

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/23/2024
NAME OF PROVIDER OR SUPPLIER  Artman Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE  250 North Bethlehem Pike Ambler, PA 19002	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43277</b></p> <p>Based on review of facility policy, review of facility documentation, and review of clinical records it was determined that the facility failed to develop a person-center, comprehensive care plan related to impaired skin integrity for one of 15 residents reviewed (Resident R26).</p> <p>Findings Include:</p> <p>Review of facility policy Care Planning, undated, revealed a care plan shall be developed for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychosocial needs. The resident's comprehensive care plan is developed within 7 days of submission of the complete MDS (Minimum Data Set - federally mandated resident assessment and care screening) assessment.</p> <p>Review of Resident R26's quarterly MDS dated [DATE], revealed the resident had short and long-term memory problems and was at risk of developing pressure ulcers.</p> <p>Review of facility skilled wound report dated August 15, 2024, by Licensed Nurse, Employee E5, revealed Resident R26 had a deep tissue injury (DTI - localized area of discolored intact skin or blood filled blister due to damage of underlying soft tissue from pressure and/or shear) of the right fifth toe with an onset date of July 11, 2024.</p> <p>Review of Resident R26's care plan revealed no documented evidence the facility developed or implemented a person-centered, comprehensive care plan with measurable objectives and timetables to address the resident's impaired skin integrity.</p> <p>211.10 (d) Resident care policies.</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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>43277</p> <p>Based on observations, review of facility policy, and staff interviews it was determined that the facility failed to implement procedures to ensure food was served at safe, appetizing temperatures for one of six residents observed in the dining room (Resident R31).</p> <p>Findings Include:</p> <p>Review of facility policy Food Temperatures, undated, revealed microwave re-heating is appropriate and acceptable when a resident requests to have their food reheated. Upon removal of the food from the microwave, the food will be stirred or rotated and then allowed to stand covered for two minutes before served to assure that the temperature will be under 180 degrees Fahrenheit.</p> <p>Review of Resident R31's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) revealed the resident had moderate cognitive impairment and had diagnoses of muscle weakness and dementia (group of symptoms affective memory, thinking abilities, and social abilities).</p> <p>Observations on August 21, 2024, at 12:35 p.m. in the Park dining room revealed dietary aide, E4, heated up a plate of food (hot dog and beans) for Resident R31. Further observations revealed dietary employee, E4, removed the plate from the microwave and handed it directly to the nurse aide to serve to Resident R31 without checking the temperature or letting it sit to come down to the proper temperatures.</p> <p>Subsequent interview on August 21, 2024, at 12:35 p.m. with dietary aide, Employee E4, confirmed the temperature of the food was not checked to ensure it was being served at safe temperatures.</p> <p>211.12 (d)(5) Nursing services.</p>		

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<p>F 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>43277</p> <p>Based on observations, review of clinical record, and staff interview it was determined that the facility failed to provide beverages consistent with resident needs for one of six residents reviewed with altered fluid consistency (Resident R17).</p> <p>Findings Include:</p> <p>Review of Resident R17's clinical record revealed a physician order dated August 18, 2024, that revealed Resident R17 was ordered nectar consistency liquids (beverages that are thicker than water and fall slowly from a spoon).</p> <p>Observations on August 21, 2024, at 10:00 a.m. revealed Resident R17's breakfast tray was sitting on the overbed table in the resident's room. Observations revealed the meal ticket indicated Resident R17 was to be provided nectar thick liquids. Further observations revealed Resident R17 was provided with orange juice that was of thin, regular, consistency.</p> <p>Interview on August 21, 2024, at 10:05 a.m. with Nurse Aide, Employee E3, confirmed Resident R17 was provided with the wrong beverage.</p> <p>211.10 (c) Resident care policies.</p> <p>211.12 (d)(5) Nursing services.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>46508</p> <p>Based on review of facility policy/Infection Control Program Overview, interview staff, review of facility record, it was determined that the facility failed to designate one or more individual as the infection preventionist who work at least part time at the facility.</p> <p>Findings include:</p> <p>Review facility Infection Control Program Overview, under section Goals: The goals of the infection control program are to #a Decrease the risk of infection to residents and personnel #b Monitor for occurrence of infection and implement appropriate control measures. #c Identify and correct problems relating to infection control practices #d ensure compliance with the state and federal regulations relating to infection control. Under section Division of Responsibilities for Infection Control Activities: the administrator is ultimately responsible for the infection control program. #A. Infection control practitioner or designee Responsibility is delegated to a staff member acting as the infection control practitioner or to a trained infection control practitioner to carry out the daily functions of the infection control program. Those functions are described in the Infection Control practitioner job description. The infection control practitioner or designee has knowledge and interest in infection control.</p> <p>Interview with Director of Nursing Employee E2 conducted on August 21, 2024, at 12:45pm confirmed that Employee E2 was the full time Director of Nursing at the facility. Further interview with Employee E2 also revealed that while being the full time Director of Nursing, Employee E2 was also the infection preventionist for the facility and that she was the only employee in the facility with an infection control certification.</p> <p>Follow-up interview with Employee E2 conducted on August 23, 2024, at 10:46 am revealed that Employee E2 also revealed that she does not clock in because she is a salary employee. Further Employee E2 also revealed that there was no documented evidence that she also worked part time as an infection preventionist.</p> <p>28 Pa. Code 210.18(e)(1) Management</p> <p>28 Pa. Code 211.12(d)(1) Nursing Services</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46508</b></p> <p>Based on review of clinical record, review facility policy, and interview with staff, it was determined that the facility failed to ensure the residents were provided with education regarding the benefits and potential side effects of influenza immunization for two of two residents reviewed (Resident R29 and Resident R14).</p> <p>Findings:</p> <p>Review facility policy on Influenza and Pneumococcal Vaccination revealed that under section Policy, it is the policy of [NAME] that each resident is to be protected against the influenza virus. Influenza vaccine will be offered for each resident annually. Under section Purpose to control a potential outbreak and prevent residents, visitors, and employees from being infected by the influenza virus. Under section procedure #1. Up and admission, readmission and annually the residence medical record will be reviewed for a history of influenza pneumococcal vaccination. #3 Each year the influenza vaccination is offered in a high dose for residents over [AGE] years of age and if indicated, the resident will be offered pneumococcal vaccination. If the resident/resident representative declines education about risk and complications of not receiving the influenza or pneumococcal vaccine will be discussed. #5 An order to administer the influenza vaccination each year will be obtained. #6 The resident will receive the influenza vaccination as ordered.</p> <p>Review of Resident R29's clinical record revealed no documented evidence that before offering the influenza immunization, Resident R29 received education regarding the benefits and potential side effects of the immunization.</p> <p>Review of Resident R14's clinical record revealed no documented evidence that before offering the influenza immunization, Resident R14 received education regarding the benefits and potential side effects of the immunization.</p> <p>Interview with Director of Nursing Employee E2 conducted on August 23, 2024, at 10:46 AM revealed that residents and families are provided with consent forms for vaccinations upon admission only and only asks the residents verbally if they want the vaccines at the beginning of each flu season. Further, Employee E2 confirmed that there was no documented evidence that the residents or the resident representatives received education regarding the benefits and potential side effects of influenza immunization.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		