

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395927	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Stoneridge Poplar Run		STREET ADDRESS, CITY, STATE, ZIP CODE 450 East Lincoln Avenue Myerstown, PA 17067	

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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>14599</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to notify the resident and the resident's representative(s) of transfer(s), including the reasons for the moves and Ombudsman information, in writing upon transfer from the facility for three of three sampled residents who were transferred to the hospital. (Resident 14, 18, 24)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 14 was transferred to the hospital on September 21, 2024, after a change in condition. There was no documentation to support that the resident or the resident's responsible party or legal representative was provided written information regarding the transfer to the hospital.</p> <p>Clinical record review revealed that Resident 18 was transferred to the hospital on May 24, 2024, after a change in condition. There was no documentation to support that the resident or the resident's responsible party or legal representative was provided written information regarding the transfer to the hospital.</p> <p>Clinical record review revealed that Resident 24 was transferred to the hospital on April 27, 2024, after a change in condition. There was no documentation to support that the resident or the resident's responsible party or legal representative was provided written information regarding the transfer to the hospital.</p> <p>In an interview on October 3, 2024, at 11:20 a.m., the Administrator confirmed that the residents or resident representatives were not given written notices regarding their transfers.</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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48578</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to develop a comprehensive care plan that addressed individual resident needs as identified in the comprehensive assessment for two of 14 sampled residents. (Residents 17, 18)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 17 was admitted to the facility on [DATE], and had diagnoses that included dementia and a lumbar spine compression fracture. The Minimum Data Set (MDS) assessment dated [DATE], noted that the resident received daily scheduled pain medication. The Minimum Data Set (MDS) Care Area Assessment (CAA) summary dated April 19, 2024, noted that the resident's pain was to be addressed in the care plan. There was no evidence that interventions to address Resident 17's pain were included in the current care plan.</p> <p>Clinical record review revealed that Resident 18 was admitted to the facility on [DATE], and had diagnoses that included cognitive communication deficits and anxiety. The MDS assessment dated [DATE], noted that the resident had impaired cognition. The MDS CAA summary dated May 11, 2024, noted that the resident's cognitive loss and dementia were to be addressed in the care plan. There was no evidence that interventions to address Resident 18's cognitive loss and dementia were included in the current care plan.</p> <p>In an interview on October 3, 2024, at 11:05 a.m., the Nursing Home Administrator confirmed the above care areas were not addressed in the care plans.</p> <p>28 Pa. Code 211.12(d)(1)(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 - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45125</p> <p>Based on policy review, observation, and staff interview, it was determined that the facility failed to properly store food and maintain sanitary conditions in the skilled unit kitchen and the main kitchen of the dietary department.</p> <p>Findings include:</p> <p>Review of the facility's policy entitled, Food Storage, dated August 13, 2024, revealed that when a food item was opened, a use-by date must be noted on the item and the food was to be discarded after this date.</p> <p>Observations during the tour of the skilled unit kitchen on October 1, 2024, at 9:50 a.m., revealed the following:</p> <p>The ice machine had a white substance on the outside of the lid. Inside the ice machine there was a dark substance along the front of the plastic ice shield. The can opener had a black dried substance on the blade. There was a hair on the can opener.</p> <p>Observations during the tour of the main kitchen on October 1, 2024, at 10:15 a.m., revealed the following:</p> <p>In Walk-In Cooler 1 there was an opened package of lunch meat with a use-by date of September 28, 2024, and an opened container of mozzarella cheese with a use-by date of August 31, 2024. In Walk-In Cooler 2, there were two large pans of bread stuffing, two opened containers of sliced turkey, an opened package of unsliced turkey and a pan of pureed sausage that were not dated.</p> <p>In an interview on October 1, 2024, at 10:30 a.m., the Executive Chef confirmed these items were for the Skilled Unit, and should have been dated, and were not.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p>		

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<p>F 0868</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>48578</p> <p>Based on facility policy review, documentation review, and staff interview, it was determined that the facility failed to ensure that all required staff persons attended Quality Assurance and Performance Improvement (QAPI) Committee meetings on a quarterly basis.</p> <p>Findings include:</p> <p>A review of the facility's QAPI Plan, last reviewed on November 2, 2023, revealed the Quality Assessment and Assurance (QA&A) Committee was responsible for meeting, at minimum, on a quarterly basis, and was to include the Medical Director (MD) and the Infection Prevention and Control (IPC) Officer.</p> <p>A review of QAPI Committee meeting sign-in sheets for April through August 2024, revealed that the Medical Director was last present in April 2024, and the Infection Preventionist was last present in May 2024.</p> <p>In an interview on October 3, 2024, at 12:40 p.m., the Nursing Home Administrator confirmed that the MD and IPC did not attend the minimum required meetings from April through August, 2024.</p> <p>28 Pa. Code 201.18(e)(1)(3) Management.</p>		