

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395903	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Harmony Hills Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 194 Swinderman Road Wexford, PA 15090	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35785</p> <p>Based on review of facility policy, clinical records, resident and staff interviews it was determined that the facility failed to implement pharmaceutical services to ensure availability and administration of prescribed medications for one of four sampled residents (Residents R1). This deficiency is cited as past non-compliance.</p> <p>Findings include:</p> <p>The facility Medication packaging policy dated 6/17/24, indicated that medications are provided in packaging to facilitate accurate administration and accountability of medication. It is suggested that nurses review the medication administration records (MAR) prior to passing medications in order to prevent errors.</p> <p>Review of Residents R1's admission record indicated she was admitted on [DATE].</p> <p>Review of Residents R1's MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 5/18/24, indicated that she had diagnoses that included paraplegia (paralysis of the legs and lower body), anxiety disorder (a medical condition creating a sense of acute fear, restlessness, and worry), history of TIA (Transient ischemic attack-blockage of blood flow in the brain), hyperlipidemia (elevated lipid levels within the blood), diabetes (metabolic disorder impacting organ function related to glucose levels in the human body), disfunction of bladder, and a history of Urinary Tract Infection (an infection in any part of the kidneys, bladder or urethra). The review found these diagnoses to be the most current.</p> <p>Review of Residents R1's care plan dated 6/20/24, indicated to provide medications as ordered and document effectiveness.</p> <p>Review of Residents R1's physician orders dated 3/5/24, indicated to administer Tizanidine (Zanaflex) 2 mg, three times a day for spasms</p> <p>Review of Residents R1's medication administration record (MAR) for July 2024, indicated a 9-see note on 7/8/24 and 7/9/24.</p> <p>Review of Residents R1's medication administration notes dated 7/8/24 and 7/9/24, indicated that Tizanidine (Zanaflex) 2mg ordered for three times a day for spasms was not available to give.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/7/24, at 10:49 a.m. Resident R1 stated the following: I've been here for three years. I think I missed my medications in July for maybe two weeks. The medication is Tizanidine/Zanaflex, on a Thursday night, the fourth of July weekend. They ran out of the medication and they told me that I was ordered it from pharmacy. Never got the medications until Tuesday of the following week. I take it three times a day. I am not sure why the medications are not ordered before they run out.</p> <p>The pharmaceutical report dated 7/15/24, indicated that the Omnicell (automated medication dispensing machine use to hold and account for medication) now had the Tizanidine for use.</p> <p>On 7/9/24, the facility administration initiated plan of correction actions. The facility plan of correction actions included:</p> <ol style="list-style-type: none"> 1) Audits of Medication carts for Nursing units A, B, C/D per week for four weeks starting 7/9/24 and ending 8/2/24. 2) Re-education on 7/10/24 with nursing staff about pharmacy services, ordering medications, and Omnicell 3) Listing of medications available in the Omnicell on each medication cart in the event that a medication is unavailable 4) Investigation about insurance dropping medication starting on 7/9/24. 5) Discussion with Resident R1's family about the medication not being available. 6) The DON spoke to pharmacy about adding the medication Tinizidine to the Omnicell. 7) The nurse supervisor called pharmacy on 7/7/24 and 7/8/24 about the Tinizidine. The nurse supervisor did notify the doctor about Tinizidine not being available. 8) Quality Assurance Performance Improvement (QAPI) creation of a PIP (Performance improvement plan) for starting 7/10/24 and ending 7/17/24 to ensure medication availability. <p>Review of facility documentation on 8/7/24, indicated corrective actions had taken place and that the facility had demonstrated compliance with the regulation as of 8/2/24.</p> <p>During an interview on 8/7/24, at 11:42 a.m. the Director of Nursing (DON) confirmed that the facility failed to implement pharmaceutical services to ensure availability and administration of prescribed medications for Resident R1. The facility had implemented a plan of correction and achieved compliance on 8/2/24 ensuring the availability and administration of prescribed medications.</p> <p>(continued on next page)</p>		

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