

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2024
NAME OF PROVIDER OR SUPPLIER Monroeville Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 885 MacBeth Drive Monroeville, PA 15146	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on review of facility policy, facility provided information, clinical record, observation and staff interviews it was determined that the facility failed to consistently maintain resident safety during a transfer resulting in a laceration of the left leg for one of three residents (Resident R1),</p> <p>Findings include:</p> <p>Review of the facility policy Accidents/Incidents, last reviewed on 2/1/24, with a previous review date of 12/1/23, indicated that center staff will report, review and investigate all accidents/incidents. The nurse assessing the resident will document the accident/incident the patient's chart and include all pertinent information. The Director of Nursing(DON) and Administrator will review all the information for completion and report the incident. The root cause should be determined through a thorough investigation.</p> <p>Review of the facility Safe Resident Handling Program last reviewed on 2/1/24, with a previous review date of 12/1/23, indicated that all residents are evaluated on admission by a licensed nurse for the need for a lift, transfer, mobility, and repositioning assistance.</p> <p>Review of the clinical record indicated that Resident R1 was admitted to the facility on [DATE], with diagnoses which included Myasthenia Gravis (a long term neuromuscular junction disease, affecting skeletal muscle weakness, the most common affected are of the eyes, face and swallowing) visual and audible hallucinations. The clinical record indicated Resident R1 had been hospitalized after having a Myasthenia Gravis crisis causing ambulatory dysfunction. A Minimum Data Set (MDS- a periodic assessment of resident care needs) dated 12/26/23, indicated the diagnoses remained current and Section GG 0115, indicated Resident R1 had impairments of her bilateral upper and lower extremities. Section GG 070 indicated Resident R1 required maximal aid for transfers(indicating staff performed more than half of all assistance).</p> <p>Review of the Social Service note dated 12/20/23, indicated that Resident R1's son-in-law and POA stated that Resident R1 had not ambulated for a long time.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility provided information dated 1/31/24, indicated that Resident R1 had sustained a laceration of her left lateral leg. The documentation indicated that Resident R1 was a assist of two staff for all transfers and that the wheelchair had been assessed with no sharp edges identified.</p> <p>Review of the facility provided document identified as Admission/Re-Admission Evaluation dated 12/19/23, indicated Resident R1 hospital records and current status are evaluated to determine a transfer status. The form indicated Resident R1 was independent for bed mobility, in moving from lying to sitting independently, and could a stand t pivot transfer with contact guard.</p> <p>During an interview on 2/22/24, at 1:00 p.m., with the Director of Nursing (DON) when reviewing the document of the Admission Evaluation on admission, stated that the staff person had not completed and accurate assessment of Resident R1 upon her admission. The DON provided another assessment of Resident R1 dated 1/31/24, the date of the incident indicating Resident R1 was unable to transfer independently, perform a stand to pivot transfer, and she required a transfer utilizing a Hoyer lift with two staff assistance.</p> <p>During an interview on 2/22/23, with Therapy Manager Employee E1 stated that she is under the impression that if a resident comes in on a Friday, which Resident R1 had, that the staff nurse assesses the resident for transfer status until officially assessed by therapist. The facility has wheelchairs in each empty cleaned resident room to be used.</p> <p>During an interview on 2/22/24, at 8:44 a.m. Nurse Aide (NA) Employee E2 stated that staff can get transfer information through the resident's clinical record in the computer and it is accessible to any nurse aides. Staff usually review any information about residents changes to oncoming staff verbally.</p> <p>During an interview with Therapy Assistant Employee E3 stated that when she had treated Resident R1 she required total assistance which is identified as the use of a hooyer lift, that it took two people to sit her up.</p> <p>During an interview on 2/22/23, at 11:47 a.m., Occupational Therapist Employee E4 stated that the therapy department would often do co-treatments with her as she was difficult. She would refuse some therapy situations and do others.</p> <p>During an interview on 2/22/24, at 12:45 p.m. with NA Employee E5 indicated that all staff have access to a residents plan of care in the computer. NA Employee E2 showed me where the information could be found.</p> <p>During an interview on 2/22/23, at 12:25 p.m. , the Director of Nursing stated that in my opinion the leg rests had been removed to transfer Resident R1 from the wheelchair to her bed using a pivot transfer and that there was sharp edges where they were attached and that is what caused the laceration. Resident R1 should have been a Hoyer transfer with two staff from her admission.</p> <p>Attempts had been made on two occasions to contact the two Nurse Aides who had performed the transfer without call back or response.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the statement obtained on 1/31/24, at 5:00 p.m. from Nurse Aide Employee E6 and E7 indicated that Resident R1 had fallen asleep in her wheelchair and when they transferred her they removed the leg rests and pivoted her into bed and the laceration was obtained.</p> <p>Review of the Incident Accident Report dated 1/30/24, identified that Resident R1 obtained a laceration of her left lower front of her leg.</p> <p>Review of the POC Response History, dated 1/24/24, through 2/22/24, identified Resident R1 as dependent transfer, indicating transfer as staff perform total transfer.</p> <p>During an interview on 2/22/24, at 12:50 p.m., the Director of Nursing stated Resident R1 should have been a lift from the beginning, and confirmed that the facility failed to maintain resident safety during a transfer resulting in a a laceration of the left leg.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(e)(1) Management.</p> <p>28 Pa. Code: 207.2(a) Administrator's responsibility.</p> <p>28 Pa. Code: 211.10(d) Resident care policies.</p>		