

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/07/2024
NAME OF PROVIDER OR SUPPLIER  Westminster Woods at Huntingdon		STREET ADDRESS, CITY, STATE, ZIP CODE  360 Westminster Drive Huntingdon, PA 16652	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>42079</p> <p>Based on review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to develop comprehensive care plans that included specific and individualized interventions to address a resident's frequent urinary tract infections and medication use for one of three residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>The facility's policy regarding care planning, dated March 26, 2024, revealed that the comprehensive care plan was to have input from interdisciplinary team members, and to the extent practicable, the participation of the resident and/or the resident's representative(s). The care plan was to contain interdisciplinary approaches, be oriented toward involving the resident, and address additional areas that are relevant to meeting the resident's needs in the long-term care setting.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated June 7, 2024, indicated that the resident was understood and could usually understand, required assistance from staff for care needs, and was frequently incontinent of urine and occasionally incontinent of bowel.</p> <p>Physician's orders for Resident 1, dated July 4, 2024, included an order for the resident to be administered one gram D-mannose (Cranberry supplement) daily for urinary tract infection (UTI) prophylaxis (prevention). Physician's orders, dated July 8, 2024, included an order for the resident to be seen by urology related to frequent UTI and burning and painful urination. Physician's orders, dated July 28, 2024, included an order for the resident to be administered 0.01 percent Estradiol (vaginal cream) daily for urinary tract infection prevention. Physician's orders, dated August 3, 2024, included an order for the resident to be administered 100 milligrams (mg) of Macrobid (antibiotic) twice a day for five days.</p> <p>There was no documented evidence that a care plan was created for Resident 1's frequent UTI's and antibiotic use.</p> <p>Interview with the Director of Nursing on August 7, 2024, at 4:29 p.m. confirmed there was no care plan created for the care and treatment of frequent UTI's, antibiotic medication, and preventative medication.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 201.24(e)(4) Admission Policy.</p>		