

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395892	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  Kadima Rehabilitation & Nursing at Latrobe		STREET ADDRESS, CITY, STATE, ZIP CODE  576 Fred Rogers Drive Latrobe, PA 15650	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>38012</p> <p>Based on clinical record reviews and resident and staff interviews, it was determined that the facility failed to honor the resident's right to make informed choices and participate in his/her treatment for one of 36 residents reviewed (Resident 52).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 52, dated January 31, 2025, indicated that the resident was always understood, could always understand others, and was cognitively intact.</p> <p>A nursing note for Resident 52, dated April 29, 2025, revealed that the resident was to be discharged into the care of his brother on May 9, 2025.</p> <p>An interview with Resident 52 on May 17, 2025, at 10:15 a.m. revealed that the resident was looking for answers regarding his discharge plans. He stated that he thought he was supposed to go home a couple weeks ago, but that no one has talked to him to explain anything to him. He stated that his mother told him that the staff were dragging their feet about his discharge.</p> <p>Interview with the Nursing Home Administrator on May 18, 2025, at 11:03 a.m. revealed that the Social Worker had been in touch with the resident's brother, and he had the flu and they wanted to get a ramp installed prior to his discharge. She stated that the Social Worker should have communicated this to the resident and should have charted it in his medical record as well.</p> <p>28 Pa. Code 201.29(a)(j) Resident Rights.</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 0607</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 to prevent abuse, neglect, and theft.</p> <p>51989</p> <p>Based on review of policies and employee files, as well as staff interviews, it was determined that the facility failed to ensure that license checks were obtained prior to hire for one of one registered nurse reviewed (RN 1).</p> <p>Findings include:</p> <p>The facility's policy regarding protection from abuse, dated November 1, 2024, indicated that policies and procedures were developed to aid in preventing abuse, neglect, or mistreatment of residents, and protocols for conducting employment background checks and screening of employees.</p> <p>The personnel file for Registered Nurse 1 revealed a start date of March 9, 2025, with a license check done on March 10, 2025. There was no documented evidence that a license check was obtained prior to the staff's start date of March 9, 2025.</p> <p>Interview on May 19, 2025, at 12:50 p.m. with Regional Human Resources Director revealed that Registered Nurse 1's license check should have been completed prior to her start date and it was not.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee</p> <p>28 Pa. Code 201.18(e)(1) Management.</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>31760</p> <p>Based on a review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate Minimum Data Set assessments for five of 36 residents reviewed (Residents 17, 20, 21, 25, 61).</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides guidance and instructions for the completion of Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that the intent of Section N was to record the number of days, during the seven days of the assessment period, that any type of injection, insulin, and/or select medications were received by the resident. Section N0410F1 (Antibiotic Medications) was to be coded if an antibiotic medication was taken by the resident at any time during the seven-day look-back period; Section N0415B was to be coded yes if the resident received an anti-anxiety medication; and Section N0415I1 (Antiplatelet Medications - medications used to reduce the risk of blood clots) was to be checked if the resident received an anti-platelet medication during the seven-day assessment period.</p> <p>Physician's orders for Resident 17, dated January 12, 2025, included an order for the resident to receive 81 milligrams (mg) of aspirin daily. The resident's Medication Administration Record (MAR) for January and February 2025 revealed that the resident received aspirin daily during the seven-day look-back period. However, a quarterly MDS assessment for Resident 17, dated February 3, 2025, revealed that Section N0415I1 was coded zero (0), indicating that the resident did not receive an anti-platelet during the last seven days.</p> <p>Interview with the Director of Nursing on May 20, 2025, at 12:50 p.m. confirmed that Resident 17's MDS assessment was not coded accurately.</p> <p>Physician's orders for Resident 20, dated July 10, 2024, included an order for the resident to receive Clobazam (an anti-anxiety medication) daily for seizures. The resident's Medication Administration Record (MAR) for May 2025 revealed that the resident received Clobazam daily. However, a quarterly MDS assessment for Resident 20, dated May 12, 2025, revealed that Section N0415B indicated that the resident did not receive an anti-anxiety medication during the assessment period.</p> <p>Interview with Director of Nursing on May 20, 2025, at 1:18 p.m. confirmed that Resident 20's MDS assessment was not coded accurately.</p> <p>Physician's orders for Resident 21, dated September 11, 2020, included an order for the resident to receive 81 mg of aspirin daily. The resident's MAR, dated March 2025, revealed that the resident received aspirin daily during the seven-day look-back period. However, an annual MDS assessment for Resident 21, dated March 14, 2025, revealed that Section N0415I1 was coded zero (0), indicating that the resident did not receive an anti-platelet during the last seven days.</p> <p>Interview with the Director of Nursing on May 20, 2025, at 12:20 p.m. confirmed that Resident 21's MDS assessment was not coded accurately.</p> <p>(continued on next page)</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>Physician's orders for Resident 25, dated February 6, 2025, included an order for the resident to have the first finger on his left hand cleansed with normal saline solution (salt water solution) and triple antibiotic ointment applied to the wound bed and covered with a dry dressing every evening shift. The resident's Treatment Administration Records (TAR's) for February 2025 revealed that the resident received triple antibiotic ointment every evening from February 6 through 28, 2025. However, a quarterly MDS assessment for Resident 25, dated February 26, 2025, revealed that Section N0410F1 was not checked, indicating that the resident did not receive any antibiotic medications during the seven-day look-back period.</p> <p>Interview with the Nursing Home Administrator on May 20, 2025, at 10:27 a.m. confirmed that Resident 25's MDS assessment was not coded accurately.</p> <p>Physician's orders for Resident 61, dated December 1, 2023, and discontinued April 9, 2025, included an order for the resident to receive 81 mg of aspirin daily. The resident's MAR, dated April 2025, revealed that the resident received aspirin on April 7, which was within the seven-day look-back period. However, a significant change MDS assessment for Resident 61, dated April 13, 2025, revealed that Section N041511 was coded zero (0), indicating that the resident did not receive an anti-platelet during the last seven days.</p> <p>Interview with the Director of Nursing on May 20, 2025, at 12:20 p.m. confirmed that Resident 61's MDS assessment was not coded accurately.</p> <p>28 Pa. Code 211.5(f) Clinical Records.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>19102</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that care plans were updated to reflect changes in residents' care needs for five of 36 residents reviewed (Residents 3, 17, 33, 58, 61).</p> <p>Findings include:</p> <p>The facility's policy regarding care plans, dated May 14, 2025, indicated that the resident will be reassessed at least quarterly, and the care plan will be reviewed by the interdisciplinary team.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's care needs and abilities) for Resident 3, dated February 21, 2025, indicated that the resident was cognitively intact and required assistance from staff for daily care needs. A care plan for Resident 3, dated June 14, 2024, indicated that the resident had a foley catheter (thin flexible tube inserted into the bladder to drain urine).</p> <p>A nurse's note for Resident 3, dated January 22, 2025, indicated that the resident's foley catheter came out and orders were received to not re-insert the foley catheter. There was no documented evidence to indicate the care plan was updated to reflect the discontinuation of the foley catheter.</p> <p>Interview with the Director of Nursing on May 20, 2025, at 1:01 p.m. confirmed that Resident 3's care plan was not updated when her foley catheter was discontinued and should have been.</p> <p>A quarterly MDS assessment for Resident 17, dated February 3, 2025, revealed that the resident was understood, could understand others, and received an anticoagulant (medications that prevent blood from clotting) during the review period. A care plan for the resident, dated January 27, 2025, revealed that the resident was on anticoagulant therapy.</p> <p>Physician's orders for Resident 17, dated January 12, 2025, included an order for staff to administer one five milligrams (mg) of Apixaban (a medication used to prevent and treat blood clots) two times a day. The Apixaban was discontinued on February 17, 2025. However, as of May 20, 2025, there was no documented evidence that Resident 17's care plan was revised/updated to indicate that the resident was no longer receiving anticoagulant therapy.</p> <p>Interview with the Director of Nursing on May 20, 2025, at 12:50 p.m. confirmed that there was no documented evidence that Resident 17's care plan was revised/updated to indicate that the resident was no longer receiving anticoagulant therapy.</p> <p>A quarterly MDS assessment for Resident 33, dated February 4, 2025, indicated that the resident was cognitively impaired, required assistance from staff for daily care needs, and had diagnoses that included pneumonia (infection of the lungs). The current care plan for Resident 33 indicated that the resident was receiving an antibiotic for cellulitis (skin infection) of the left hip.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Physician's orders for Resident 33, dated March 8, 2025, included an order for the resident to receive 875-125 mg of Amoxicillin-Pot Clavulanate twice a day for a wound infection for seven days, and physician's orders, dated March 19, 2025, included orders for the resident to receive 800-160 mg of Bactrim DS twice a day for a wound infection for 10 days. However, as of May 20, 2025, there was no documented evidence that Resident 33's care plan was revised/updated to indicate that the resident was no longer receiving an antibiotic</p> <p>Interview with the Director of Nursing on May 20, 2025, at 10:27 a.m. confirmed that Resident 33's care plan was not revised to indicate that he was no longer receiving an antibiotic.</p> <p>A significant change MDS assessment for Resident 58, dated March 27, 2025, indicated that the resident was severely cognitively impaired, was dependent on staff for daily care needs, and had diagnoses that included pneumonia (infection of the lungs). A care plan for Resident 58, dated April 15, 2025, indicated that the resident was on an anticoagulant and that staff were to administer the medication as ordered by the physician. However, a review of the Medication Administration Record (MAR) for Resident 3, dated May 2025, revealed no documented evidence that the resident was receiving an anticoagulant medication.</p> <p>Interview with the Director of Nursing on May 19, 2025, at 11:40 a.m. confirmed that Resident 58's care plan was not revised to indicate that she was not on an anticoagulant medication, and it should have been.</p> <p>A significant change MDS assessment for Resident 61, dated April 13, 2025, indicated that the resident was cognitively intact, required assistance from staff for daily care needs, and had diagnosis that included pneumonia (infection of the lungs). A care plan for Resident 61, dated March 14, 2024, indicated that the resident was on an anticoagulant and that staff were to refer to the Resident's MAR for the dose and frequency of medication. However, review of the MAR for Resident 61, dated May 2025, revealed no documented evidence that the resident was receiving an anticoagulant medication.</p> <p>Interview with the Director of Nursing on May 19, 2025, at 11:40 a.m. confirmed that Resident 61's care plan was not revised to indicate that she was not on an anticoagulant medication, and it should have been.</p> <p>28 Pa. Code 211.12(d)(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 - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>31760</p> <p>Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents received care and treatment in accordance with professional standards of practice, by failing to ensure that physician's orders were followed for two of 36 residents reviewed (Residents 17, 78).</p> <p>Findings include:</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 17, dated February 3, 2025, revealed that the resident was understood, could understand others, and had a diagnosis of included hypertension (high blood pressure).</p> <p>Physician's orders for Resident 17, dated March 6, 2025, included an order for staff to administer one 25 milligram (mg) tablet of Metoprolol (used alone or in combination with other medications to treat high blood pressure) two times a day, and staff was to hold the medication if the systolic blood pressure (the top number of a blood pressure reading) was less than 90 millimeters of mercury (mmHg) or if the heart rate was less than 60 beats per minute.</p> <p>Review of the Medication Administration Record (MARs) for Resident 17, dated April 2025, revealed that staff administered the one 25 mg tablet of Metoprolol to the resident twice a day on April 11 through 21, 2025; however, there was no documented evidence that staff obtained the resident's blood pressure and heart rate prior to the administration to determine if the medication should have been held.</p> <p>A quarterly MDS assessment for Resident 78, dated February 17, 2025, revealed that the resident was understood and could understand others. A care plan for the resident, dated December 18, 2024, revealed that the resident has hypertension, and staff was to give anti-hypertensive medications and obtain blood pressure readings as ordered.</p> <p>Physician's orders for Resident 78, dated March 6, 2025, included an order for staff to administer one 25 mg tablet of Metoprolol two times a day, and staff was to hold the medication if the systolic blood pressure was less than 90 mmHg or if the heart rate was less than 60 beats per minute.</p> <p>Review of the MARs for Resident 78, dated April 2025, revealed that staff administered the one 25 mg tablet of Metoprolol to the resident twice a day on April 11 through 21, 2025; however, there was no documented evidence that staff obtained the resident's blood pressure and heart rate prior to the administration to determine if the medication should have been held.</p> <p>Interview with the Director of Nursing on May 20, 2025, at 10:26 a.m. confirmed that there was no documented evidence that staff obtained Resident 17 and Resident 78's blood pressure and heart rate prior to the administration of the one 25 mg tablet of Metoprolol on the above dates.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>46994</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to complete safety assessments for one of 36 residents reviewed who used siderails (Resident 3) and two of 36 residents reviewed (Residents 9, 25) who used an air mattress.</p> <p>Findings include:</p> <p>A facility policy for siderails dated May 14, 2025, indicated that an assessment will be made to determine the resident's symptoms or reason for using siderails. The use of siderails will be evaluated in terms of risk and benefit for each individual resident.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated February 21, 2025, indicated that the resident was cognitively intact, required assistance from staff for daily care needs, and had diagnoses that included infection of a right knee prosthesis (artificial replacement).</p> <p>A side rail/assist bar evaluation/assessment for Resident 3, dated March 21, 2025, indicated that the resident was being assessed for an assist bar. Section D was not completed to identify if side rails/assist bars were indicated or not indicated. However, observations of Resident 3 on May 17, 2025, at 10:30 a.m., on May 18, 2025, at 10:17 a.m., and on May 18, 2025, at 9:17 a.m. revealed that the resident was lying in bed with bilateral upper siderails up on her bed.</p> <p>Interview with the Director of Nursing on May 20, 2025, at 1:20 p.m. confirmed that the last two siderail assessments for Resident 3 were not fully completed to identify whether siderails were indicated or not.</p> <p>A quarterly MDS assessment for Resident 9, dated February 2, 2025, revealed that the resident was cognitively intact, was dependent on staff for personal care needs, and had diagnoses that included chronic deep vein thrombosis (blood clot in a deep vein that has lasted for at least a month). Physician's orders for Resident 9, dated February 21, 2025, indicated that the resident was to have an air mattress that was checked for function every shift. A care plan for Resident 9, dated May 24, 2025, indicated that the resident had potential for impaired skin integrity and that he should have an air mattress that was checked for function every shift.</p> <p>Observations of Resident 9 on May 17, 2025, at 10:40 a.m. revealed that the resident was lying in bed, and the bed was equipped with an air mattress; however, there was no documented evidence that the use of an air mattress was assessed for potential safety hazards prior to being placed on the resident's bed.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A quarterly MDS assessment for Resident 25, dated February 26, 2025, revealed that the resident was cognitively impaired, was dependent on staff for personal care needs, was at risk for developing pressure sores, and had diagnoses that included cerebral palsy (a group of lifelong conditions that affect movement and coordination, caused by brain damage that occurs before, during, or shortly after birth). Physician's orders for Resident 25, dated May 6, 2025, indicated that the resident was to have an air mattress for every shift. A care plan for Resident 25, dated May 8, 2025, indicated that the resident had potential for impaired skin integrity and should have an air mattress every shift.</p> <p>Observations of Resident 25 on May 18, 2025, at 1:54 p.m. and May 19, 2025, at 1:23 p.m. revealed that the resident was lying in bed, and the bed was equipped with an air mattress; however, there was no documented evidence that the use of an air mattress was assessed for potential safety hazards prior to being placed on the resident's bed.</p> <p>Interview with the Director of Nursing on May 20, 2025, at 1:38 p.m. revealed that the facility did not have air mattress safety assessments completed on residents who used air mattresses at the time of the survey.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>31760</p> <p>Based on clinical record reviews and observations, as well as staff interviews, it was determined that the facility failed to ensure urinary output was monitored for two of 36 residents reviewed (Residents 33, 78) who had an indwelling urinary catheter.</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a federally-mandated assessment of the resident's abilities and care needs) for Resident 33, dated February 4, 2025, revealed that the resident was cognitively impaired and had an indwelling urinary catheter (a flexible tube inserted and held in the bladder to drain urine). A care plan for Resident 33, dated November 1, 2024, revealed that the resident had an indwelling catheter related to a diagnosis of benign prostatic hyperplasia (a condition where the prostate gland becomes enlarged, which can cause urinary problems) and staff was to measure the urinary output as ordered.</p> <p>Physician's orders for Resident 33, dated February 19, 2025, included an order for staff to document the indwelling urinary catheter output every shift.</p> <p>Observation of Resident 33 on May 19, 2025, at 8:31 a.m. revealed that the resident had an indwelling urinary catheter.</p> <p>Review of Resident 33's clinical record including the Medication Administration Records (MARs), Treatment Administration Records (TARs), and nurse aide documentation revealed no documented evidence that the resident's indwelling urinary catheter output was documented during the day shift on April 6; during the evening shift on March 17, April 21, and May 11 and 14; and during the night shift on March 12, 26, 29, and 31, April 3, 5, and 15, and May 14, 2025.</p> <p>Interview with the Director of Nursing on May 20, 2025, at 1059: a.m. confirmed that there was no documented evidence that Resident 33's indwelling urinary catheter output was documented on the dates and times listed above.</p> <p>A quarterly MDS assessment for Resident 78, dated February 17, 2025, revealed that the resident was understood, could understand others, and had an indwelling urinary catheter. A care plan for the resident, dated November 26, 2024, revealed that the resident had an indwelling catheter related to a diagnosis of a neurogenic bladder (a condition where the nerves that control the bladder do not function properly, leading to difficulties with urination) and staff was to measure the urinary output as ordered.</p> <p>Physician's orders for Resident 78, dated February 19, 2025, included an order for staff to document the indwelling urinary catheter output every shift.</p> <p>Review of Resident 78's clinical record including the MARs, TARs, and nurse aide documentation revealed no documented evidence that the resident's indwelling urinary catheter output was documented during the evening shift on April 16 and 24, 2025, and during the night shift on May 5, 2025.</p> <p>(continued on next page)</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0690  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Interview with the Director of Nursing on May 20, 2025, at 11:00 a.m. confirmed that there was no documented evidence that Resident 78's indwelling urinary catheter output was documented during the evening shift on April 16 and 24, 2025, and during the night shift on May 5, 2025.  28 Pa. Code 211.12(d)(5) Nursing Services.		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>51989</p> <p>Based on observations and staff interviews, it was determined that the facility failed to ensure that the posting of their nurse staffing was current.</p> <p>Findings include:</p> <p>Observations on May 17, 2025, at 9:00 a.m. revealed that the nurse staffing information that was posted at the main entrance of the facility was dated May 15, 2025, and was not current.</p> <p>Interview with the Nursing Home Administrator on May 17, 2025, at 9:55 a.m. confirmed that the nurse staffing information that was posted was dated May 15, 2025, and was not the current staffing information as required.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</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>51989</p> <p>Based on review of policies, as well as observations and staff interviews, it was determined that the facility failed to ensure that a controlled drug was properly stored in one of two medication rooms reviewed (East Side Medication Room).</p> <p>Findings include:</p> <p>The facility's policy regarding storing controlled medications, dated November 1, 2024, indicated that Ativan (a controlled substance used to treat anxiety) was to be under double-lock security. The access key to controlled medications is not the same key that allows access to other medications.</p> <p>Observations of the East Side medication room on May 17, 2025, at 12:10 p.m. revealed one opened vial of Ativan that was not stored in a separately locked, permanently affixed container.</p> <p>Interview with Licensed Practical Nurse 2 on May 17, 2025, at 12:10 p.m. confirmed that there was no separately locked, permanently affixed container for the Ativan, and that it was just stored in the medication refrigerator with other non-controlled medications.</p> <p>Interview with Director of Nursing on May 18, 2025, at 9:58 a.m. confirmed that the vial of Ativan should have been in a separately locked, permanently affixed container and it was not.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy Services.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>51989</p> <p>Based on a review of manufacturer's instructions, observations, and staff interviews, it was determined that the facility failed to ensure that ice was stored under sanitary conditions for the ice machine next to the kitchen.</p> <p>Findings include:</p> <p>The manufacturer's instructions, undated, for the use of the ice machine in the main dining room, stated that the drain line must have a 1.5-inch drop per 5 feet of run and must not create traps and that the floor drain must be large enough to accommodate drainage from all drains.</p> <p>Observations of the ice machine in the main dining room on May 17, 2025, at 9:17 a.m. revealed that the ice machine drain was draining into a bath basin and that the drain pipe was lying in the stagnant water in the basin. There was a small pump pumping some of the water into the nearby sink. There was no air gap between the drain pipe and the basin.</p> <p>Interview with Nursing Home Administrator on May 18, 2025, at 9:52 a.m. revealed that the ice machine was removed from service until the proper drainage system with air gap could be installed.</p> <p>28 Pa. Code 211.6(f) Dietary Services.</p> <p>28 Pa. Code 207.4 Ice Containers and Storage.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>38012</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to maintain clinical records that were accurately documented for two of three residents reviewed (Residents 2, 3).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 32, dated May 2, 2025, revealed that the resident was confused.</p> <p>A nursing note for Resident 32, dated May 30, 2025, revealed that the resident was missing a part of her front tooth and a piece of the tooth next to it. She was crying, asking for a dentist, and stating that her tooth hurt.</p> <p>There was no indication in the Resident 32's clinical record that her pain was assessed by the nurse or that the resident was referred to the dentist.</p> <p>Interview with the Director of Nursing on May 20, 2025, at 1:02 p.m. revealed that the resident did see the dentist on March 31, 2025, and she provided his consult report. She stated that it should have been a part of Resident 32's clinical record.</p> <p>A quarterly MDS assessments for Resident 38, dated February 7, 2025, revealed that the resident was cognitively intact and had diagnoses that included paranoid schizophrenia with outbursts.</p> <p>Psychiatric note for Resident 38, dated March 19, 2025, revealed that the resident was paranoid, delusional, and required another psychiatric visit in two to eight weeks, depending on her need.</p> <p>Observations of Resident 38, dated May 17, 2025, revealed that the resident was screaming loudly and talking to herself in different voices, and interacting with invisible things/people.</p> <p>There was no indication that the psychiatrist was made aware of Resident 38's continued hallucinations and paranoia, or that the psychiatrist saw her again since March 19, 2025.</p> <p>Interview with the Nursing Home Administrator on May 20, 2025, at 9:51 a.m. revealed that Resident 38 was seen by psychiatric services on April 23, 2025, and again on May 13, 2025; however, there was nothing in the resident's medical record to indicate that she had been seen and there should have been.</p> <p>A quarterly MDS assessment for Resident 52, dated January 31, 2025, indicated that the resident was always understood, could always understand others, and was cognitively intact.</p> <p>A nursing note for Resident 52, dated April 29, 2025, revealed that the resident was to be discharged into the care of his brother on May 9, 2025.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with Resident 52 on May 17, 2025, at 10:15 a.m. revealed that the resident was looking for answers regarding his discharge plans. He stated that he thought he was supposed to go home a couple weeks ago, but that no one has talked to him to explain anything to him. He stated that his mother told him that the staff were dragging their feet about his discharge.</p> <p>Interview with the Nursing Home Administrator on May 18, 2025, at 11:03 a.m. revealed that the Social Worker had been in touch with the resident's brother and should have charted it in Resident 52's clinical record.</p> <p>28 Pa. Code 211.5(f) Clinical Records.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>51989</p> <p>Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies.</p> <p>Findings include:</p> <p>The facility's deficiencies and plans of corrections for an annual survey ending December 4, 2024, and a complaint survey ending January 6, 2025, revealed that the facility developed a plan of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending May 20, 2025, identified a repeated deficiency related to pharmaceutical services/accountability of narcotics.</p> <p>The facility's plan of correction for a deficiency regarding inaccurate MDS assessments, cited during the survey ending December 4, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F641, revealed that the facility's QAPI committee failed to successfully implement their plan regarding completing accurate MDS assessments.</p> <p>The facility's plan of correction for a deficiency regarding care plan timing and revision, cited during the survey ending December 4, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F657, revealed that the facility's QAPI committee failed to successfully implement their plan regarding care plan timing and revision.</p> <p>The facility's plan of correction for a deficiency regarding quality of care, cited during the survey ending December 4, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F684, revealed that the facility's QAPI committee failed to successfully implement their plan regarding quality of care.</p> <p>The facility's plan of correction for a deficiency regarding safety/accident hazards, cited during the surveys ending December 4, 2024, and January 6, 2025, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F689, revealed that the facility's QAPI committee failed to successfully implement their plan regarding safety/accident hazards.</p> <p>The facility's plan of correction for a deficiency regarding medication storage, cited during the survey ending December 4, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F761, revealed that the facility's QAPI committee failed to successfully implement their plan regarding medication storage.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's plan of correction for a deficiency regarding complete and accurate medical records, cited during the survey ending December 4, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F842, revealed that the facility's QAPI committee failed to successfully implement their plan regarding complete and accurate medical records.</p> <p>Refer to F641, F657, F684, F689, F761, F842.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p>		