| 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 08/08/2024 |
|---|---|---|---|
| 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) |
|---|---|
| F 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>39311<br><br>Based on review of facility provided policies and documentation, clinical record review, and staff interviews, it was determined that the facility failed to protect residents from neglect of services for seven of 14 residents (R1, R2, R3, R4, R5, R6, and R7).<br><br>Review of the facility policy Abuse Prohibition dated 7/24/24, previously reviewed 3/11/24, indicated the facility will prohibit abuse, mistreatment, neglect, misappropriation of property, and exploitation. The policy defined neglect as the failure, indifference, or disregard of the Center, its employees, or service providers to provide care, comfort, safety, goods and services to a patient that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.<br><br>Review of the facility provided Wound Care Report dated 7/22/24, had handwritten notes on it.<br><br>During an interview on 8/4/24, at 1:45 p.m. Wound Care Nurse Employee E1 stated that the report is the results of the wound rounds on 7/22/24; it was utilized as a reference on 7/29/24, and the handwritten information was the notes and changes from the wound round of 7/29/24.<br><br>Review of Resident R1's July 2024 TAR (treatment administration record) from 7/26/24, through 7/29/24, revealed the following wound care documentation:<br><br>7/26/24: Day shift wound care completed by Wound Nurse Employee E1.<br><br>7/26/24: Evening shift wound care documented as completed by Licensed Practical Nurse (LPN) Employee E2.<br><br>7/27/24: Day shift wound care documented as completed by LPN Employee E3.<br><br>7/27/24: Evening shift wound documented as care completed by LPN Employee E4.<br><br>7/28/24: Day shift wound care documented as completed by LPN Employee E4.<br><br>7/28/24: Evening shift wound documented as care completed by LPN Employee E4.<br><br>Review of the Wound Care Report indicated on 7/29/24, next to Resident R1's name, was written dressing 7/26.<br><br>(continued on next page) |

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: 396003 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/08/2024 |
|---|---|---|---|
| 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) |
|---|---|
| F 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident R2's July 2024 TAR from 7/26/24, through 7/29/24, revealed the following:<br><br>7/26/24: Wound care completed by Wound Nurse Employee E1.<br><br>7/27/24: Dressing not scheduled.<br><br>7/28/24: No documentation of wound care completed.<br><br>Review of the Wound Care Report indicated on 7/29/24, next to Resident R2's name, was written dressing 7/26.<br><br>Review of Resident R3's July 2024 TAR (treatment administration record) from 7/24/24, through 7/29/24, revealed the following wound care documentation:<br><br>7/24/24: Day shift wound care completed by Wound Nurse Employee E1.<br><br>7/24/24: Evening shift, no documentation of wound care completed.<br><br>7/25/24: Day shift, no documentation of wound care completed.<br><br>7/25/24: Evening shift, no documentation of wound care completed.<br><br>7/26/24: Day shift, no documentation of wound care completed.<br><br>7/26/24: Evening shift wound care documented as completed by LPN Employee E5<br><br>7/27/24: Day shift, no documentation of wound care completed.<br><br>7/27/24: Evening shift wound care documented as completed by LPN Employee E3<br><br>7/28/24: Day shift, no documentation of wound care completed.<br><br>7/28/24: Evening shift wound care documented as completed by LPN Employee E3<br><br>Review of the Wound Care Report indicated on 7/29/24, next to Resident R3's name, was written dressing 7/24.<br><br>Review of Resident R4's July 2024 TAR (treatment administration record) from 7/26/24, through 7/29/24, revealed the following wound care documentation:<br><br>7/26/24: Wound care completed by Wound Nurse Employee E1.<br><br>7/27/24: No documentation of wound care completed.<br><br>7/28/24: No documentation of wound care completed.<br><br>Review of the Wound Care Report indicated on 7/29/24, next to Resident R4's name, was written dressing 7/26.<br><br>(continued on next page) |

| 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 08/08/2024 |
|---|---|---|---|
| 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) |
|---|---|
| F 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident R5's July 2024 TAR (treatment administration record) from 7/26/24, through 7/29/24, revealed the following wound care documentation:<br><br>7/26/24: Wound care completed by Wound Nurse Employee E1.<br><br>7/27/24: No documentation of wound care completed.<br><br>7/28//24: Evening shift wound care completed by LPN Employee E3.<br><br>Review of Resident R6's July 2024 TAR from 7/26/24, through 7/29/24, revealed the following:<br><br>7/26/24: Wound care completed by Wound Nurse Employee E1.<br><br>7/27/24: Wound care not scheduled to be completed.<br><br>7/28/24: No documentation of wound care completed.<br><br>Review of the Wound Care Report indicated on 7/29/24, next to Resident R6's name, was written dressing 7/26.<br><br>Review of Resident R7's July 2024 TAR from 7/26/24, through 7/29/24, revealed the following:<br><br>7/26/24: Wound care completed by Wound Nurse Employee E1.<br><br>7/27/24: Wound care not scheduled to be completed.<br><br>7/28/24: No documentation of wound care completed.<br><br>Review of the Wound Care Report indicated on 7/29/24, next to Resident R7's name, was written dressing 7/26.<br><br>During an interview on 8/4/24, at approximately 1:45 p.m. Wound Care Nurse Employee E1 confirmed that the handwritten dates were the dates written on the dressings she removed on 7/29/24. Wound Care Nurse Employee E1 further confirmed that the dressing she removed on 7/24/24, for Resident R3, and removed on 7/26/24, for Residents R1, R2, R5, R6, and R7 were the dressings she herself had applied on 7/24/24, and 7/26/24, respectively.<br><br>During an interview on 8/8/24, at approximately 2:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the above residents had multiple instances of dressing changes not completed, and instances where the dressing changes were documented by staff, but not actually completed. The Nursing Home Administrator further confirmed that the facility failed to protect residents from neglect of services for six of 14 residents.<br><br>28 Pa. Code 201.14(a) Responsibility of licensee.<br><br>28 Pa. Code 201.18(b)(1)(3) Management.<br><br>28 Pa. Code 201.29(a)(c)(d)(j) Resident rights.<br><br>(continued on next page) |

| 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 08/08/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monroeville Skilled Nursing and Rehabilitation Ctr | 885 MacBeth Drive<br>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) |
|---|---|
| F 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 28 Pa. Code 211.10(c)(d) Resident care policies.<br><br>28 Pa. Code 211.12(d)(1)(3) Nursing services. |

| 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 08/08/2024 |
|---|---|---|---|
| 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) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide appropriate treatment and care according to orders, resident’s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311<br><br>Based on review of facility policies and documents, clinical records, and staff interviews, it was determined that the facility failed to provide prescribed treatment and services related to the care of wounds for three of seven residents (Resident R1, R3, and R4).<br><br>The facility policy Skin Integrity and Wound Management dated 7/24/24, previously reviewed 3/11/24, indicated the facility will provide safe and effective care to promote optimal skin health, prevent pressure injuries, and promote healing within the context of what matters most to all patients.<br><br>Review of the facility provided Wound Care Report dated 7/22/24, had handwritten notes on it.<br><br>During an interview on 8/4/24, at 1:45 p.m. Wound Care Nurse Employee E1 stated that the report is the results of the wound rounds on 7/22/24; it was utilized as a reference on 7/29/24, and the handwritten information was the notes and changes from the wound round of 7/29/24.<br><br>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].<br><br>Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 5/2/24, included the diagnoses of hemiplegia (paralysis on one side of the body), lymphedema (the build-up of fluid in soft body tissues), and wound infection.<br><br>Review of a wound nurse practitioner's consult note dated 8/5/24, revealed Resident R1 was being followed for a pressure wound, a venous wound, and abrasions.<br><br>Review of a physician's order dated 5/14/24, indicated cleanse scrotum and top of penis with NSS and apply Silvadene External Cream 1% and cover with ABD pad and PRN every day shift for abrasion.<br><br>Review of Resident R1's July 2024 TAR (treatment administration record) for this order, revealed no documentation that wound care was provided on 7/3/24, and 7/4/24.<br><br>Review of a physician's order dated 7/15/24, indicated cleanse scrotum with NSS and apply Xeroform (fine mesh gauze)/ABD Pad (highly absorbent dressing that provides padding and protection for large wounds) and PRN (as needed). This order was scheduled to be completed on Mondays, Wednesdays, Fridays, and Sundays.<br><br>Review of Resident R1's July 2024 TAR for this order, revealed no documentation that wound care was provided on 7/22/24.<br><br>Review of a physician's order dated 7/16/24, through 7/29/24, indicated to cleanse top of penis with NSS and apply Silvadene External Cream 1% (topical cream used to treat and prevent wound infections).<br><br>Review of Resident R1's July 2024 TAR for this order, revealed no documentation that wound care was provided on 7/17/24, 7/19/24, 7/20/24, and 7/22/24.<br><br>(continued on next page) |

| 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 08/08/2024 |
| --- | --- | --- | --- |
| 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) |
| --- | --- |
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of a physician's order dated 7/3/24, indicated to cleanse L(left) shin with NSS and apply calcium alginate (highly absorptive, non-occlusive dressings made of soft, non-woven calcium alginate fibers) and cover with ABD pad and wrap with Kerlix (absorbent rolled bandage) wrap and PRN, every day shift every Mon, Wed, Fri, Sun for skin integrity.<br><br>Review of Resident R1's July 2024 TAR for this order, revealed no documentation that wound care was provided on 7/19/24, and 7/22/24.<br><br>Review of the Wound Care Report indicated on 7/29/24, next to Resident R1's name, was written dressing 7/26.<br><br>During an interview on 8/4/24, at approximately 1:45 p.m. Wound Care Nurse Employee E1 confirmed that this notation meant that the wound dressings that were removed on 7/29/24, for Resident R1 had the date written on it of 7/26/24.<br><br>Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE].<br><br>Review of the MDS dated [DATE], included the diagnoses of anemia (too little iron in the body causing fatigue) and osteoarthritis (degeneration of the joint causing pain and stiffness).<br><br>Review of a wound nurse practitioner's consult note dated 8/5/24, revealed Resident R3 was being followed for chronic surgical wounds.<br><br>Review of a physician's order dated 8/22/23, indicated for Resident R3's right hip blister treatment Cleanse right hip blister with NSS (normal saline solution), Pat dry, pack area with 1/2 inch iodoform gauze (single cotton gauze strip impregnated with formulated Iodoform antiseptic) and cover with optifoam (non-adhesive foam wound dressing) BID (twice daily) (dry dressing if not available), every day and evening shift for Wound care.<br><br>Review of a physician's order dated 3/4/24, indicated for Resident R3's right hip treatment cleanse with NSS and pat dry, pack area with 1/2 inch iodoform gauze and cover with Optifoam BID (twice daily) (dry dressing if not available).<br><br>Review of Resident R3's TAR (treatment administration record) for July 2024, revealed the following dates with no documentation that wound care was provided for either of the above physician's orders:<br><br>7/1/24: Evening shift.<br><br>7/3/24: Evening shift.<br><br>7/4/24: Evening shift.<br><br>7/10/24: Evening shift.<br><br>7/11/24: Evening shift.<br><br>7/12/24: Evening shift.<br><br>(continued on next page) |

| 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 08/08/2024 |
|---|---|---|---|
| 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) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 7/16/24: Evening shift.<br><br>7/18/24: Evening shift.<br><br>7/21/24: Evening shift.<br><br>7/22/24: Evening shift.<br><br>7/24/24: Evening shift.<br><br>7/25/24: Day and Evening shift.<br><br>7/26/24: Day shift.<br><br>7/27/24: Day shift.<br><br>7/28/24: Day shift.<br><br>7/31/24: Evening shift.<br><br>Review of the Wound Care Report indicated on 7/29/24, next to Resident R3's name, was written dressing 7/24.<br><br>During an interview on 8/4/24, at approximately 1:45 p.m. Wound Care Nurse Employee E1 confirmed that this notation meant that the wound dressing that was removed on 7/29/24, for Resident R3 had the date written on it of 7/24/24.<br><br>Review of the clinical record indicated Resident R4 was admitted to the facility on [DATE].<br><br>Review of the MDS dated [DATE], included the diagnoses of peripheral vascular disease (PVD, circulatory condition in which narrowed blood vessels reduce blood flow to the limbs) and high blood pressure.<br><br>Review of a wound nurse practitioner's consult note dated 8/5/24, revealed Resident R4 was being followed for a left groin abrasion.<br><br>Review of a physician's order dated 6/25/24, discontinued on 7/8/24, indicated for Resident R4's left groin treatment cleanse left groin with NSS and apply Nystatin cream (antifungal cream) and PRN, every day and evening shift for skin integrity.<br><br>Review of Resident R4's July 2024 TAR (7/1/24 - 7/8/24) for this order, revealed that no documentation that wound care was provided for evening shift 7/1/24, evening shift 7/3/24, evening shift 7/4/24, and day shift 7/8/24.<br><br>Review of a physician's order dated 7/8/24, indicated for Resident R4's left groin treatment cleanse left groin with NSS and apply Nystatin cream (antifungal cream) and PRN, every day shift for skin integrity.<br><br>(continued on next page) |

| 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 08/08/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monroeville Skilled Nursing and Rehabilitation Ctr | 885 MacBeth Drive<br>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) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident R4's July 2024 TAR (7/9/24 - 7/31/24) for this order, revealed that no documentation that wound care was provided on 7/27/24, and 7/27/24.<br><br>During an interview on 8/8/24, at approximately 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide prescribed treatment and services related to the care of wounds for three of seven residents.<br><br>28 Pa. Code 201.14(a) Responsibility of licensee.<br><br>28 Pa. Code 201.18(b)(1)(3) Management.<br><br>28 Pa. Code 211.10(c)(d) Resident care policies.<br><br>28 Pa. Code 211.12(d)(1)(3) Nursing services. |

| 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 08/08/2024 |
|---|---|---|---|
| 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) |
|---|---|
| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311<br><br>Based on review of facility policy and documents, clinical records, and staff interview, it was determined that the facility failed to provide prescribed treatment and services related to the care of pressure ulcers for two of five residents (Resident R1 and R2).<br><br>Findings include:<br><br>Review of the United States Department of Health and Human Services, Agency for Healthcare Research & Quality's, Safety Program for Nursing Home: On-Time Pressure Ulcer Prevention dated May 2016, indicated that Pressure ulcers cause pain, disfigurement, and increased infection risk and are associated with longer hospital stays and increased morbidity and mortality. Three critical components in preventing pressure ulcers were listed: comprehensive skin assessments, standardized pressure ulcer risk assessments, and care planning and implementation to address areas of risk.<br><br>Review of the National Library of Medicine, The Braden Scale for Predicting Pressure Sore Risk indicated the scale was developed to foster early identification of patients at risk for forming pressure ulcers.<br><br>The scale consists of six subscales and the total range from 6-23, with the following distributions:<br><br>-Severe Risk: Less than or equal to 9.<br><br>-High Risk: 10-12.<br><br>-Moderate Risk: 13-14.<br><br>-Mild Risk: 15-18.<br><br>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].<br><br>Review of the Minimum Data Set (MDS - periodic assessment of care needs) dated 5/2/24, included the diagnoses of hemiplegia (paralysis on one side of the body), lymphedema (the build-up of fluid in soft body tissues), and wound infection. Review of Section M: Skin Conditions, indicated Resident R1 was at risk of pressure ulcer development, and had one deep tissue injury (DTI, type of pressure ulcers defined as purple or maroon localized area of discolored intact skin or blood?filled blister due to damage of underlying soft tissue from pressure and/or shear).<br><br>Review of a wound nurse practitioner's consult note dated 8/5/24, revealed Resident R1 was being followed for a pressure wound, a venous wound, and abrasions.<br><br>Review of a physician's order dated 6/26/24, through 7/31/24, indicated cleanse R (right) heel with betadine (antiseptic used for skin disinfection) and PRN, every day and evening shift for DTI, off-loading boot to be in place WOOB (when out of bed) and in bed.<br><br>(continued on next page) |

| 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 08/08/2024 |
|---|---|---|---|
| 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) |
|---|---|
| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Documentation is as follows:<br><br>7/3/24: Day and Evening shift.<br><br>7/4/24: Day and Evening shift.<br><br>7/11/24: Evening shift.<br><br>7/12/24: Evening shift.<br><br>7/15/24: Evening shift.<br><br>7/16/24: Evening shift.<br><br>7/18/24: Evening shift.<br><br>7/19/24: Day shift.<br><br>7/20/24: Day shift.<br><br>7/22/24: Day shift.<br><br>7/29/24: Evening shift.<br><br>Review of the Wound Care Report indicated on 7/29/24, next to Resident R1's name, was written dressing 7/26.<br><br>During an interview on 8/4/24, at approximately 1:45 p.m. Wound Care Nurse Employee E1 confirmed that this notation meant that the wound dressings that were removed on 7/29/24, for Resident R1 had the date written on it of 7/26/24.<br><br>Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE].<br><br>Review of the MDS dated [DATE], included the diagnoses of coronary artery disease (damage or disease in the heart's major blood vessels) a seizure disorder. Review of Section M: Skin Conditions, indicated Resident R2 had one Stage IV pressure wound (full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer).<br><br>Review of a wound nurse practitioner's consult note dated 8/5/24, revealed Resident R2 was being followed for a Stage IV pressure wound of the right heel.<br><br>Review of a physician's order dated 6/26/24, discontinued on 7/8/24, indicated for Resident R2's right heel treatment Cleanse Right heal with NSS (normal saline solution) and apply collagen moisten with NSS, layer over wound bed then add calcium alginate (highly absorptive, non-occlusive dressings made of soft, non-woven calcium alginate fibers, impregnated with silver for antimicrobial protection)cover with ABD (highly absorbent dressing that provides padding and protection for large wounds)/ kerlix (absorbent rolled bandage)/ ace wrap (elastic bandage) daily and PRN.<br><br>(continued on next page) |

| 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 08/08/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monroeville Skilled Nursing and Rehabilitation Ctr | 885 MacBeth Drive<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident R2's July 2024 TAR (7/1/24 - 7/8/24) for this order revealed that 7/5/24, and 7/7/24. had no documentation that wound care was provided.<br><br>Review of a physician's order dated 7/10/24, indicated for Resident R2's right heel treatment Cleanse Right heal with NSS and apply collagen, moisten with NSS, layer over wound bed then add calcium alginate (silver) cover with ABD/ kerlix/ ace wrap daily and PRN, every day shift every Mon, Wed, Fri, Sun for pressure sore.<br><br>Review of Resident R2's July 2024 TAR (7/9/24 - 7/31/24) for this order, revealed that 7/27/24, and 7/28/24. had no documentation that wound care was provided.<br><br>Review of the Wound Care Report indicated on 7/29/24, next to Resident R2's name, was written dressing 7/26.<br><br>During an interview on 8/4/24, at approximately 1:45 p.m. Wound Care Nurse Employee E1 confirmed that this notation meant that the wound dressings that were removed on 7/29/24, for Resident R2 had the date written on it of 7/26/24.<br><br>During an interview on 8/8/24, at approximately 2:00 p.m. the Nursing Home Administrator confirmed the facility failed to provide prescribed treatment and services related to the care of pressure ulcers for two of five residents.<br><br>28 Pa. Code 201.14(a) Responsibility of licensee.<br><br>28 Pa. Code 201.29(a)(c)(d)(j) Resident rights<br><br>28 Pa. Code 211.10(c)(d) Resident care policies.<br><br>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services. |

| 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 08/08/2024 |
|---|---|---|---|
| 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) |
|---|---|
| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.<br><br>39311<br><br>Based on review of facility policy, resident observations, resident and staff interviews, and grievance review, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of 13 of 15 residents (Residents R6, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, and R20).<br><br>Findings Include:<br><br>Review of the facility policy Staffing/Center Plan dated 7/24/24, previously reviewed 3/11/24, indicated centers will provide qualified and appropriate staffing levels to meet the needs of the patient population. The staffing plan will include all shifts, seven days per week.<br><br>During an interview on 8/4/24, at 3:30 p.m. Resident R6, when asked if she felt the facility maintained sufficient staff, stated, If they show up.<br><br>During an interview on 8/4/24, at 3:57 p.m. Resident R9, when asked if she felt the facility maintained sufficient staff, stated, No and further stated that she felt that she required more personal care than was provided. When asked if call lights took a long time to be answered, stated, Too long to tell. It's not fair to the workers.<br><br>During an interview on 8/4/24, at 4:00 p.m. Resident R10, when asked if he felt the facility maintained sufficient staff, stated, No and stated that recently his colostomy bag was leaking, and when he pushed his call light, no staff responded. Resident R10 stated that he then had to yell, Help me, help me. for a staff member to respond. Resident R10 stated then it was an additional 40 minutes before someone was able to assist him with his leaking colostomy bag.<br><br>During an interview on 8/4/24, at 4:03 p.m. Resident R11, when asked if he felt the facility maintained sufficient staff, stated, No. When asked if call lights took a long time to be answered, stated, 45-60 minutes.<br><br>During an interview on 8/4/24, at 4:12 p.m. Resident R12, when asked if she felt the facility maintained sufficient staff, stated, No. When asked if call lights took a long time to be answered, stated, A long time. Sometimes an hour, sometimes more. When asked if she received sufficient showers, Resident R12 stated, sometimes you can't even get them on your designated day, there's not enough people. During an observation at this time, Resident R12 was noted to have a knot of matted hair at the back of her head.<br><br>Review of Resident R12's shower schedule (Tuesdays and Fridays, day shift) record from 7/25/24 (admitted ), through 8/6/24, revealed one shower, and one refusal on 7/26/24 (morning after admission). Progress notes on 7/26/24, indicated Resident R12 was seen by the medical provider on her shower day of 7/26/24, day shift. No documentation was provided for the lack of showers on 7/30/24, and 8/2/24.<br><br>(continued on next page) |

| 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 08/08/2024 |
|---|---|---|---|
| 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) |
|---|---|
| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 8/4/24, at 4:14 p.m. Resident R13, when asked if she felt the facility maintained sufficient staff, she stated, No. During an observation at this time, Resident R13 was noted to have facial hair.<br><br>During an interview on 8/4/24, at 4:20 p.m. Resident R14, when asked if she felt the facility maintained sufficient staff, she stated, No. When asked if call lights took a long time to be answered, stated, It depends, and confirmed that she has waited almost an hour.<br><br>During an interview on 8/4/24, at 4:23 p.m. Resident R15, when asked if she felt the facility maintained sufficient staff, she stated, There's not enough people and stated she waited up to an hour for call light response. During an observation at this time, Resident R15 was noted to be malodorous and have facial hair.<br><br>Review of information provided to the State Agency, indicated a concern that Resident R15 was not being provided sufficient showers.<br><br>Review of Resident R15's shower record from 7/8/24, through 8/6/24, revealed three showers, with bed baths being given the remainder of days. No refusals were documented during this review time.<br><br>During an interview on 8/4/24, at 4:30 p.m. Resident R16, asked if call lights took a long time to be answered, stated, Sometimes, When asked if he receives sufficient showers, Resident R16 stated, I want a shower, but it's lucky if they have a nurse aide to help. An observation at this time revealed a paper taped to Resident R16's wall that stated, Your shower days are Weds and Sat on 3-11 pm shift.<br><br>Review of Resident R12's shower record (no designated days) from 7/8/24, through 8/6/24, revealed no showers were provided. No refusals were documented during this review time.<br><br>During an interview on 8/4/24, at 4:33 p.m. Resident R17, when asked if he felt the facility maintained sufficient staff, stated, So-so. When asked about call light response time, stated, A long time.<br><br>During an interview on 8/4/24, at 4:38 p.m. Resident R18, when asked if call light response time was long stated, Yes, a long time. When asked if he receives sufficient showers, Resident R18 stated that his shower days are Mondays and Thursdays but sometimes I don't get it. During an observation at this time, Resident R18 was noted to be malodorous and have greasy appearing hair.<br><br>During an observation on 8/4/24, at 4:40 p.m. Resident R19 was noted to have long, unclean fingernails.<br><br>During an interview on 8/4/24, at 4:43 p.m. Resident R20, when asked if call light response time was long stated, A half hour, maybe longer.<br><br>During an interview on 8/8/24, at 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of 13 of 15 residents.<br><br>28 Pa. Code: 201.14(a) Responsibility of licensee.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396003 | A. Building<br>B. Wing | 08/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monroeville Skilled Nursing and Rehabilitation Ctr | 885 MacBeth Drive<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 28 Pa. Code 201.18(e)(6) Management.<br><br>28 Pa. Code: 201.20(a) Staff development.<br><br>28 Pa. Code: 211.12(a)(c)(d)(1)(2)(3)(4) Nursing services. |

| 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 08/08/2024 |
|---|---|---|---|
| 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) |
|---|---|
| F 0809<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311<br><br>Based on a review of facility policy and documents, observation, and interviews, it was determined the facility failed to ensure the provision of a substantial evening snack to the residents when up to 16 hours elapsed from the supper meal to breakfast the next day, and failed to [NAME] resident group acceptance of a meal span of greater than 14 hours.<br><br>Findings include:<br><br>Review of the facility policy Meal Times and Delivery dated 7/24/24, previously reviewed 3/11/24, indicated Meals are provided at predictable time, three times daily. Meals are spaced not greater than 14 hours between the evening meal and breakfast meal.<br><br>Review of facility's scheduled meal care delivery times revealed the following:<br><br>Breakfast: First meal cart delivery at 7:00 a.m. - 7:15 a.m. (Rooms 100-119).<br><br>Lunch: First meal cart delivery at 11:30 a.m. - 11:45 a.m. (Rooms 100-119).<br><br>Dinner: First meal cart delivery at 4:45 p.m. - 5:00 p.m. (Rooms 100-119).<br><br>During an observation on 8/4/24, at 3:53 p.m. the evening meal began to be distributed to residents.<br><br>During an interview on 8/4/24, at 4:12 p.m. Resident R12 stated, Who wants to eat dinner at 4 (p.m.).<br><br>During an interview on 8/4/24, at 4:15 p.m. Licensed Practical Nurse (LPN) Employee E6 stated that meal trays usually arrive between 4:00 p.m. - 4:15 p.m.<br><br>During an interview on 8/4/24, at 4:18 p.m. Nurse Aide (NA) (NA) Employee E7 stated the facility does not supply a substantial evening snack to all residents.<br><br>During an observation of the First-floor nutrition room at this time, NA Employee E7 opened a drawer, displaying approximately 15 single serve packets of bear-shaped graham cookies, and stated, This is a good night, we have something to give them and further stated, When we tell them (the kitchen) that we need stuff, they say they don't have it. NA Employee E7 further confirmed that residents have voiced complaints about having their evening meal so early.<br><br>During an interview on 8/4/24, at 4:22 p.m. Dietary Worker Employee E8 confirmed that the evening meal was provided to residents almost an hour prior to the scheduled time of 4:45 p.m.<br><br>(continued on next page) |

| 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 08/08/2024 |
|---|---|---|---|
| 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) |
|---|---|
| F 0809<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 8/8/24, at approximately 2:00 p.m. the Nursing Home Administrator confirmed the facility failed to ensure the provision of a substantial evening snack to the residents when up to 16 hours elapsed from the supper meal to breakfast the next day, and failed to [NAME] resident group acceptance of a meal span of greater than 14 hours.<br><br>28 Pa. Code 211.6(a)(b) Dietary services |