

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Rehabilitation Center at Jefferson Hills, The		STREET ADDRESS, CITY, STATE, ZIP CODE 540 Coal Valley Road Jefferson Hills, PA 15025	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26071</p> <p>Based on review of facility policy, clinical records and staff interview, it was determined that the facility failed to notify the family of a change in condition in a timely manner for one of four residents (Resident R1).</p> <p>Findings include:</p> <p>Review of the facility policy Notification of Change Condition: Responsible Party/Guardian dated 5/1/24, indicated the responsible party or guardian is to be notified when there has been any break in the resident's skin integrity.</p> <p>Review of the clinical record indicated that Resident R1 was admitted to the facility on [DATE], with diagnoses that included dementia and a fractured left leg.</p> <p>Review of the Minimum Data Set (MDS - a periodic assessment of care needs) dated 7/4/24, indicated the diagnoses remain current.</p> <p>Review of Resident R1's admission assessment dated [DATE], indicated the resident had a skin alteration to the coccyx (lower back) 0-0.3 cm (centimeters) with light exudate (abrasion) and granulated (healing) tissue.</p> <p>Review of Resident R1's nurse progress note dated 7/8/24, indicated possible [NAME] Wound (pressure ulcer that has a sudden onset and rapid progression) to coccyx 6.5 cm X 7 cm, dressing applied and wound care CRNP (certified registered nurse practitioner) sent to assist in treatment plan.</p> <p>There was no evidence in the clinical record that the resident's family was notified of this change in condition.</p> <p>During an interview on 8/22/24, at 3:0 p.m. the Director of Nursing confirmed that the facility failed to notify the family of a change in condition in a timely manner for one of four residents (Resident R1).</p> <p>28 Pa. Code: 201.29(a)(b)(c)(d)(j)(m) Resident rights.</p> <p>28 Pa. Code: 201.14(a)(c)(d)(e) Responsibility of licensee.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p> <p>28. Pa. Code: 211.10(a)(c)(d) Resident care policies.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26071</p> <p>Based on review of facility policies and clinical records and staff interview, it was determined that the facility failed to make certain that medical records on each resident are complete and accurately documented for one of four residents (Resident R1)</p> <p>Review of the clinical record indicated that Resident R1 was admitted to the facility on [DATE], with diagnoses that included dementia, and a left leg fracture.</p> <p>Review of the Minimum Data Set (MDS-periodic assessment of care needs) dated 7/4/24, indicated the diagnoses remain current.</p> <p>Review of a physician order dated 7/15/24, indicated to cleanse the top of both feet with NSS (normal saline solution), apply Xeroform (a moisture dressing) to open areas, apply 4X4 gauze, and wrap with gauze daily for wound care.</p> <p>Review of Resident R1's Treatment Administration Record (TAR), dated July 2024, indicated the treatment was applied on 7/16, and 7/17/2024. Resident R1 was discharged to home on 7/17/24.</p> <p>Review of weekly skin check documentation dated, 06/28/24, 7/3/24, and 7/10/24, indicated that Resident R1 did not have open areas to the top of both feet.</p> <p>During an interview on 8/22/24 at 1:30 p.m., Licensed Practical Nurse (LPN) Employee E1 revealed Resident R1 did not have wounds to the feet while a resident at the facility.</p> <p>During a telephone interview on 8/22/24 at 2:25 p.m., LPN Employee E2 revealed the documentation on Resident R1's TAR was incorrect.</p> <p>During an interview on 8/22/24 at 2:15 p.m., The Director of Nursing (DON) confirmed the above findings and revealed the physician order and TAR documentation for wound care to both feet was entered on the wrong resident's chart, and the facility failed to make certain that medical records were complete and accurately documented for Resident R1.</p> <p>28 Pa. Code: 211.5(f) Clinical records.</p> <p>28 Pa. Code: 211.5(g)(h) Clinical records.</p>		