

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395894	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/15/2024
NAME OF PROVIDER OR SUPPLIER  Meadville Medical Ctr Tcu		STREET ADDRESS, CITY, STATE, ZIP CODE  1034 Grove Street Meadville, PA 16335	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31185</b></p> <p>Based on review of facility policies and clinical records, and staff interview, it was determined that the facility failed to fully investigate an incident with injury in a timely manner for one of 10 residents reviewed (Residents R78).</p> <p>Findings include:</p> <p>Review of a facility policy entitled Abuse Policy of the Transitional Care Unit dated 11/08/2024, revealed that all investigations shall be comprehensive and responsive and shall occur promptly after notification of an alleged abuse .</p> <p>Review of facility policy entitled Accidents and Incident Reports dated 11/08/24, revealed a written report shall be made of any accident or incident in which a resident is involved in the facility .</p> <p>Review of Resident R78's clinical record revealed an admitted [DATE], with diagnoses that included arthritis, pain in right hip, and infection and inflammatory reaction due to internal right hip prosthesis (artificial hip joint).</p> <p>Review of Resident R78's clinical record revealed a progress note dated 7/07/2024, that indicated Resident R78 was sitting on his/her buttocks in front of wheelchair. It was reported by a Nurse Aide that Resident R78 had stood up and was attempting to transfer into bed independently with the call bell alarming. The Nurse Aide in response to the call bell, assisted Resident R78 and their knees buckled causing the resident to fall to the floor. Resident R78 was assessed with complaint of pain to the left lower leg. An order was received from the physician to transfer Resident R78 to the hospital. Resident R78 returned from the hospital with a diagnosis of fractured left femur.</p> <p>Review of Resident R78's clinical record and incident documentation revealed a lack of evidence that an investigation was completed. Further review of the clinical record and facility documentation lacked evidence of interviews from staff present at the time of the incident or handwritten statements from staff of the incident investigation to ensure the resident was free from abuse and/or neglect.</p> <p>During an interview on 11/14/2024, at 10:40 a.m. the Nursing Home Administrator (NHA) confirmed that there was a lack of a thorough investigation completed on Resident R78's incident with injury. The NHA also confirmed that all incidents should be investigated which included obtaining written statements.</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
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		