

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  03/13/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</b></p> <p>Based on review of facility policy, clinical record review, observations, and resident and staff interviews it was determined that the facility failed to make certain that showers and baths were provided for one of three residents (Resident R37).</p> <p>Findings include:</p> <p>Review of facility policy Resident Rights reviewed 12/20/24, indicated the resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.</p> <p>Review of facility policy Flow of Care reviewed 12/20/24, indicated care will be provided to residents, as needed 24-hour a day to attain and maintain the highest level of functioning. Residents are to have two bath/showers/week unless the resident states otherwise.</p> <p>Review of the clinical record indicated Resident R37 was admitted to the facility on [DATE], with diagnoses that included repeated falls, diabetes, and low blood pressure.</p> <p>Review of Resident R37' s Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 2/10/25, indicated the diagnoses remain current.</p> <p>Review of the MDS dated [DATE], Section F - Preferences for Customary Routine and Activities; Question F0400 Interview for Daily Preferences Question C. How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? Indicated to Resident R37 this choice was somewhat important while in the facility. Further review of the MDS Section GG - Functional Abilities and Goals Question GG0130 Self-Care E. Shower/bathe self, indicated Resident R37 needed partial/moderate assistance.</p> <p>Review of the ACT - Activities Evaluation completed 8/27/24, revealed Resident R37 answered it was somewhat important to choose between a tub bath, shower, bed bath, or sponge bath.</p> <p>During an interview on 3/12/25, at 10:40 a.m. Resident R37 stated he prefers showers and was unable to recall when he last had one.</p> <p>A review of the clinical record indicated Resident R37 received a shower on the following dates:</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>August 2024 - no documented showers; 19 documented bed baths</p> <p>September 2024 - 9/4/24, 9/7/24, 9/9/24, 9/12/24, 9/22/24; 35 documented bed baths</p> <p>October 2024 - 10/5/24, 10/10/24, 10/19/24, 10/25/24; 38 documented bed baths</p> <p>November 2024 - 11/11/24; 40 documented bed baths</p> <p>December 2024 - 12/5/24, 12/27/24, 12/30/24; 34 documented bed baths</p> <p>January 2025 - no documented showers; 34 documented bed baths</p> <p>February 2025 - 2/6/25; 42 documented bed baths</p> <p>March 2025 - 3/10/25; 17 documented bed baths</p> <p>Review of the care plan dated 8/21/24, indicated to keep skin clean and dry, monitor and report reddened areas to MD (doctor), assist x 1 with transfers</p> <p>During an interview on 3/13/25, at 10:00 a.m. the Director of Nursing confirmed the facility failed to consistently provide showers and/or baths for Resident R37.</p> <p>28 Pa. Code: 211.12(1) Nursing services.</p> <p>28 Pa. Code: 211.10(d) Resident care policies.</p> <p>28 Pa. Code: 211.12 (2)(5) Nursing services.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</b></p> <p>Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to assess, document, and notify physicians of increased and decreased Capillary Blood Glucose (CBG) levels for two of five residents reviewed (Residents R20 and R24).</p> <p>Findings include:</p> <p>The Centers for Disease Control defines diabetes as: Diabetes Mellitus is a chronic (long-lasting) health condition that affects how your body turns food into energy. Most of the food you eat is broken down into sugar (also called glucose) and released into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy. If you have diabetes, your body either doesn't make enough insulin or can't use the insulin it makes as well as it should. When there isn't enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease. Hypoglycemia is a condition that occurs when blood glucose is lower than normal, usually below 70 milligrams per deciliter (mg/dl). If left untreated, hypoglycemia may lead to weakness, confusion, unconsciousness, arrhythmias and even death. People with Diabetes Mellitus may be prescribed injectable insulin to assist in maintaining acceptable levels of CBG's. Hyperglycemia, or high blood glucose, occurs when there is too much sugar in the blood. This happens when your body has too little insulin. Hyperglycemia is blood glucose greater than 125 mg/dL while fasting (not eating for at least eight hours, or a blood glucose greater than 180 mg/dL one to two hours after eating. If you have hyperglycemia and it ' s untreated for long periods of time, you can damage your nerves, blood vessels, tissues and organs. Damage to blood vessels can increase your risk of heart attack and stroke, and nerve damage may also lead to eye damage, kidney damage and non-healing wounds.</p> <p>Review of facility policy Nursing Care of the Diabetic Resident reviewed 12/20/24, indicated the facility will recognize, assist, and document the treatment of complications commonly associated with diabetes. Documentation should reflect the carefully assessed diabetic resident and include vital signs, level of consciousness, assessment of the skin, emotional/mood changes, and pain/discomfort. Document results of any fingerstick blood glucose monitoring, interventions to stabilize blood glucose levels, and notification to physician.</p> <p>Review of facility policy Notification of Condition Change: Physician reviewed 12/20/24, indicated licensed professional nurses are responsible to provide timely and complete communication to physicians when there is a change in a resident ' s condition. Document assessment data, attempted or actual correspondence with physician, and physician ' s response in the medical record.</p> <p>Review of facility Hypoglycemic Protocol reviewed 12/20/24, indicated if resident ' s blood glucose is less than 70 administer rapidly absorbed simple carbohydrate such as four ounces (oz) of juice, five or six oz of regular soda, or tube of glucose gel. Repeat blood glucose in 10-15 minutes and repeat protocol if still less than 70. If resident is symptomatic, notify physician.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the clinical record indicated Resident R20 was readmitted to the facility on [DATE], with diagnoses that included diabetes, dementia (group of symptoms affecting memory, thinking and social abilities), and high blood pressure.</p> <p>Review of Resident R20' s Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 2/1/25, indicated the diagnoses remain current.</p> <p>Review of Resident R20 physician ' s order revealed the following orders:</p> <ul style="list-style-type: none"> <li>- On 6/10/24, Glucagon (raises blood glucose level) one milligram, inject one dose as needed</li> <li>- On 6/18/24, inject Novolog (begins to work about 15 minutes after injection, peaks in about one or two hours after injection, and last between two to four hours) per sliding scale, if over 401 call provider</li> <li>- On 9/2/24, insulin Glargine (long-acting type of insulin that works slowly, over about 24 hours) inject 38 units at bedtime</li> </ul> <p>Review of the clinical record, and electronic Medication Administration Record (eMAR) revealed that the resident's CBG's were as follows:</p> <ul style="list-style-type: none"> <li>- On 10/2/24, at 6:05 a.m. glucagon one milligram was administered to Resident R20.</li> <li>- On 10/2/24, at 6:34 a.m. the CBG was noted to be 50.</li> <li>- On 12/7/25, at 6:14 a.m. the CBG was noted to be 52.</li> </ul> <p>Review of the care plan dated 10/11/22, indicated the following interventions: diabetes medication as ordered by doctor, monitor/document for side effects and effectiveness, and monitor/document/report to doctor as needed signs and symptoms of hypoglycemia.</p> <p>Review of Resident's eMAR and clinical progress notes indicated the resident was not assessed for hypoglycemia, the blood glucose was not monitored for effectiveness of treatment, staff failed to follow interventions of the care plan, and the physician was not notified of abnormal results on the above listed dates.</p> <p>Review of a clinical record indicated Resident R24 was admitted to the facility on [DATE], with diagnoses that included diabetes, high blood pressure, and depression.</p> <p>Review of the MDS dated [DATE], indicated the diagnoses remain current.</p> <p>Review of Resident R24 physician ' s orders revealed the following orders:</p> <ul style="list-style-type: none"> <li>- On 11/3/22, Accucheck/CBG as needed.</li> <li>- On 8/14/23, CBG/Accuchecks one time daily, call provider if greater than 400.</li> <li>- On 1/13/24, insulin Lantus (glargine) inject 30 units at bedtime.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 24's eMAR revealed that the resident's CBG's were as follows:</p> <p>- On 8/6/24, at 8:04 p.m. the CBG was noted to be 438.</p> <p>Review of the care plan dated 11/3/22 and 4/14/23, indicated the following interventions: Monitor/document/report to doctor as needed signs and symptoms of hyperglycemia, and follow facility protocol for hypo/hyperglycemia.</p> <p>Review of Resident R24's eMAR and clinical progress notes indicated the resident was not assessed for hyperglycemia, failed to follow interventions of the care plan, blood sugar was not rechecked, and the physician was not notified of abnormal results.</p> <p>During an interview on 3/12/24, at 10:35 a.m. Licensed Practical Nurse (LPN) Employee E1 stated with no blood glucose parameters she would call the doctor is CBG was under 70 or over 400, she would notify the doctor. If the blood glucose was under 70, she would assess the resident, provide the resident with a snack, recheck the blood glucose in 15 minutes, notify the supervisor, and doctor. If the blood glucose was over 400, she would assess the resident, give the ordered insulin, notify the doctor, and recheck the blood glucose in 15 minutes. She would document in the eMAR and progress notes.</p> <p>During an interview on 3/12/25, at 1045 a.m. LPN Employee E2 stated with no blood glucose parameters she would call the doctor is CBG was under 70 or over 400-500 depending on the resident. If the blood glucose was under 70, she would follow the hypoglycemia protocol, give the resident a snack, notify the doctor, and recheck the blood glucose in 15 minutes. If the glucose was over 400, she would give the maximum amount of insulin ordered and call the doctor. She would document in the eMAR and progress notes.</p> <p>During an interview on 3/13/25, at 10:00 a.m. the Director of Nursing confirmed the facility failed to notify the doctor of a change in condition, failed to document an assessment or interventions used related to blood glucose, and failed to follow physicians orders for Residents R20 and R24.</p> <p>28 Pa. Code 201.18 (b)(1) Management.</p> <p>28 Pa. Code 201.29(d) Resident rights.</p> <p>28 Pa. Code 211.10 (c)(d) Resident care policies.</p> <p>28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43725</p> <p>Based on review of clinical records and staff interviews, it was determined that the facility failed to ensure that residents' clinical records were complete and accurately documented for one of six residents reviewed (Resident R37).</p> <p>Findings:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2019, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions:</p> <p>13 - 15: cognitively intact</p> <p>8 - 12: moderately impaired</p> <p>0 - 7: severe impairment</p> <p>Review of the clinical record indicated Resident R37 was admitted to the facility on [DATE], with diagnoses that included repeated falls, diabetes, and low blood pressure.</p> <p>Review of Resident R37' s Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 2/10/25, indicated the diagnoses remain current.</p> <p>Review of the MDS dated [DATE], Section C - Cognitive Patterns, Question C0500 BIMS Summary Score indicated Resident R37 BIMS score was 15. Review of the MDS dated [DATE], Question C0500 BIMS Summary Score indicated Resident R37 BIMS score was 12. Review of the MDS dated [DATE], Question C0500 BIMS Summary Score indicated Resident R37 BIMS score was 10.</p> <p>Review of the clinical record progress notes revealed documentation of the following:</p> <p>On 11/19/24, Palliative Care Note - Follow-Up note indicated Resident R37 ' s BIMS Score was 15.</p> <p>On 12/10/24, Palliative Care Note - Follow-Up note indicated Resident 37 ' s BIMS Score was 15.</p> <p>On 1/4/25, Palliative Care Note - Follow-Up note indicated Resident R37 ' s BIMS Score was 15.</p> <p>On 2/18/25, Palliative Care Note - Follow-Up note indicated Resident R37 ' s BIMS Score was 15.</p> <p>On 3/11/25, Palliative Care Note - Follow- Up note indicated Resident R37 ' s BIMS Score was 15.</p> <p>(continued on next page)</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>During an interview on 3/13/25, at 10:00 a.m. the Director of Nursing (DON) confirmed the facility failed to ensure documentation was accurate and complete for Resident R37. The DON stated the facility did not have a policy specific for documentation in the clinical records.</p> <p>28 Pa. Code 211.5(f) Clinical records.</p> <p>28 Pa. Code 211.12(d)(5) Nursing services.</p>		