17 residents reviewed (Resident 30). Findings include: An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 30, dated April 5, 2024, revealed that the resident was rarely or never understood or able to understand, was dependent on staff for his daily care tasks, and had an indwelling urinary catheter. An urology consult for Resident 30, dated January 3, 2024, included orders for the resident's suprapubic catheter (flexible tube that is used to drain urine from the bladder through a cut in the abdomen) to be changed every four weeks. Review of Resident 30's clinical record, including the Treatment Administration Records (TAR), dated January, February and March 2024, and nursing notes, revealed no documented evidence that the resident's suprapubic catheter was changed between January 30, 2024, and March 2, 2024. Interview with the Nursing Home Administrator on May 21, 2024, at 1:02 p.m. confirmed that there was no documented evidence that Resident 30's suprapubic catheter was changed every four weeks as ordered between January 30, 2024, and March 2, 2024, and it should have been. 28 Pa. Code 211.12(d)(5) Nursing Services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 48809 Based on review of clinical records, as well as observations and staff interviews, it was determined that the facility failed to provide a therapeutic diet as ordered for one of 17 residents reviewed (Resident 51). Findings included: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 51, dated March 1, 2024, revealed that the resident was cognitively intact, was understood and understood others, required extensive assistance from staff for all her daily care needs, had diagnoses that included kidney failure, and was on a therapeutic diet. Physician's orders for Resident 51, dated February 29, 2024, included an order for a No Salt Added diet with regular texture and thin liquids. A nurse's note for Resident 51, dated May 4, 2024, revealed that the resident was having prolonged chewing and a referral to speech therapy was made. The resident's diet was downgraded to mechanical soft as a precaution. A speech therapy note for Resident 51, dated May 7, 2024, revealed that the resident was having difficulty chewing and the diet was downgraded to a mechanical soft diet. Physician's order for Resident 51, dated May 7, 2024, included an order for a regular diet with mechanical soft ground texture (a type of texture-modified diet for people who have difficulty chewing and swallowing) and thin liquids. There was no documented evidence in the clinical record to indicate that Resident 51's therapeutic No Added Salt diet was continued when the texture was downgraded to mechanical soft with thin liquids. Interview with the Nursing Home Administrator on May 21, 2024, at 1:05 p.m. confirmed that Resident 51's therapeutic No Added Salt diet was not continued when the texture was downgraded to mechanical soft and should have been. 28 Pa. Code 211.6(a) Dietary Services.