STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395959	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring Place, The	103 N. Thirteenth Street Franklin, PA 16323

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)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 40177 Based on review of facility policy and facility documentation, and staff interview, it was determined that the facility failed to provide the Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) Form CMS-10055 as required to one of three residents reviewed (Resident R43). Findings include: Review of facility policy dated 2/05/2024, entitled Beneficiary Notices - Medicare A and Medicare Advantage revealed that The facility will notify the Medicare beneficiary when his/her skilled Medicare Part A Services are ending and the beneficiary will be remaining in the facility (SNF ABN, CMS-10055) and that The beneficiary (resident) or resident representative will sign the notice and acknowledge receipt of notice. If the resident or resident representative cannot be present to sign the notice, a certified return receipt letter will be sent via mail. The facility will document on the notice that the resident or resident representative was contacted via phone and that the information was reviewed, expedited appeal and/or formal appeal procedure reviewed and phone numbers provided. The Beneficiary Protection Notification Review revealed that Resident R43 began receiving skilled services on 3/18/24, the last covered day of Part A Service was 3/21/24, and that the facility initiated the discharge from Medicare Part A Services when benefit days were not exhausted. There was no evidence that the SNF ABN Form CMS-10055 was provided to the resident or resident representative. During an interview on 8/7/24, at 1:48 p.m., the Nursing Home Administrator confirmed that the required SNF ABN Form CMS-10055 was not issued as required to Resident R43 and/or their representative. 28 Pa. Code 201.18(b)(2) Management 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 201.29(a) Resident rights

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395959	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40177 Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to review and/or revise resident care plans for one of 18 residents reviewed (Resident R38). Findings include: Review of facility policy dated 2/05/2024, entitled Care Planning - Interdisciplinary Team indicated that A comprehensive care plan for each resident is developed within seven (7) days of completion of the resident assessment (MDS). Resident R38's clinical record revealed an admitted [DATE], with diagnoses that included Alzheimer's (a disorder affecting the brain causing problems with memory, thinking, and behavior), colon cancer, and fractured left hip. Review of Resident R38's comprehensive care plans revealed that of the 15 care plans present, 15 had an outstanding target date of 6/21/2024. The care plans included the problem categories of: Impaired Skin Integrity, Activities, Constipation, Musculoskeletal, Noncompliance with Transfer Status, Cognitive Status, Communication, ADL Self Care, Bladder Incontinence, Depression, Resistive to Care, Falls, Nutrition, Anti-Anxiety Medication Use, and Pain, During an interview on 8/8/2024, at 12:01 p.m. Registered Nurse Assessment Coordinator confirmed that Resident R38's care plans were not reviewed and/or revised within the required timeframe. 28 Pa. Code 211.12(d)(1)(5) Nursing services

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F 0684

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Provide appropriate treatment and care according to orders, resident's preferences and goals.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 31185

Based on review of facility policies, clinical records, and staff interviews, it was determined that the facility failed to ensure that physician's orders were followed for three of 18 residents reviewed (Residents R66, R28, and R67).

Findings include:

Review of the facility policy Administering Medications, dated 2/05/24, indicated that medications are administered in a safe and timely manner, and as prescribed. Medications are administered in accordance with prescriber orders, including any required time frame. The policy also indicated that if there were any concerns regarding the medications that the prescriber would be contacted to discuss the concerns.

Review of facility policy entitled Weight Assessment and Interventions dated 2/5/24, indicated Weights will be recorded in the individuals medical record.

Review of Resident R66's clinical record revealed an admitted [DATE], with diagnoses that included heart failure, atrial fibrillation, diabetes with diabetic neuropathy, and end stage renal disease with dependance on renal dialysis, which required being away from the facility on Monday, Wednesday, Thursday and Friday each week for dialysis.

Current physician's orders for Resident R66 included for the resident to receive Zofran (nausea medication) 4 milligrams (mg) every eight hours, and Protonix (medication to treat stomach acid) 40 mg one time a day. Review of the medication administration record (MAR) for July 2024 revealed there was no documented evidence that the Zofran was administered or refused on July 21, 22, 24, 28 and 30, 2024. The MAR also revealed no documented evidence that the Protonix was administered or refused on July 16, 19, 24, 26, 28 and 29, 2024.

Interview with the Director of Nursing on August 8, 2024, at 10:30 a.m. confirmed that there was no documented evidence that Resident R66 was administered or refused the above identified medications for the dates and times identified.

Review of Resident R28's clinical record revealed an admitted [DATE], with diagnoses that included congestive heart failure (CHF-a condition in which the left ventricle of the heart is weak, causing fluid to build up), high blood pressure and respiratory failure.

Current physician's orders for Resident R28 included an order for weekly weights, every Sunday on day shift for monitoring and an order for a foley catheter (tube placed into the bladder to drain urine).

A review of the weekly weights for Resident R28, revealed as of 8/8/24, the last documented weight was on 7/28/24, a period of 11 days without documented evidence that a weight was obtained as ordered.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395959	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R28's clinical record revealed no evidence of a foley catheter and observations of Resident R28 on 8/6/24, 8/7/24, and 8/8/24, were without a foley. Review of Resident R67's clinical record revealed and admitted [DATE], with diagnoses that included diabetes (a health condition that caused by the body's inability to produce enough insulin), dementia (a disease that affects short term memory and the ability to think logically), and hypertension (high blood pressure). Review of Resident R67's clinical record revealed a physician's order dated 5/6/24, to weigh resident weekly. Review of Resident R67's weekly weights revealed a weight done on 6/10/24, with no weight obtained again until 6/23/24, or a period of 13 days. Then no weight was done again until 7/10/24, a period of 19 days. Then no weight was done again until 7/19/24, a period of nine days, Resident R67 had no weight documented after 7/19/24, as of 8/8/24, a period of 21 days. Interview with the Director of Nursing (DON) on August 11, 2024, at 2:00 p.m. confirmed that there was no documented evidence that weekly weights were obtained as ordered for Residents R28 and R67. He/she also confirmed that weights should be obtained and documented as ordered by the physician. The DON also confirmed at this time that Resident R28 did not have a foley and that the order was not accurate. 28 Pa. Code 211.12(d)(3)(5) Nursing services

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40177 Based on review of facility policy and clinical records, observations, and staff interview, it was determined that the facility failed to obtain a physician's order for the provision of oxygen therapy for one of two residents reviewed for respiratory services (Resident R293). Findings include: Review of facility policy dated 2/05/2024, entitled Oxygen Therapy / Pulse Oximetry indicated Oxygen is considered a drug and can only be administered with a physician's order. Check rate of delivery at least every shift and prn [as needed]. Oxygen may be initiated as an immediate intervention in urgent / emergent situations at the discretion of the licensed nurse. The physician will be notified for appropriate orders. Resident R293's clinical record revealed an admitted [DATE], with diagnoses that included chronic obstructive pulmonary disease (COPD - chronic lung disease causing difficulty in breathing, cough, mucus production, and wheezing), multiple sclerosis (an autoimmune disease affecting the central nervous system), and anxiety. Observations on 8/06/2024, at 3:30 p.m. and on 8/07/2024, at 10:12 a.m. revealed Resident R293 wearing an oxygen nasal cannula (a thin tube with two prongs that fits into the resident's nostrils to deliver oxygen) connected to an oxygen concentrator delivering 2 liters per minute. Resident R293's clinical record lacked evidence of a physician's order for the use of oxygen therapy. During an interview on 8/07/2024, at 10:29 a.m. Licensed Practical Nurse Employee E2 confirmed that Resident R293 was being administered oxygen therapy and their clinical record lacked a physician's order for oxygen therapy. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31185 Based on review of facility policy and clinical records and staff interview, it was determined that the facility failed to ensure medications were administered according to physician's orders for residents receiving dialysis (method of mechanically cleaning the blood) for one of two residents reviewed for dialysis (Resident R66). Findings include: Review of the facility policy Administering Medications, dated 2/05/24, indicated that medications are administered in a safe and timely manner, and as prescribed. Medications are administered in accordance with prescriber orders, including any required time frame. The policy also indicated that if there were any concerns regarding the medications that the prescriber would be contacted to discuss the concerns. Review of Resident R66's clinical record revealed an admitted [DATE], with diagnoses that included heart failure, atrial fibrillation, diabetes with diabetic neuropathy, and end stage renal disease with dependance on renal dialysis, which required being away from the facility on Monday, Wednesday, Thursday and Friday each week for dialysis. Review of physician's orders dated 7/14/24, indicated that Resident R66 was to have Bacitracin-Polymyxin B ophthalmic ointment (antibiotic eye medication for infections) 1000 grams one application into each eye four times a day, Gabapentin (medication for neuropathy pain), 200 milligrams (mg) four times daily, Lanthanum Carbonate (medication for end stage renal disease), 1000 mg with meals, Midodrine HCL (medication for low blood pressure) 10 mg three times daily, and Zofran (an anti-nausea medication) 4 mg every eight hours. Review of the July and August 2024, Medication Administration Records (MARs) revealed that Resident R66 did not receive the following medications as ordered with reason given as: Not in Facility Bacitracin Polymyxin B ophthalmic ointment noon dose on 7/15/24, 7/19/24, 7/22/24, 7/24/24, 7/25/24, 7/26/24, 7/29/24, 7/31/24 and 8/5/24. Gabapentin noon dose on 7/15/24, 7/17/24, 7/19/24, 7/22/24, 7/24/24, 7/25/24, 7/26/24, 7/29/24, 7/31/24 and 8/5/24. Lanthanum Carbonate noon dose on 7/17/24, 7/18/24, 7/19/24, 7/22/24, 7/24/24, 7/25/24, 7/26/24, 7/29/24, 7/31/24 and 8/5/24. Midodrine noon dose on 7/15/24, 7/17/24, 7/19/24, 7/22/24, 7/24/24, 7/25/24, 7/26/24, 7/29/24, 7/31/24 and 8/5/24. Zofran two p.m. on 7/24/24, 7/25/24, 7/26/24, 7/29/24, 7/31/24 and 8/5/24. There was no documentation that the physician was notified of a need to hold or alter the time of administration for the above listed medications for Resident R66 on dialysis days. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/08/24, at 2:00 p.m. the Director of Nursing confirmed that the above medications for Resident R66 were not administered on dialysis days as ordered by the physician. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40177 Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to provide a clinical rationale for the continued use of a PRN (as needed) psychotropic (affecting the mind) medication beyond 14 days for one of six residents reviewed for unnecessary medications (Resident R10) and failed to provided evidence that non-pharmacological interventions (interventions attempted to calm a resident other than medication) were attempted prior to the administration of a PRN psychotropic medication for three of six residents reviewed for unnecessary medications (Residents R10, R38, and R293). Findings include: A facility policy dated 2/05/2024, entitled Antipsychotic Medication Use indicated The need to continue PRN orders for psychotropic medications beyond 14 days requires that the practitioner document the rationale for the extended order. The duration of the PRN order will be indicated in the order. Resident R10's clinical record revealed an admitted [DATE], with diagnoses that included dementia (a disorder affecting the brain causing problems with memory, thinking, and behavior), high blood pressure, and anxiety. A physician's order dated 7/19/2024, identified to administer Ativan (anti-anxiety medication) 0.5 milligrams (mg) by mouth every 4 hours PRN for anxiety, and lacked the required stop date within 14 days or a clinical rationale for continued use. Resident R10's July 2024 Medication Administration Record (MAR) revealed that the PRN Ativan was used four times (7/23/2024 twice, 7/28/2024, and 7/31/2024). Review of the July 2024 MAR and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions were attempted prior to the administration of the PRN Ativan two of the four times it was used. Resident R10's August 2024 MAR revealed that the PRN Ativan was used one time (08/01/2024). Review of the August 2024 MAR and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions attempted prior to the administration of the PRN Ativan one of one times it was used. Resident R38's clinical record revealed an admitted [DATE], with diagnoses that included Alzheimer's (a disorder affecting the brain causing problems with memory, thinking, and behavior), colon cancer, and fractured left hip. A physician's order dated 2/20/2024, identified to administer Lorazepam (anti-anxiety medication) 0.5 mg every 12 hours PRN for anxiety for 60 days and another physician's order dated 4/23/2024, identified to administer Lorazepam 0.5 mg every 12 hours PRN for agitation related to anxiety for 6 months. Resident R38's April 2024 MAR revealed that the PRN Lorazepam was used three times (4/08/2024, 4/14/2024, and 4/28/2024). Review of the April 2024 MAR and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions attempted prior to the administration of the PRN Lorazepam two of three times it was used. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident R38's May 2024 MAR revealed that the PRN Lorazepam was used four times (5/12/2024, 5/13/2024, 5/17/2024, and 5/26/2024). Review of the May 2024 MAR and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions attempted prior to the administration of the PRN Lorazepam three of two times it was used. Resident R38's June 2024 MAR revealed that the PRN Lorazepam was used nine times (6/03/2024, 6/07/2024, 6/08/2024, 6/14/2024, 6/16/2024, 6/21/2024, 6/22/2024, 6/25/2024, and 6/26/2024). Review of the June 2024 MAR and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions attempted prior to the administration of the PRN Lorazepam three of the nine times it was used. Resident R38's July 2024 MAR revealed that the PRN Lorazepam was used five times (7/04/2024, 7/09/2024, 7/21/2024, 7/26/2024, and 7/27/2024). Review of the July 2024 MAR and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions attempted prior to the administration of the PRN Lorazepam two of the five times it was used. Resident R293's clinical record revealed an admitted [DATE], with diagnoses that included chronic obstructive pulmonary disease (COPD - chronic lung disease causing difficulty in breathing, cough, mucus production, and wheezing), multiple sclerosis (an autoimmune disease affecting the central nervous system), and anxiety. Resident R293's August 2024 MAR revealed that the PRN Lorazepam was used three times (8/02/2024, 8/04/2024, and 8/07/2024). Review of the August 2024 MAR and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions attempted prior to the administration of the PRN Lorazepam two of the three times it was uses. During an interview on 8/08/2024, at 1:51 p.m., the Director of Nursing confirmed that Resident R10's Ativan orders lacked the required stop date within 14 days or a clinical rationale for continued use beyond 14 days and Resident R10, R38, and R293's clinical record lacked evidence that non-pharmacological interventions were being attempted prior to the administration of a PRN anti-anxiety medication for each time it was administered. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 48496 Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to store Schedule II-V medications in a separately locked, permanently affixed compartment in one of one medication rooms reviewed (First Floor) and the facility failed to appropriately discard outdated medications for one of two medication carts reviewed (C wing medication cart). Findings include: Review of facility policy entitled LTC Facility Pharmacy Services and Procedures Manual dated 2/5/24, indicated Once any medication . is opened, facility should follow manufacturer/supplier guidelines with respect to expiration dates for open medications. and If a multi-dose vial of an injectable medication has been opened . the vial should be dated and discarded within 28 days . and Store all drugs . including the storage of Schedule II-V medications in separately locked, permanently affixed compartments . Review of manufacturer's guidelines revealed that an open pen of Humalog Insulin must be used within 28 days after opening or be discarded, even if the vial still contains insulin. Review of manufacturer's guidelines revealed that an open pen of Lantus Insulin must be used within 28 days after opening or be discarded, even if the vial still contains insulin. Observation of drug storage on 8/6/24, at 11:36 a.m. of C wing medication cart revealed an open pen of Lantus Insulin with no date indicating when the pen was opened. Further review of C wing medication cart revealed an open pen of Humalog Insulin with no date indicating when the pen was opened. During interview at the time of observation, Licensed Practical Nurse Employee E3 confirmed that the open Lantus Insulin and the open Humalog Insulin lacked an open date. He/she also confirmed that due to the Lantus and Humalog insulins having no open date both insulins should have been discarded. Observation on 8/6/24, at 11:40 a.m. of the First Floor medication room refrigerator revealed a clear plastic box and inside the clear plastic box were two boxes of Lorazepam (a controlled antianxiety medication). The shelf with the clear plastic box containing the Lorazepam was not permanently affixed to the refrigerator allowing the shelf and Lorazepam to be removed from the refrigerator. During an interview at the time of observation with Registered Nurse Employee E4, he/she confirmed that the clear plastic box containing Lorazepam was not permanently affixed to the refrigerator. He/she also confirmed that the Schedule II-V medications should be store in a separately locked permanently affixed compartment. 28. Pa. Code 201.18(b)(1) Management 28. Pa. Code 211.9(a)(1) Pharmacy services (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(1) Nursing services

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 48496 Based on observations, review of facility policy and staff interviews, it was determined that the facility failed to properly clean and prevent the potential for cross contamination during the use of a blood glucose meter (BGM-a device to collect and measure the level of glucose (sugar) in the blood) for one of seven residents observed during the administration of medications (Resident R75). Findings include: Review of facility policy entitled Blood Glucometer Cleaning dated 2/5/24, indicated Blood glucose meters will be cleaned after each resident use per manufacturer's specifications. Review of manufacturer's guidelines for Evencare Proview indicated The Evencare Proview meter should be cleaned and disinfected between each patient. Observation on 8/6/24, at 4:04 p.m. revealed Licensed Practical Nurse (LPN) Employee E5 removed a BGM machine from the A wing first floor medication cart. He/she then proceeded down the hall to Resident R75's room. LPN Employee E5 obtained the blood glucose level using the BGM on Resident R75. He/she proceeded down the hall to the medication cart which was parked at the nurse's station. LPN Employee E5 opened the top drawer of the A wing first floor medication cart and placed the BGM machine inside of the cart without cleaning the BGM machine. He/she then prepared Resident R75's insulin and proceeded down the hall to administer the insulin to Resident R75. LPN Employee E5 then returned to the A wing medication cart and started to look at his/her next residents orders. During an interview with LPN Employee E5 at the time of the observation he/she confirmed that he/she did not clean the BGM machine before placing it back into the medication cart. He/she also confirmed that the BGM machine should be cleaned after every resident and before being placed back into the medication cart. 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 211.10(c)(d) Resident care policies 28 Pa. Code 211.12(d)(1)(5) Nursing services