

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395902	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Normandie Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Normandie Drive York, PA 17404	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37116</p> <p>Based on clinical record review and staff interviews, it was determined that the facility failed to ensure that the resident assessment accurately reflected the resident's status for five of 21 residents reviewed (Residents 20, 27, 29, 49, and 56).</p> <p>Findings Include:</p> <p>Review of Resident 20's clinical record revealed diagnoses that included osteomyelitis (inflammation or swelling that occurs in the bone) and chronic kidney disease (CKD - when the kidneys have become damaged and cannot filter blood the way they should).</p> <p>Review of Resident 20's quarterly MDS (Minimum Data Set is part of federally mandated process for clinical assessment of all Medicare and Medicaid certified nursing homes) dated June 14, 2024, revealed in Section H. Bladder and Bowel, H0100. Appliances, A. Indwelling catheter, that Resident 20 had a catheter while a Resident during the previous 14 days.</p> <p>Review of Resident 20's clinical record failed to reveal any evidence of Resident 20 having a catheter while a Resident during the 14 days prior to the June 14, 2024, MDS.</p> <p>Interview with the Nursing Home Administrator (NHA) on August 6, 2024, at 1:40 PM, revealed that the MDS completed on June 14, 2024, was marked in error and should not have been coded to reveal that Resident 20 had a catheter while a Resident during the previous 14 days.</p> <p>Review of Resident 27's clinical record revealed diagnoses that included depression, congestive heart failure (CHF - disease process of the heart that results in decreased ability of the heart to pump blood through the body), presence of an automatic (implanted) cardiac defibrillator (a pacemaker-an artificial device for stimulating the heart muscle and regulating its contractions), and history of diabetic ulcer.</p> <p>Review of Resident 27's quarterly MDS dated [DATE], revealed in Section I. Diagnoses that the Resident was not coded as having heart failure or depression, but were coded in Section N. Medications as receiving medications for these diagnoses.</p> <p>Review of Resident 27's quarterly MDS dated [DATE], revealed in Section I. Diagnoses that the Resident was not coded as having heart failure or depression, but were coded in Section N. Medications as receiving medications for these diagnoses.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 27's Significant Change MDS dated [DATE], in Section I. Diagnoses, Resident 27 was not coded as having an automatic (implanted) cardiac defibrillator or depression but was coded in Section N. Medications as receiving medication to treat their depression.</p> <p>Review of Resident 27's modified quarterly MDS dated [DATE], revealed in Section I. Diagnoses that Resident 27 was not coded as having heart failure or depression. In addition, in Section M. Skin Conditions at question M1040. Other Ulcers, Wounds and Skin Problems, Resident 27 was not coded as having a diabetic foot ulcer. Resident 27 was coded in Section N. Medications as receiving medication to treat their heart failure and depression.</p> <p>Review of Resident 27's quarterly MDS dated [DATE], revealed in Section I. Diagnoses that Resident 27 was not coded as having heart failure or depression. In addition, in Section M. Skin Conditions at question M1040. Other Ulcers, Wounds and Skin Problems, Resident 27 was not coded as having a diabetic foot ulcer. Resident 27 was coded in Section N. Medications as receiving medication to treat their heart failure and depression.</p> <p>Review of Resident 27's clinical record revealed that the Resident was identified as having a diabetic ulcer on June 13, 2024, and continued to have the diabetic ulcer until it was reclassified as a pressure ulcer on July 11, 2024.</p> <p>During an interview with the NHA and Director of Nursing (DON) on August 8, 2024, at 12:23 PM, the NHA confirmed that all Resident 27's MDSs were coded in error, and that she would expect MDSs to be coded to represent an accurate reflection of the resident's status at the time the assessment was completed.</p> <p>Review of Resident 29's clinical record revealed diagnoses that included spinal stenosis (narrowing of the spinal canal which may result in pain, numbness and loss of motor control) and chronic kidney disease stage 4 (when the kidneys are moderately or severely damaged and are not working as well as they should to filter waste from your blood).</p> <p>Review of Resident 29's May 23, 2024, quarterly MDS revealed that the assessment was coded to indicate that she received an anticoagulant medication (blood thinner) during the look back period (seven days prior to the assessment date).</p> <p>Review of Resident 29's May 2024 MAR (Medication Administration Record - form used to document physician orders as well as when and how medications are administered to a resident) failed to reveal that Resident 29 had any orders for, or received any anticoagulant medications during the month.</p> <p>In email correspondence received from the NHA on August 6, 2024, at 1:24 PM, she confirmed that Resident 29's May 23, 2024, MDS assessment was coded in error.</p> <p>Review of Resident 49's clinical record revealed diagnoses that included nephritis (a condition in which the tissues in the kidney become inflamed and have problems filtering waste from the blood) and chronic kidney disease stage 4.</p> <p>Review of Resident 49's quarterly MDS dated [DATE], revealed in Section O0110. Special Treatments, Procedures, and Programs, J1. Dialysis, that Resident 49 received dialysis while a resident during the previous 14 days.</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 - Some</p>	<p>Review of Resident 49's electronic medical record failed to reveal any instance of Resident 49 receiving dialysis while a resident during the 14 days prior to the July 25, 2024, MDS.</p> <p>Interview with the DON on August 8, 2024, at 9:35 AM, revealed that the MDS completed on July 25, 2024, should have not been coded to reveal that Resident 49 received dialysis while a resident during the previous 14 days.</p> <p>Review of Resident 56's clinical record revealed diagnoses that included Alzheimer's disease (a progressive disease that destroys memory and other important mental functions) and hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone).</p> <p>Review of Resident 56's quarterly MDS dated [DATE], as well as their quarterly MD dated June 2, 2024, revealed in Section N. Medications, N0415. High-Risk Drug Classes: Use and Indication, that Resident 56 was prescribed antianxiety medications and antidepressant medications while a resident during the previous 14 days.</p> <p>Further review of Resident 56's quarterly MDS dated [DATE], as well as their quarterly MDS dated [DATE], revealed in Section I. Active Diagnosis, Psychiatric/Mood Disorder, that anxiety disorder was marked No, as well as depression (other than bipolar) was marked no, indicating Resident 56 does not have a diagnosis of anxiety or depression while a resident during the previous 14 days.</p> <p>Interview with the NHA on August 8, 2024, at 12:13 PM, she confirmed that Resident 56's quarterly MDS's on March 6, 2024, and June 2, 2024, were errors and should have been coded to reflect Resident 56 has an anxiety and depression diagnosis.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing services</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>47966</p> <p>Based on facility policy review, record review, and staff interview, it was determined the facility failed to implement a comprehensive person-centered care plan to maintain the highest practicable well-being for one of 21 residents reviewed (Resident 56).</p> <p>Findings include:</p> <p>Review of the facility policy, titled Care Plans, Comprehensive Person-Centered, last revised in March 2022, revealed that the comprehensive, person-centered care plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>Review of Resident 56's clinical record revealed diagnoses that included Alzheimer's disease (a progressive disease that destroys memory and other important mental functions) and hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone).</p> <p>Review of Resident 56's clinical record revealed an active physician's order for Haloperidol 0.5 milliliters orally two times a day for terminal agitation, with an active date of May 2, 2024.</p> <p>Review of Resident 56's current comprehensive person-centered care plan failed to reveal a care plan focus area or intervention area for their use of an antipsychotic medication.</p> <p>During an interview with the Nursing Home Administrator on August 8, 2024, at 12:13 PM, revealed that Resident 56's care plan now included a focus area for their use of an antipsychotic medication, and that she would have been expected the care plan to have been implemented prior to this day.</p> <p>28 Pa. Code 211.11 (d) Resident care plan</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37116</p> <p>Based on observations, clinical record review, and staff interviews, it was determined that the facility failed to review and revise the resident plan of care for three of 21 residents reviewed (Residents 19, 20, and 27).</p> <p>Findings include:</p> <p>Review of Resident 19's clinical record revealed diagnoses that included atrial fibrillation (irregular heart beat) and congestive heart failure (CHF - weakness of the heart that leads to buildup of fluid in the lungs and surrounding body tissues).</p> <p>Observation on [DATE], at 10:19 AM, revealed a monitor for a pacemaker (an artificial device for stimulating the heart muscle and regulating its contractions) was present on Resident 19's bedside stand.</p> <p>Review of Resident 19's current orders revealed an order to make sure her [NAME] (transmitter that reads and sends data from an implanted device to the doctor or clinic without having to visit the office) was plugged in and operating every shift for her pacemaker check, starting [DATE].</p> <p>Review of Resident 19's current care plan revealed a focus area for decreased cardiac output, which included interventions of pacemaker checks as ordered, and monitor [NAME] as ordered, but failed to include any safety interventions associated with the presence of the pacemaker.</p> <p>During an interview with the Nursing Home Administrator (NHA) and the Director of Nursing (DON) on [DATE], at 9:54 AM, the NHA indicated that it would be a good idea to have the safety measures care planned, but she would expect staff to use their professional judgement when they noted the presence of a cardiac pacemaker.</p> <p>During a follow-up interview with the NHA and DON on [DATE], at 12:19 PM, the NHA confirmed that Resident 19's care plan had been revised and confirmed that she would expect pacemaker safety precautions to be included in the care plan.</p> <p>Review of Resident 20's clinical record revealed diagnoses that included osteomyelitis (inflammation or swelling that occurs in the bone) and chronic kidney disease (CKD - when the kidneys have become damaged and cannot filter blood the way they should).</p> <p>Review of Resident 20's current active physician orders revealed an order for Full Code, with a revision date of [DATE].</p> <p>Review of Resident 20's POLST (Pennsylvania Orders for Life-Sustaining Treatment) form, completed on [DATE], revealed Resident 20 wishes to receive CPR (cardiopulmonary resuscitation) and full treatment.</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>Review of Resident 20's current care plan revealed a focus area for Resident wishes to remain a DNR (do not resuscitate) status will be upheld at all times, with an initiation date of [DATE], and a revision date of [DATE].</p> <p>Documentation provided on [DATE], at 1:46 PM, by the NHA revealed that Resident 20's care plan was updated to reflect that Resident 20 wishes to remain a full code status.</p> <p>Interview with the NHA and DON on [DATE], at 9:58 AM, revealed that they would expect Resident 20's care plan to match their physician orders.</p> <p>Review of Resident 27's clinical record revealed diagnoses that included type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), a stage 3 pressure ulcer (a full-thickness tissue loss wound where the tissue just under the skin may be visible, but no bone, tendon, or muscle is exposed), and the presence of an automatic (implanted) cardiac defibrillator (a pacemaker-an artificial device for stimulating the heart muscle and regulating its contractions).</p> <p>Observation of Resident 27 on [DATE], at 10:33 AM, revealed a monitor for a pacemaker at the bedside.</p> <p>Review of Resident 27's clinical record revealed that the Resident developed a diabetic ulcer on [DATE], and that the diabetic ulcer was reclassified as a stage 3 pressure ulcer on [DATE].</p> <p>Review of Resident 27's care plan revealed an active care plan focus for diabetic ulcer of the left foot, dated [DATE]. Further review of the care plan failed to identify a care plan focus for their stage 3 pressure ulcer.</p> <p>During an interview with the NHA and DON on [DATE], at 9:39 AM, the NHA confirmed that Resident 27's care plan should have been revised when the change in the wound occurred.</p> <p>Further review of Resident 27's care plan revealed a care plan focus for altered cardiovascular status, which included interventions for the presence of an implanted pacemaker and pacemaker checks as ordered, with an initiated date of [DATE], but failed to include any safety interventions associated with the presence of the pacemaker.</p> <p>During an interview with the NHA and the DON on [DATE], at 9:54 AM, the NHA indicated that it would be a good idea to have the safety measures care planned, but she would expect staff to use their professional judgement when they noted that Resident 27 had a pacemaker.</p> <p>During a follow-up interview with the NHA and DON on [DATE], at 12:19 PM, the NHA confirmed that Resident 27's care plan had been revised and confirmed that she would expect pacemaker safety precautions to be included in the care plan.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>47966</p> <p>Based on clinical record review and staff interviews, it was determined that the facility failed to ensure that residents receive necessary treatment and services, consistent with professional standards of practice, to promote healing for one of two residents reviewed (Resident 42).</p> <p>Findings include:</p> <p>Review of Resident 42's clinical record revealed diagnoses that included hypertension (high blood pressure) and chronic atrial fibrillation (when the abnormal heart rhythm lasts for more than a week).</p> <p>Review of Resident 42's July 2024 TAR (Treatment Administration Record) revealed an order for mid back wound: cleanse with normal saline, allow to dry, apply skin prep to peri wound, apply medi honey to a piece of calcium alginate and place directly to wound bed, secure with foam dressing every day shift for wound care, with a start date of July 26, 2024.</p> <p>Further review of Resident 42's July 2024 TAR revealed that the treatment for the mid back wound was blank on July 27, 30, and 31, 2024, indicating that it was not completed on those days.</p> <p>Review of Resident 42's July 2024 TAR also revealed an order for right back wound: cleanse with normal saline, allow to dry, apply skin prep to peri wound, apply double layer of xeroform, secure with dry sterile dressing, every day shift every 2 days for wound care, with a start date of July 25, 2024.</p> <p>Further review of Resident 42's July 2024 TAR revealed that the treatment for the right back wound was blank on July 27 and 31, 2024, indicating that it was not completed on those days.</p> <p>Review of Resident 42's clinical record revealed no progress notes indicating why the wound treatment was not completed for their mid back wound on July 27, 30, and 31, 2024, and for their right back wound on July 27 and 31, 2024.</p> <p>Interview with the Nursing Home Administrator and the Director of Nursing on August 8, 2024, at 9:59 AM, revealed they would expect staff to document on the TAR once the treatment is completed, and to write a progress note in their clinical record documenting if the resident is refusing care.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>46253</p> <p>Based on clinical record review, review of facility provided documentation and reports, and resident and staff interviews, it was determined that the facility failed to ensure sufficient staff to assure residents attain or maintain the highest practicable physical, mental, and psychosocial well-being for one of 19 residents reviewed (Resident 213).</p> <p>Findings include:</p> <p>Review of Resident 213's clinical record revealed diagnoses that included obesity and urinary tract infection.</p> <p>Review of Resident 213's care plan revealed a focus for activities of daily living self-care performance deficit related to impaired balance and fatigue with an intervention for limited assistance of one person for toileting, dated July 31, 2024. In addition, the care plan revealed a focus for limited physical mobility related to weakness and acute hospitalization with an intervention for assist of one person with a rolling walker for ambulation, dated July 31, 2024.</p> <p>During an interview with Resident 213 on August 5, 2024, at 12:37 PM, Resident 213 indicated that the Resident cannot get out of bed without staff assistance to go to the bathroom, often wait a long time to get their call bell answered, and the Resident soiled themselves this morning while waiting for someone to come and answer the call light.</p> <p>Review of facility provided report, titled Device Activity Report, from August 5-7, 2024, for Resident 213 revealed the following:</p> <p>1) on August 5, 2024, at 8:28:50 AM, their call bell alarmed and was cleared at 9:00:22 AM, a total of 31 minutes and 32 seconds;</p> <p>2) on August 5, 2024, at 6:33:07 PM, their call bell alarmed and was cleared at 6:58:58 PM, a total of 25 minutes and 51 seconds;</p> <p>3) on August 7, 2024, at 1:57:30 PM, their call bell alarmed and was cleared at 2:48:17 PM, a total of 50 minutes and 47 seconds; and</p> <p>4) on August 7, 2024, at 6:51:22 PM, their call bell alarmed and was cleared at 7:24:16 PM, a total of 32 minutes and 54 seconds.</p> <p>Review of facility provided staffing information from August 1-7, 2024, revealed that on August 5, 2024, for day shift the census was 62 and that the facility needed a minimum of 49.60 hours for nurse aides, and they provided a total of 48 hours; therefore, not meeting the minimum hours needed based on the facility census. In addition, the facility needed a minimum nurse aide ratio of 6.20 and provided 6.00; therefore, not meeting the required ratio of nurse aides based on facility census.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on August 8, 2024, at 10:04 AM, the NHA confirmed they were not able to meet staffing ratios on August 5, 2024, for day shift.</p> <p>In an email communication received from the NHA on August 8, 2024, at 12:39 PM, she indicated, I would expect [Resident 213's] light to be answered sooner. No other information was provided for review.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p> <p>28 Pa. Code 211.12(d)(5)(f.1)(3) Nursing services</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>40010</p> <p>Based on clinical record review, policy review, and staff interviews, it was determined that the facility failed ensure as needed psychotropic drugs are limited to 14 days or have documented rationale and duration for one of five residents reviewed (Resident 1); and failed to ensure effects and side effects of psychotropic medications were being monitored for one of five residents reviewed (Resident 56).</p> <p>Findings include:</p> <p>Review of facility policy, Psychotropic Medications, revised December 4, 2023, revealed, PRN [as needed] orders for psychotropic medications will be limited to 14 days unless the physician identifies the rationale to extend the medication beyond 14 days.</p> <p>Review of Resident 1's clinical record revealed diagnoses that included anxiety (a feeling of fear, dread, and uneasiness) and depression (major loss of interest in pleasurable activities, characterized by change in sleep patterns, appetite, and/or daily routine).</p> <p>Review of Resident 1's physician's orders dated August 5, 2024, revealed a current order for Lorazepam (antianxiety/psychotropic medication) 0.5 mg to be given every eight hours, as needed, that was ordered on July 11, 2024, without stop date.</p> <p>Review of Resident 1's clinical record on August 7, 2024, failed to reveal a rationale and duration, documented by the physician, for the PRN psychotropic medication to extended beyond 14 days.</p> <p>Interview with the Nursing Home Administrator (NHA) on August 7, 2024, at 11:32 AM, revealed that the expectation is that the physician would limit the use of the PRN psychotropic medications to 14 days or document the rationale for the extended order, as stated in the facility policy.</p> <p>Review of Resident 56's clinical record revealed diagnoses that included Alzheimer's disease (a progressive disease that destroys memory and other important mental functions) and hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone).</p> <p>Review of Resident 56's clinical record revealed an active physician's order for Haloperidol 0.5 milliliters orally two times a day for terminal agitation, with an active date of May 2, 2024; an order for Lorazepam Oral Tablet 0.5 milligram one tablet by mouth at bedtime for anxiety, with an active date of April 1, 2024; an order for Duloxetine 30 milligram capsule one time a day for depression, with an active date of April 1, 2024; and an order for Bupropion 75 milligram tablet, two tablet orally two times a day for depression, with an active date of April 1, 2024.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further review of Resident 56's physician's orders also reveal an order to observe closely for significant side effects of anti-anxiety medication including drowsiness, slurred speech, dizziness, nausea, aggressive or impulsive behavior every shift document: 'Y' if monitored and none of the above observed, 'N' if monitored and any of the above was observed, select chart code 'Other/See Nurses Notes' and progress note findings, with a start date of April 1, 2024.</p> <p>Review of Resident 56's physician's order also reveal an order to observe closely for side effects of antipsychotic medication including dry mouth, constipation, blurred vision, disorientation or confusion, difficulty urinating, hypotension, dark urine, yellow skin, nausea or vomiting, lethargy, drooling, extrapyramidal symptoms (tremors, disturbed gait, increased agitation, restlessness, involuntary movement of mouth or tongue) every shift documents: 'Y' if monitored and none of the above are observed, 'N' if monitored and any of the above was observed, select chart code 'Other/See Nurses Notes' and progress note findings, with a start date of April 1, 2024.</p> <p>Review of Resident 56's May 2024 TAR (Treatment Administration Record), June 2024 TAR, July 2024 TAR, and August 2024 TAR revealed that staff documented a check mark during day, evening, and night shift for the entire month for the observation orders above, which does not accurately reflect if Resident 56 is displaying any side effects from the psychotropic medications the Resident is being administered.</p> <p>Review of Resident 56's clinical record revealed no nurses' progress notes indicating if Resident 56 is displaying any behaviors from the psychotropic medications they are being administered.</p> <p>During an interview with the NHA and the Director of Nursing on August 8, 2024, at 12:13 PM, revealed that staff have been documenting Resident 56's May 2024, June 2024, July 2024, and August 2024 TARs incorrectly and they would expect them to follow the physician's order for documentation.</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>37116</p> <p>Based on policy review, observations, clinical record review, and staff interviews, it was determined that the facility failed to provide adaptive feeding devices for two of two residents reviewed (Residents 19 and 27).</p> <p>Findings include:</p> <p>Review of facility policy, titled Adaptive Feeding Devices, dated January 2016, revealed, Adaptive feeding equipment will be provided to residents to enhance resident independence and comfort . The Food & Nutrition Services Department will store the adaptive equipment and provide to resident for use during meals and snacks.</p> <p>Review of Resident 19's clinical record revealed diagnoses that included atrial fibrillation (irregular heart beat) and GERD (gastroesophageal reflux disease - digestive disease where the muscle rings between the stomach and esophagus become weak or relax inappropriately allowing the stomach's contents to flow up into the esophagus).</p> <p>Review of Resident 19's current orders revealed an order for adaptive equipment during meals, including dycem (non-slip mat) under her plate, starting April 1, 2024.</p> <p>Review of Resident 19's current care plan revealed that she had a self-care performance deficit related to confusion, general weakness, immobility, and cognitive impairment, and that she required adaptive equipment while eating including dycem under her plate at the table.</p> <p>Observation on August 5, 2024, at 12:09 PM, revealed Resident 19 eating her meal. No dycem was present under her plate. Several times her plate slid when she took a scoop of food, causing her to reposition it before taking another bite.</p> <p>Observation of Resident 19's meal ticket at that time revealed it was notated that she should have dycem under her plate during meals.</p> <p>During an interview with Employee 3 (Nurse Aide) at the time of observation, she stated that she inquired about Resident 19's dycem and was told by dietary staff that they did not have any on hand in the dining room, but that someone would go get it.</p> <p>Resident 19 was provided with a piece of dycem at 12:19 PM.</p> <p>During an interview with the Nursing Home Administrator (NHA) on August 8, 2024, at 12:20 PM, she revealed the expectation that Resident 19 should have had all required adaptive equipment.</p> <p>Review of Resident 27's clinical record revealed diagnoses that included Parkinson's disease (a long-term degenerative disorder of the central nervous system that mainly affects the motor system) and muscle weakness.</p> <p>(continued on next page)</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 27's physician orders revealed an order for a Kennedy cup dated March 3, 2024.</p> <p>Review of Resident 27's care plan revealed a care plan focus for being at risk for alterations in nutrition and hydration and at risk for aspiration, with an intervention to provide adaptive equipment as ordered, with a revision date of July 1, 2024.</p> <p>Observation of Resident 27 at lunch on August 5, 2024, at 12:18 PM, revealed that the Resident had a two handled sippy cup with a straw.</p> <p>During an interview with Employee 2 on August 5, 2024, at 12:19 PM, Employee 2 indicated that Resident 27 did not have a Kennedy cup because they are all upstairs.</p> <p>Observation of Resident 27 at lunch on August 7, 2024, at 12:12 PM, revealed that the Resident had a two handled sippy cup with a straw and no Kennedy cup.</p> <p>Observation of Resident 27 at breakfast on August 8, 2024, at 9:00 AM, revealed that the Resident had a two handled sippy cup with a straw and no Kennedy cup.</p> <p>During an interview with the NHA and Director of Nursing on August 8, 2024, at 9:40 AM, the NHA confirmed that she would expect residents to receive their adaptive equipment as ordered.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing 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>46253</p> <p>Based on facility policy review, observations, facility documentation review, and staff interviews, it was determined that the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety in the kitchen in two of two kitchenettes, on tray service line, and in one of two ice machines (Tulip kitchenette).</p> <p>Findings include:</p> <p>Review of facility policy, titled Labeling & Dating, dated January 2016, revealed All foods will be appropriately wrapped, labeled and dated based on food storage guidelines. Appropriate storage temperatures and food rotation procedures are followed. All foods are labeled, dated, and securely covered and use-by-dates are monitored and followed.</p> <p>Review of facility policy, titled Receiving & Storage, dated January 2016, revealed 5. All items are dated when received to ensure correct product rotation and 6. Products must be checked to detect unacceptable items, i.e. dented, swollen or rusted cans</p> <p>Review of facility policy, titled Outside Food, dated March 2018, revealed that any food that is brought in for residents by visitors will be labeled, dated, and discarded according to procedure; 2. Labels should include the resident name, room number, date the food was brought in, date it was opened and the date it should be discarded by.</p> <p>Tour of the kitchen with Employee 4 (Director of Dining Services) on August 5, 2024, at 9:46 AM, revealed the following concerns:</p> <p>1) The walk-in production cooler contained a large plastic container of toasted sesame dressing and mayonnaise that were not dated. An immediate interview with Employee 4 revealed that the items should have been dated when opened and should be discarded if not used in within six months of the open date.</p> <p>2) The walk-in freezer contained a bag of French fries, a bag of frozen fish filets, and a bag of garlic bread that were not sealed closed, a package of waffles (not in a shipment case) that had not been opened but had no dates indicated on the packaging, and a bag of frozen mixed vegetables (not in a shipment case) that had not been opened but had no dates indicated on the packaging. An immediate interview with Employee 4 revealed that they go by the shipment date on the label, which is located on the case, to determine expiration dates, and confirmed that there was no date on the waffles or mixed vegetables as they were no longer contained in the shipment case. Employee 4 also confirmed that the fries, fish, and garlic bread were not sealed closed.</p> <p>(continued on next page)</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>3) The dry storage room contained an opened case of oatmeal creme pie snack cakes with no shipment date noted on the case; an open package of spiral noodles, open package of spaghetti noodles, and an open bottle of barbecue sauce that had no open dates indicated. An immediate interview with Employee 4 indicated that they do not date the boxes of snack cakes. The facility goes by the shipment date on the case and that they are discarded if not used in within six months of the shipment date unless there is use by date specifically indicated on the packaging by the manufacturer. Employee 4 confirmed that the case of oatmeal creme pie snack cakes had no shipment label and stated, it vanished. Employee 4 also confirmed that the pasta noodles and barbecue sauce were not dated with an open date.</p> <p>4) The produce cooler contained a plastic manufacturer container of strawberries with gray fuzz noted on the strawberries. None of the produce was noted to be dated. An immediate interview with Employee 4 revealed that they do not date produce and that they go by appearance of the fruit and vegetables to determine when it should be discarded.</p> <p>5) The canned goods rack contained a dented can of apple pie filling and fruit cocktail, and butterscotch pudding; and the banana pudding, diced apples, and caramel topping cans contained no dates. An immediate interview with Employee 4 revealed that the dented cans should not have been placed on the rack when received dented. In addition, Employee 4 confirmed that there were no dates on banana pudding, diced apples, and caramel topping.</p> <p>6) In the prep area there was an open container of molasses that indicated by the manufacturer to use by May 4, 2024; an open container of mustard and soy sauce with no dates noted; and a box of corn starch that was not sealed closed. Employee 4 confirmed that the molasses should have discarded, the mustard and soy sauce should have been dated, and that the corn starch should have been sealed closed.</p> <p>Observation of the cooking area revealed a metal shelving unit that had 19 servings ladles stored with scoop side up hanging off the side of the shelf near a passageway through the kitchen. Employee 4 offered no information as to why these would be stored in this manner.</p> <p>During an interview with Employee 4 on August 5, 2024, at 10:14 AM, Employee 4 confirmed that he would expect items to be labeled, dated, and stored properly.</p> <p>Observation of the [NAME] Unit Kitchenette on August 5, 2024, at 10:20 AM, revealed in the cupboard an open plastic container of ketchup and mustard that were not dated with an opened date. In the refrigerator, there was a clear plastic manufacturer container of hummus and a clear plastic manufacturer container of cherry tomatoes with no name or date noted.</p> <p>(continued on next page)</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>Observation of tray line in the Tulip kitchenette on August 6, 2024, at 11:56 AM, revealed that Employee 1 was serving food on the tray line with clear gloves present on both hands. Employee 1 left the tray line and used their right gloved hand to open the refrigerator door handle, and then used both of their gloved hands to retrieve a package of tortilla wraps and a chilled plate. Employee 1 proceeded to go to the counter, open the package of tortillas, remove one, fill it with a meat salad, used both of their gloved hands to roll the wrap and hold it while cutting it in half, and then Employee 1 placed the wrap on the plate and handed it to another employee to serve. Employee 1 then removed their gloves and applied a new pair of gloves. Employee 1 was then witnessed to again leave the tray line and, with their right gloved hand, retrieved a chilled plate and took it to Employee 5. Employee 1 then returned to the tray line and continued to plate food. Employee 1 used their left gloved hand to move the mixed vegetables over on the plate that they had placed too close to the edge of the plate with the scoop. Employee 1 was then observed to place a scoop of chopped meat onto a plate. Employee 1 then realized that they had placed the meat on the wrong type of plate. Employee 1 then used her right gloved hand, which they had previously used to touch the refrigerator door handle, and scraped the meat off the plate onto the correct plate.</p> <p>During an interview with Employee 1 on August 6, 2024, at approximately 12:15 PM, Employee 1 confirmed that they had touched the door handle of the refrigerator and then touched food that was served to residents without changing their gloves.</p> <p>Observation of the Tulip kitchenette on August 7, 2024, at 10:16 AM, revealed a plastic storage container of brown sugar that had a small scoop stored inside of the container. The ice machine had a serving scoop stored inside of the ice machine on the right-hand side in a metal type rack. An employee dressed in scrubs was observed to come in and retrieve ice from the machine and place it in a clear water pitcher. This employee was not observed to have washed their hands prior to using the scoop in the ice machine. In addition, it was noted that there were two stacks of divided plates and lip plates on the counter with the service side being upright; a large plastic bin of coffee cups sitting out on the counter with approximately 20 cups sitting with the service side being upright; and there were approximately seven stacks of plate domes on the counter with the service side being upright.</p> <p>During an interview with the Nursing Home Administrator (NHA) and the Director of Nursing (DON) on August 7, 2024, at 11:06 AM, all observations were shared. The NHA confirmed that she would expect items to be labeled, dated, and stored properly and that food should be served in a sanitary manner.</p> <p>Review of facility provided Refrigerator Temperature Log indicated maintain refrigerator temperature at 40 degrees Fahrenheit or below and to complete the corrective action column if temperatures are not in proper ranges.</p> <p>Review of recorded temperatures for the Tulip dining room kitchenette refrigerator for June 2024, revealed the following temperature concerns:</p> <p>1) June 3, at 4:30 PM, the temperature was logged as 44 and no information was included in the corrective action/comments column;</p> <p>2) June 4, at 4:30 PM, the temperature was logged as 42 and no information was included in the corrective action/comment's column;</p> <p>(continued on next page)</p>		

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