

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395966	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER UPMC Northwest Transitional Care Unit		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Fairfield Drive Seneca, PA 16346	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496</p> <p>Based on review of facility policy and clinical records, observations, and staff interview, it was determined that the facility failed to provide oxygen according to physician's orders for one of one residents reviewed for respiratory services (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy dated 8/2024, entitled Oxygen Administration indicated that Verify physician order for desired oxygen saturation and oxygen flow rate. And do not change the oxygen flow rate on fixed flow orders or titrate outside ordered parameters without contacting the physician and obtaining appropriate orders.</p> <p>Resident R1's clinical record revealed an admitted [DATE], with diagnoses that included chronic obstructive pulmonary disease (condition when your lungs do not have adequate air flow), and hypertension (high blood pressure).</p> <p>Review of Resident R1's clinical record revealed a physician's order dated 8/16/24, for Oxygen via Nasal Cannula (a thin tube with two prongs that fit into the resident's nostrils to deliver oxygen) 3 lpm (liters per minute) at all times.</p> <p>Observation on 9/4/24, at 10:30 a.m. revealed Resident R1 laying in his/her bed with supplemental oxygen in place and the liter flow rate set at 2 lpm. Observation on 9/4/24, at 12:25 p.m. revealed Resident R1 laying in his/her bed with supplemental oxygen in place and liter flow rate set at 2 lpm. Observation on 9/5/24, at 8:50 a.m. revealed Resident R1 laying in his/her bed with supplemental oxygen in place and the liter flow rate set at 2 lpm.</p> <p>During an interview on 9/5/24, at 12:50 p.m. Registered Nurse Employee E2 confirmed that Resident R1's supplemental oxygen was on and set at 2 lpm and the provision of their respiratory services was not consistent with the physician's order dated 8/16/24, for oxygen at 3 lpm.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>47356</p> <p>Based on review of facility policy, observation, and staff interviews, it was determined that the facility failed to store controlled schedule II-V medications (medications that may be abused or cause addiction that are closely monitored due to high risk of diversion) in a separately locked, permanently affixed compartment in the medication refrigerator.</p> <p>Findings include:</p> <p>A facility policy entitled, Management of Controlled Drugs dated 8/2024, revealed, Storage and maintenance of Controlled drugs: Store and maintain controlled drugs properly according to federal, state, or local regulations.</p> <p>Observation on 9/4/24, at 1:05 p.m. of the medication room refrigerator revealed several vials of controlled scheduled II-V medications in a separately locked container that was attached to a removable shelf, therefore it was not permanently affixed to the refrigerator, this was witnessed and confirmed by the Licensed Practical Nurse Employee E1.</p> <p>Interview with the Director of Nursing on 9/4/24, at approximately 1:30 p.m. confirmed that the controlled scheduled II-V medications should be stored in a separately locked permanently affixed compartment, and not attached to a removable shelf.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 201.18(e)(1) Management</p>		