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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396017 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/16/2025 |
| NAME OF PROVIDER OR SUPPLIER Willow Grove Post Acute | | STREET ADDRESS, CITY, STATE, ZIP CODE 3485 Davisville Road Hatboro, PA 19040 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| <p>F 0574</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The resident has the right to receive notices in a format and a language he or she understands.</p> <p>Based on observations, resident interviews, and staff interviews, it was determined that the facility failed to post the State Survey Agency and the State Long-Term Care Ombudsman program phone number and contact information readily accessible on the two of two nursing floors. (1st Floor, and 2nd Nursing Units)</p> <p>Findings include:</p> <p>During an observation of First Floor nursing units on May 13, 2025 at 11:44 a.m. revealed there was no posting for the required Department of Health contact information or required postings for the State Long-Term Care Ombudsman. A tour of the lobby area revealed there was a standard size page for the contact information for the State Long-Term Ombudsman in the entry way between the two glass entry doorways.</p> <p>Resident Council meeting was held on May 14, 2025, at 10:15 a.m. held on the second floor with four alert and oriented residents reported that they were not aware how to contact the State Department of Health or Ombudsman Office and have not seen any postings in the building. (R17, R58, R61, R77)</p> <p>Observations during a tour with the Director of Social Services, Employee E8 of the Second Floor Nursing unit on May 14, 2025 at 11:05 a.m. revealed there were no postings for the required Department of Health or the State Long-Term Care Ombudsman.</p> <p>The Nursing Home Administrator Employee E1 on May 14, 2025, at 3:06 p.m. confirmed the posting of the Ombudsman contact information was only posted in the entry way between the two glass entry doorways. There was no posting of the State Department of Health and Ombudsman contact information readily available on the Second floor. There was no Department of Health information posted in the facility.</p> <p>28 Pa. Code: 201.18(a)(e)(1) Management</p> <p>28 Pa. Code: 201.18(b)(1) Management</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, hospital records, and facility policies and procedures, interviews with staff and residents and review of facility provided incident reports, it was determined that facility failed to ensure a complete evaluation of change in condition to address pain levels for one of 19 residents reviewed (Resident R62).</p> <p>Findings include:</p> <p>Review of facility policy 'Change in a Resident's Condition or Status,' revised February 2021, indicates that the nurse will notify the resident's attending physician or physician on call when there has been an accident or incident involving the resident; adverse reaction to medication; significant change in the resident's physical/emotional/ mental condition. The policy also indicated that a significant change in a resident's physical, mental or psychosocial status was a deterioration in health, mental or psychosocial status with clinical complications. The nursing staff and other professional staff were responsible to notify the physician with all pertinent information for the need to alter treatment significantly, begin a new form of treatment or a decision to transfer the resident for further assessment and treatment.</p> <p>Hospital record review for Resident R62 revealed a hospitalization on March 6, 2025 for a fall while walking. The resident tripped on a rock and fell landing on the right hip. Hospital record review revealed a hospitalization for Resident R62 on March 16, 2025 where the resident slid out of bed and was unable to get up for about 30 minutes. The resident reported right hip and right knee pain post fall.</p> <p>Review for Resident R62's clinical record revealed an admission comprehensive assessment (MDS-an assessment of care needs) dated April 1, 2025 that indicated this resident was admitted to the facility on [DATE]. The assessment indicated that this resident was cognitively intact, used a walker, required maximum assistance of staff to perform the activity of sit to stand, required moderate assistance from staff for chair/bed to chair transfers and walking 10 feet was not attempted by the resident. The assessment also indicated that this resident had a fall history of falling in the last two to six months prior to admission. The resident was receiving occupational and physical therapy at the facility.</p> <p>Clinical record review for Resident R62 revealed an admission note dated March 27, 2025 that indicated this resident was admitted with hip, pelvis and knee pain from a fall.</p> <p>Clinical record review revealed a nursing note dated March 28, 2025 that indicated Resident R62 exhibited weakness with activities of daily living and Resident R62 was wearing a hard boot for immobilization to the right leg.</p> <p>Review of nursing note dated March 29, 2025 revealed that the resident exhibited unsteady gait impairment, balance and weakness with functional status.</p> <p>(continued on next page)</p> | | |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On April 4, 2025 the physician indicated that Resident R62 reported being in pain intermittently and that Tylenol was not addressing the pain. The physician indicated that the pain was in the right hip and knee. The pain level was moderate according to the resident.</p> <p>Clinical record review revealed an Occupational therapy progress note on March 27, 2025 indicated Resident R62 was verbalizing constant pain of the right lower extremity that was limiting functional activities. The therapist indicated that pain was exacerbated with standing for Resident R62. On April 9, 2025 the occupational therapist indicated that Resident R62 was only able to stand supported for 30 to 60 seconds.</p> <p>Clinical record review revealed a nursing note dated April 15, 2025 that indicated Tramadol (opiod used to treat pain) was indicated for knee pain and ambulatory dysfunction for Resident R62.</p> <p>Clinical record review revealed that the nursing staff failed to obtained a physician's order and discuss Resident R62's pain level and the need for Tramadol for knee pain and ambulatory dysfunction with resident's physician.</p> <p>Clinical record review revealed a physician's note dated April 21, 2025 that indicated Resident R62 complained of chronic pain in the right hip. The physician's progress note mentioned continue tramadol (opiod used to treat pain) for knee pain.</p> <p>Interview with the registered nurse, Employee E3, at 1:00 p.m., on May 15, 2025 confirmed that the nursing staff failed to notify the physician of a significant change in medical condition for Resident R62 on April 15, 2025. The registered nurse, Employee E3 also confirmed that there was no indication that Tramadol had been administered to Resident R62 on April 15, 2025 or April 21, 2025.</p> <p>Clinical record review revealed that the occupational therapist spoke to the responsible party for Resident R62 on April 21, 2025 and explained the lack of progress in therapy due to the resident's experience of pain in the right leg. The therapist documented that Resident R62 required moderate assist with transfers wheel chair to bed due to continually reporting severe pain with movement and weight baring in right lower extremity.</p> <p>Interview with Employee E38, occupational therapist, at 2:00 p.m., on May 15, 2025 confirmed that throughout therapy sessions March 27 through April 21, 2025 Resident R62 was limited in acheiving functional mobility goals due to concerns of pain upon movement.</p> <p>Interview with the registered nurse, Employee E3, at 2:30 p.m., on May 15, 2025 confirmed that there was a lack on monitoring of the onset, duration and severity of medical changes in Resident R62's right leg to inform the physician so that treatment was adjusted accordingly.</p> <p>Clinical record review revealed on April 25, 2025 Resident R62 was sent to the hospital with an injury of unknown origin. At the hospital Resident R62 was diagnosed with a deformed fracture of the right femur.</p> <p>Interview with Resident R62 at 10:00 a.m., on May 14, 2025 revealed that the resident had no falls at the facility. Resident R62 reported that he had two falls at home.</p> <p>28 PA. Code 211.10(c)(d) Resident care policies</p> <p>(continued on next page)</p> | | |

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| F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | 28 PA. Code 211.12(d)(5) Nursing services |

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| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on a review of facility policy and procedures, resident group interview, staff interview, and observations it was determined that the facility failed to ensure that the grievance forms were available and accessible to residents on two of two nursing units reviewed. (First Floor and Second Floor Units)</p> <p>Findings include:</p> <p>A review of facility policy titled Grievances/Complaints, Filing dated April 2017 states, Policy Statemen-Residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff or to the agency designated to hear grievances (e.g., the State Ombudsman). 5. Grievances and/or complaints may be submitted orally or in writing and may be filed anonymously. 7. The administrator is the facility grievance officer.</p> <p>During a resident council meeting on May 14, 2025, at 10:15 a.m. held on the second floor with four alert and oriented residents reported that they were not aware how to file a grievance or where to find a grievance form at the facility. (Residents R17, R58, R61, R77)</p> <p>A review of a Grievance/Concern Form revealed there is no space to indicate the grievance is being filed anonymously.</p> <p>A tour was taken with the Director of Social Services, Employee E8 of the First Floor and Second Floor Nursing units with the Employee E8 on May 14, 2025 at 11:05 a.m. to look for required grievance forms. The tour revealed that there were no grievance forms accessible for residents, family, or advocates. There were also no labeled locked boxes for anonymous grievances to be turned in to.</p> <p>The Nursing Home Administrator, Employee E1 confirmed the above findings on May15, 2025 at 2:11 p.m.</p> <p>28 Pa. Code 201.14(a)Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(3) Management</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 201.29(a)Resident rights</p> | | |

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| <p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records and staff interviews, it was determined the facility failed to conduct a significant change assessment for one of nineteen residents reviewed (Resident R28).</p> <p>Findings include:</p> <p>According to the Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides guidance and instructions for the completion of Minimum Data Set (MDS - a federally mandated standardized assessment process conducted at specific intervals to plan resident care) assessments dated October 2023, the facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines or should have determined that there has been a significant change in the resident's physical or mental condition. The RAI Manual indicates a significant change is a major decline or improvement in a resident's status that: 1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered self-limiting; 2. Impacts more than one area of the resident's health status; and 3. Requires interdisciplinary review and/or revision of the care plan.</p> <p>Review of Resident R28's clinical record revealed that the resident was admitted to the facility on [DATE] with diagnosis of dysphagia (problem swallowing), Muscle Wasting and Atrophy, Heart Failure, Hypertension (high blood pressure) and Dementia progressive degenerative disease of the brain). The resident had her weight taken upon admission on [DATE] which was 175.4 pounds. The resident was being weighed ongoing. Further review of Resident R28's weight record revealed the resident was weighed on January 14, 2025 and she weighed 155 pounds.</p> <p>Review of the resident's Weight Change Note from January 15, 2025 states, Resident now triggered for significant weight change. History of Dementia and confusion noted. Resident with poor intake and refuses some food and drinks. Her intakes are poor to fair per nursing documentation. Resident is on a regular, mechanical soft, nectar thick liquid diet which has been advanced this morning to thin liquids per speech. Resident was start on house shakes two times a day on January 13, 2025. She is Flu A positive which may be negatively affecting her appetite as well. If accurate, resident with 9.4%, 16-pound weight loss in 1 week. Writer questions the accuracy of weight change within this time frame. Suspect scale error versus inaccurate weight documentation. Current Body Weight was obtained on mechanical lift versus other weights obtained on sitting scale. Possible discrepancy. Will monitor reweigh and weight trends throughout admission. Please continue to encourage intakes and provide assistance at meal times. Offer snacks and favorite foods/food from home as able. Registered Dietician remains available and will follow up as needed.</p> <p>Review of Resident R28's clinical record revealed a Weight Change Note from February 5, 2025 stating, Resident reviewed for follow up for significant weight changes. Resident continues with poor appetite and poor to fair intakes per nursing. She is awake and oriented times two at her baseline. Resident tolerates a regular, mechanical soft diet with houseshakes twice a day. Resident does enjoy the chocolate house shakes and likes desserts and sweets but often does not eat her main meal. She complains the food tasting too salty to her and not feeling hungry. Suggest offer snacks/favorite foods as able. Weight Status: Body Mass Index: 30.9 Current Body Weight 2/3: 158.1#</p> <p>(continued on next page)</p> | | |

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| <p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of Resident R28's clinical record revealed the resident did not have a MDS Change of Condition Evaluation completed in the month of January after the significant weight loss was identified by the facility dietician.</p> <p>28 Pa. Code 211.12(c)(d)(3)(5) Nursing services</p> | | |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and interview with staff, it was determined that the facility did not ensure that care plans were revised in a timely manner related to hospice services, enteral feeding, and intravenous device for three of nineteen records reviewed (Resident R18, R36, and R80).</p> <p>Findings include:</p> <p>Review of facility policy titled, Care Plans, Comprehensive Person-Centered revised March 2022 states, Policy Statement- A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. 12. The interdisciplinary team reviews and updates the care plan: a. when there has been a significant change in the resident's condition; b. when the desired outcome is not met; c. when the resident has been readmitted to the facility from a hospital stay; and d. at least quarterly, in conjunction with the required quarterly MDS statement.</p> <p>Review of Resident R18's clinical record revealed the resident was admitted to the facility on [DATE] with the following diagnoses: Hypertensive Heart Disease with Heart Failure, Aphasia (difficulty speaking), and Adult Failure to Thrive.</p> <p>Review of Resident R18's hospice records revealed the resident entered into hospice services on April 16, 2025.</p> <p>Review of Resident R18's care plan revealed the resident did not have a had a care plan in place to address the goals and/or interventions for hospice services.</p> <p>Review of Resident R36's clinical record revealed the resident was admitted to the facility on [DATE] with the following diagnoses: Dysphagia (inability to swallow), Dementia (progressive degenerative disease of the brain), Type 2 Diabetes (failure of the body to produce insulin) and gastrostomy (a surgical placed device used to give direct access to the stomach for supplemental feeding, hydration or medication).</p> <p>A tour was taken of the first floor nursing unit on May 13, 2025 at 10:30 a.m. After entering Resident R36's room it was noted that the Resident R36 had an enteral tube feed placed next to her bed that was engaged. Review of Resident R36's physician orders revealed a physician order from February 11, 2025 of Start Tube Feed at 2PM via PEG tube.</p> <p>Review of Resident R36's current care plan dated September 10, 2024 states, Resident has an enteral feeding tube to meet nutritional needs, Date Initiated: 08/20/2024 Cancelled Date: 09/10/2024 Review of Resident R36's current plan revealed there is no current goal or interventions for the residents enteral feeding.</p> <p>Review of Resident R80's clinical record revealed that the resident was oriented to person, with medical history of severe intellectual disability, borderline personality disorder, anxiety disorder, cognitive communication deficit.</p> <p>(continued on next page)</p> | | |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Review of facility provided incident list for months of April 2025 and May 2025, revealed that Resident R80 had a 'medical device/tube dislodgment' three times for the month of April 2025; on April 23, 2025 at 9:42 p. m., April 23, 2025 at 6:30 a.m., and April 18, 2025 at 4:00 p.m</p> <p>Review of nursing notes, dated April 23, 2025 at 8:15 a.m., revealed that the resident had right hand peripheral intravenous line placed for IV (intravenous) fluids and received 600 ml out of 100 ml of normal saline solution before pulling out IV.</p> <p>Further review of nursing progress notes, dated April 24, 2025 at 1:49 a.m., revealed that at approximately 9:30 p.m., resident was found with disconnected IV tubing again. It was also noted that this resident flooded her bathroom into the hallway</p> <p>Further review of R80's nursing progress notes, dated April 18, 2025 at 1747, revealed that On 4/18/25, resident's IV dislodged, MD into visit received order to start hypodermoclysis (method of infusing fluids into the subcutaneous tissue to rehydrate a patient).</p> <p>Review of incident report completed on Friday, April 18, 2025 at 4:00 p.m., revealed that staff were warned prior to administration by case manager that resident may pull IV out as she has done so in the hospital. Root cause for dislodgement was due to resident diagnosis of intellectual disability (IDD) and nonverbal and does not understand necessity of the ivf's.</p> <p>Review of incident report completed on April 23, 2025 at 0942, indicates peripheral IV line was dislodged again due to resident's behavior and related to IDD diagnosis and inability to understand need.</p> <p>Review of R80's care plan revealed no evidence of goals and interventions related to resident's mental status and non-compliance with intravenous line device.</p> <p>28 Pa Code 211.10(d) resident care policies</p> <p>28 Pa Code 211.12&copy;(d)(1) nursing services</p> | | |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, interviews with residents and staff and reviews of policies and procedures and hospital records, it was determined that the facility failed to ensure that residents with bowel and bladder incontinence received care to maintain, restore or improve bowel and bladder function for two of five residents reviewed. (Residents R8 and R41)</p> <p>Findings include:</p> <p>Review of the facility policy titled urinary continence and incontinence assessment and management dated August 2022 revealed that it was the responsibility of the staff to screen for management of individuals with urinary incontinence. The policy indicated that staff will provide appropriate services and treatment to ensure residents restore or improve bladder function and prevent urinary tract infections to the extent possible.</p> <p>Hospital record review indicated that Resident R41 was admitted to the hospital on [DATE] and was treated for nephrolithiasis (kidney stones).</p> <p>Clinical record review for Resident R41 revealed an admission comprehensive MDS (Minimum data Set- assessment of resident's needs) assessment dated [DATE] that indicated this resident was cognitively intact. The assessment also indicated that the resident was dependent for toileting (ability to maintain perineal hygiene after use of the bedpan, toilet, commode or toilet). The assessment also indicated that this resident was frequently incontinent of bladder and had no functional impairments of the upper and lower extremities.</p> <p>Interview with Resident R41 at 11:30 a.m., on May 13, 2025 revealed that the resident was tired of wearing the brief and wanted to try a toileting program.</p> <p>Clinical record review revealed that there was no documentation to indicate that a voiding study to determine voiding patterns or types of incontinence had been developed and implemented for Resident R41.</p> <p>Clinical record review revealed that there was no documentation to indicate that a toileting trial and its' results had been implemented for Resident R41's care needs for urinary incontinence</p> <p>Interview with registered nurse, Employee E31 at 10:30 a.m., on May 14, 2025 confirmed that Resident R41 was able to let staff know when he had to have assistance with toileting and toileting transfers. The registered nurse, Employee E31, also confirmed that Resident R41 was wearing a brief and was not trialed for a toileting program based on a documented voiding trial.</p> <p>(continued on next page)</p> | | |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Clinical record review for Resident R8 revealed an admission comprehensive assessment (MDS-an assessment of care needs) dated April 26, 2025 that indicated this resident was frequently incontinent of urine and at risk for pressure ulcer development, having a stage II (ulcer involving loss of the top layers of the skin) pressure ulcer. The assessment also indicated that Resident R8 was alert and oriented and had no upper or lower extremity impairments. The assessment also said that Resident R8 was toilet, chair/bed transfer dependent, non-ambulatory and dependent on staff to assist with a roll left to right while in bed.</p> <p>Interview with Resident R8 at 11:00 a.m., on May 16, 2025 revealed that the resident was able to left staff know when she needed toileting. The resident said that it comes quick and hard to hold her bladder. Resident R8 explained that she would be willing to try a bedpan for her toileting needs; instead of a brief.</p> <p>Clinical record review revealed that there was no documentation to indicated that a voiding study to determine voiding patterns or types of incontinence had been developed and implemented for Resident R8.</p> <p>Clinical record review revealed that there was no documentation to indicate that a toileting trial and its' results had been implemented for Resident R41's care needs for urinary incontinence.</p> <p>Interview with Resident R8's nursing assistant, Employee E25, at 11:10 a.m., on May 16, 2025 revealed that Resident R8 could hold the enabler side rail for turning in bed with staff assistance. The nursing assistant confirmed that Resident R8 was alert and oriented and able to let staff know about her toileting needs.</p> <p>28 PA. Code 211.12(d)(1)(3)(5) Nursing services</p> <p>28 PA. Code 211.10(a)(b)(c)(d) Resident care policies</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on review of facility provided documentation and review of clinical record, it was determined facility did not ensure to maintain nutrition status according to professional standards of practice for a resident receiving total parenteral nutrition one of 19 residents reviewed. (Resident R71)</p> <p>Findings include:</p> <p>Review of facility policy 'Administering Medications,' revised April 2019, indicates that the individual administering medications verifies the resident's identity before giving the resident his/her medications. Methods of identifying the resident include:</p> <ul style="list-style-type: none"> a. Checking identification band; b. Checking photograph attached to medical record; and c. If necessary, verifying resident identification with other facility personnel <p>Review of Resident R71's clinical record revealed that the resident, was awake alert and oriented x 3 (people, place and time), with medical history of hypokalemia (disorder of low potassium), cardiac arrest, hypomagnesemia, tracheostomy (tube inserted through the neck to assist with breathing) status, diabetes type 2 (failure of the body to produce insulin), ileostomy, fistula of stomach and duodenum, abnormal findings of blood chemistry.</p> <p>Further review of R71's clinical record revealed that on April 8, 2025, licensed nurse, employee E28, administered R239's total parenteral nutrition (TPN- receives al nutrients through the vein)) to Resident R71; resulting in vomiting and low potassium level in blood.</p> <p>Review of facility provided incident report conclusion was that R71 was noted to have wrong TPN formula hanging by oncoming staff. TPN was removed, picc line flushed. Nurse practitioner and physician notified , orders for labs were given and completed. New TPN formula was placed .</p> <p>Further review of incident report revealed root cause of incident was TPN was not hung on the correct patient and the TPN policy was not followed to ensure the correct patient, formula and MD order and correct rate.</p> <p>Review of facility's infection preventionist statement revealed I came into the room to complete wound care with the wound care team in the am and noticed that the TPN bag hanging that was hanging had a different patients name on it. I immediately took it down and we notified the DON, NP, labs were ordered and correct TPN was re-placed.</p> <p>Statement from Resident R71 revealed that a nurse hung TPN at 2 am, couple of nights ago, but it was not hung up last night.</p> <p>Further review of facility provided information, revealed Resident R71 was administered Resident R239's TPN; R239 clinical record revealed she had an order for TPN consisting of amino acids 80g, dextrose 250g, lipids 20g, KCL 10mEq, Kacetate 10mEq, NaCl 120 mEq, NaAcet 80 mEq, NaPhos 20 mEq, MagSul 8 mEq, CaGluc 8 mEq, MVI w/K 10 ml, Tral 1 ml, folic acid 1 mg, ascorbic acid 500mg, zinc 10mg.</p> <p>(continued on next page)</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of R71's clinical record revealed she had an order for TPN consisting of amino acids 15% 90g, dextrose 240g, lipids 20% 0g, sodium acetate 100meq, sodium phosphate 10mmole, KCL 60meq, mg sulfate 30 meq, Ca gluconate 15meq, MVI w/Vitamin K 10 ml, tralement4 1 ml, thiamine 60mg.</p> <p>Further review of facility provided incident report revealed that licensed nurse, Employee E28 was assigned to Resident R71 on Monday, April 8, 2025 night shift. Per Employee E28's statement had to hang a new bag of TPN early morning hours. I went into the med room and removed from the refrigerator once at room temperature, 9 went to patient's room and hung the TPN. I did not know someone else was on TPN and did not check the name on the label . I also did not take another nurse with me.</p> <p>Further review of statement taken from licensed nurse, employee E29, on April 9, 2025, revealed that she was assigned to patient last night, the TPN was infusing, I did not have to hang a new bag, I did not check to ensure the name was for the correct patient.</p> <p>Further review of statement taken from licensed nurse, Employee E30, on April 9, 2025, states I was assigned to patient on April 8, 2025, 7am to 7pm, her TPN was infusing the whole time, I did not have to hang a new bag. I did not check the bag to ensure the name, formula and rate were correct.</p> <p>28 Pa Code 211.12(d)(1)(2)(3)(5) Nursing services</p> <p>28 Pa Code 201.14(a) responsibility of licensee</p> |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, review of facility policy and interviews with staff, it was determined that the facility failed to maintain effective communication with a dialysis provider for one of two residents reviewed. (Residents R74)</p> <p>Findings Include:</p> <p>Review of facility policy titled End-Stage Renal Disease, Care of a Resident with with a revision date of September 2010 states, 4. Agreements between this facility and the contracted ESRD facility include all aspects of how the resident's care will be managed, including: a. how the care plan will be developed and implemented: b. how information will be exchanged between the facilities.</p> <p>Review of Resident R74's quarterly MDS (Minimum Data Set - a mandatory periodic resident assessment tool) revealed that the resident was admitted to the facility on [DATE], with the diagnosis of End Stage Renal Disease.</p> <p>On May 15, 2025 at 2:02 p.m., Resident R74's dialysis communication with the facility was requested. A binder containing communication sheets with the resident's information and communication pages between the facility and the dialysis team was provided. Further review of the dialysis communication binder revealed there were several days that the communication sheets were not fully completed. Section 3: Completed by the facility upon return from Dialysis was not completed for the following dates: May 13, 2025, April 28, 2025, April 25, 2025, and April 21, 2025.</p> <p>28 Pa. Code 211.(5)(f) Clinical records</p> <p>28 Pa. Code code 211.12 (d)(1) Nursing services</p> | | |

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| <p>F 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and interviews with staff, it was determined that the facility did not ensure that a physician assessment was completed related to unplanned weight loss for one of nineteen residents reviewed (Resident R28).</p> <p>Findings include:</p> <p>Review of clinical documentation for Resident R28 revealed that she was re-admitted to the facility on [DATE] and had diagnoses of; Muscle Wasting and Atrophy, Dysphagia, and Dementia.</p> <p>Review of the resident's weight documentation revealed that on August 9, 2024, the resident weighed 175.4 pounds on November 19, 2024. The resident was weighed again on January 7, 2025, and weighed 171. The resident was weighed again a week later on January 14, 2025, and the resident weighed 155 pounds.</p> <p>Review of Resident R28's Weight Change Note from January 15, 2025 states, Resident now triggered for significant weight change. History of Dementia and confusion noted. Resident with poor intake and refuses some food and drinks. Her intakes are poor to fair per nursing documentation. Resident is on a regular, mechanical soft, nectar thick liquid diet which has been advanced this morning to thin liquids per speech. Resident was start on house shakes two times a day on January 13, 2025. She is Flu A positive which may be negatively affecting her appetite as well. If accurate, resident with 9.4%, 16-pound weight loss in 1 week. Writer questions the accuracy of weight change within this time frame. Suspect scale error versus inaccurate weight documentation. Current Body Weight was obtained on mechanical lift versus other weights obtained on sitting scale. Possible discrepancy. Will monitor reweight and weight trends throughout admission. Please continue to encourage itakes and provide assistance at meal times. Offer snacks and favorite foods/food from home as able. Registered Dietician remains available and will follow up as needed.</p> <p>Further review of Resident R28's clinical record revealed a Weight Change Note from March 18, 2025 stating, Resident reviewed for follow up for history of significant weight changes. Resident continues with decreased appetite and poor to fair intakes per nursing 3/1 Current Body Weight: 155.1# Resident with 9.3%, 13# weight loss in 2 months which is clinically significant weight loss.</p> <p>Review of Resident R28's clinical record revealed a Weight Change Note from February 5, 2025 stating, Resident reviewed for follow up for significant weight changes. Resident continues with poor appetite and poor to fair intakes per nursing. She is awake and oriented times two at her baseline. Resident tolerates a regular, mechanical soft diet with houseshakes twice a day. Resident does enjoy the chocolate house shakes and likes desserts and sweets but often does not eat her main meal. She complains the food tasting too salty to her and not feeling hungry. Suggest offer snacks/favorite foods as able. Weight Status: Body Mass Index: 30.9 Current Body Weight 2/3: 158.1#</p> <p>Final review of Resident R28's clinical record revealed the resident was recently weighed on May 8, 2025 and has a current body weight of only 157.1 pounds.</p> <p>(continued on next page)</p> | | |

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| <p>F 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>There was no documented evidence that the physician was notified about Resident R28's significant weight loss. There was no indication that a physician evaluated the residents significant weight loss.</p> <p>Interview with the Regional Director of Nursing, Employee E3 on May 16, 2024, at 1:05 p.m. confirmed the resident's physician had not been notified or did not document an assessment of the potential medical causes of Resident R28's recent significant weight loss.</p> <p>28 Pa. Code: 211.12(d)(5) Nursing services.</p> <p>28 Pa. Code: 211.2(a) Physician services.</p> <p>28 Pa. Code: 211.5(f) Clinical records</p> | | |

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| <p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on reviews of the facility assessment, staff training and competency skill sets to provide care and services to assure residents' safety and ensure that each resident attained or maintained their highest practicable well-being, it was determined that for two of two licensed nursing staff reviewed, the facility failed to have records of training and competencies available for review. (Employees E5 and E27)</p> <p>Findings include:</p> <p>A review of the facility assessment indicated that the residents at this facility were at risk for falls, required increased help with activities of daily living, had behavioral health needs, dementia and memory care needs, were prescribed psychoactive medications, had skin integrity issues, required tube feedings and pressure ulcer care.</p> <p>Employee E26, a registered nurse was hired on September 8, 2016. There was no annual training and competencies available for review for the resident care areas of medication administration, tube feeding administration and care, wound care assessment, monitoring and treatment and safe transfers during care.</p> <p>Employee E27, a registered nurse was hired on October 8, 2015. There was no annual training and competencies available for review for the resident care areas of medication administration, tube feeding administration and care, wound care assessment, monitoring and treatment and safe transfers during care.</p> <p>Interview with the designated nurse trainer/instructor/facilitator Employee E6, at 9:00 a.m., on May 16, 2025 confirmed that these necessary trainings and competency sets were not documented or available for review for nursing staff (Employees E5 and E27) selected for review.</p> <p>28 PA. Code 201.20(a)(1)(2)(5)(6) Staff development</p> <p>28 PA. Code 201.14(a) Responsibility of licensee</p> <p>28 PA. Code 201.19(1)(3)(7) Personnel policies and procedures</p> | | |

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| <p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Observe each nurse aide's job performance and give regular training.</p> <p>Based on review of facility provided documentation and interview with staff, it was determined that facility did not ensure annual performance evaluations were completed for four of four nurse aides reviewed (Employees E24, E25 E26, and E27)</p> <p>Findings include:</p> <p>On May 14, 2025, annual performance reviews were requested from Staff Development, Employee E6 for Employees E24, E25, E26, E27.</p> <p>The facility did not provide the annual performance reviews requested for Employees E24, E25, E26, and E27 on May 16, 2025.</p> <p>Interview on May 16, 2025 at 11:26 a.m. with Staff Development, Employee E6 revealed that the facility had not completed any performance reviews for any staff for the current year (2025). Employee E6 stated that there were no record from the past year (2024), including Employees E24, E25, E26 and E27. Employee E6 stated that the old company took all of those records. When asked if the Staff Development, Employee E6 had completed any performance evaluations for the year of 2025, Employee E6 stated, No, they are not due till June so they told me to hold off on completing them.</p> <p>Nurse Aide Employee E24 was hired on May 12, 2024 and the facility was not able to provide a yearly review to show for the year of 2024 or 2025.</p> <p>Nurse Aide Employee E25 was hired on September 1, 2004 and the facility was not able to provide a yearly review to show for the year of 2024 or 2025.</p> <p>Licensed Nurse Employee E26 was hired on September 8, 2016 and the facility was not able to provide a yearly review to show for the year of 2024 or 2025.</p> <p>Licensed Nurse Employee E27 was hired on October 8, 2015 and the facility was not able to provide a yearly review to show for the year of 2024 or 2025.</p> <p>28 Pa Code 201.19(2) Personnel Policies and Procedures</p> | | |

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| <p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Dispose of garbage and refuse properly.</p> <p>Based on reviews of policies and procedures, observations of the outdoor loading and receiving area and interviews with staff, it was determined that the facility was not disposing of garbage and refuse properly.</p> <p>Findings include:</p> <p>A review of the policy titled cleaning and sanitizing of the food service areas, it was indicated that the food service director was responsible for devising a comprehensive cleaning schedule for dietary staff to complete daily. The director of dietary services was to determine all cleaning and sanitation tasks needed for the operation of the food and nutrition services department. frequency of cleaning as necessary. The director of dietary services was responsible for posting a cleaning schedule for all cleaning tasks, and staff will initial the tasks as completed. The policy indicated that staff will be held accountable for cleaning assignments.</p> <p>A review of the cleaning schedules and responsibilities of the dietary staff to include the proper disposal of the kitchen garbage and trash revealed that there was no comprehensive cleaning schedule developed for this function of the dietary department.</p> <p>Interview with the director of dietary service, Employee E37, at 10:20 a.m., on May 13, 2025 confirmed that there was no documented dietary staff cleaning schedules posted or developed for the routine cleaning, sanitizing and storage of trash containers, cooking grease, garbage and trash accumulated by the dietary department.</p> <p>Observations at 10:15 a.m., on May 13, 2025 of the outdoor loading and receiving area that was located adjacent to the food and nutrition services department revealed that waste was not covered and contained with a lid on top of the dumpster/compactor unit.</p> <p>The driveway area surrounding the dumpster/compactor unit was not free of debris. Torn open plastic bags of garbage (soiled briefs, food debris, papers and plastic gloves) was observed on the ground.</p> <p>Foul odors and waste fat was evident on the loading dock. The dumpster/compactor was located directly in front of the loading and receiving area of the building and was the storage area for the garbage and trash for the entire facility.</p> <p>This area was not being maintained in a sanitary manner to prevent the harborage and feeding of pests and rodents.</p> <p>28 PA. Code 211.10(a)(b)(c)(d) Resident care policies</p> <p>28 PA. Code 201.14 (a) Responsibility of licensee</p> <p>28 PA. Code 201.18(e)(1)(2.1) Management</p> | | |

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| <p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Keep all essential equipment working safely.</p> <p>Based on an environmental tour and observations of the food and nutrition services department, interviews with staff and reviews of equipment purchase orders, it was determined that the facility was not maintaining essential equipment for the dietary services department in safe operating condition.</p> <p>Findings include:</p> <p>Observations of the ice machine located in the food and nutrition department revealed that it was not functioning.</p> <p>Interviews with the maintenance director, Employee E26, at 10:30 a.m., on May 13, 2025 revealed that the ice machine inside the main kitchen of the food and nutrition services department had been out of service since, January, 2025.</p> <p>Interview with the director of dietary services, Employee E36 confirmed that the essential equipment (industrial-sized ice maker machine) had not been operational for months. A work order was placed in January, 2025 to repair the ice machine. The director of dietary services said that the dietary staff were forced to use the second floor nursing units' ice machine or have ice delivered in bags from an outside vender.</p> <p>A review of the purchase order requisition made by the dietary services department was dated May 6, 2025. The director of maintenance repoted that there was no delivery date for the ice machine to arrive at the facility.</p> <p>28 PA. Code 201.18(b)(1)(3)(e)(1)(2.1) Management</p> |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations of the food and nutrition department, reviews of policies and procedures and interviews with staff, it was determined that the facility failed to maintain an an effective pest control program in the dietary department.</p> <p>Findings include:</p> <p>A review of the undated facility policy titled pest control revealed that it was the responsibility of food service director to take appropriate action to eliminate pests in the main kitchen. The policy indicated that a pest control contractor would be contacted to complete preventative treatments at appointed times. The pest control operator would be contacted to visit the facility. The pest control contractor will document all visits along with actions taken. Pest traps and chemical treatments will be done by the certified pest control operator.</p> <p>Observations of the main kitchen at 10:00 a.m., on May 13, 2025 were made with Employee E37, the director of dietary services. The main kitchen of the food and nutrition service department was considered the foodservice operation; where all foods and beverages were prepared, distributed and served to the residents daily.</p> <p>The flooring of the entire perimeter of the main kitchen was heavily soiled with food debris, dirt and rodent droppings.</p> <p>The heaviest accumulation of food debris cooking grease dirt and rodent droppings was underneath [NAME] pieces of industrial-sized food service equipment (ovens, stoves, grills, preparation tables, tray- line assembly area, refrigerators, juice machine and dry food storage shelves).</p> <p>The metal doors leading directly onto the loading and receiving area of the facility were not sealing completely. These doors were located adjacent to the food and nutrition services department. Upon closing these doors, the threshold of the doorway was not sealed; allowing easy access to the building for pests and rodents. It was also noted that upon closing the doors, an air gap existed between the doors This also allowed easy access into the building for common household pests and rodents.</p> <p>Upon opening the doors and walking out of the facility and onto the loading dock; a malorderous smell was present. The trash and refuse dumpster was opened to pests, rodents, birds and other mammals. Many plastic bags of trash (soiled briefs, food debris, papers and plastic gloves) and garbage were observed along side the dumpster unit. The plastic bags were torn open and scattered around the driveway located below the loading/receiving dock.</p> <p>Reviews of the pest control operators reports for the months of January 2025 through April, 2025 were noted with treatment for common household pests (rodents). The pest control operator noted the kitchen anf front lobby as places in the facility that required continuous treatment.</p> <p>28 PA. Code 201.14(a) Responsibility of licensee</p> <p>28 PA. Code 201.18(b)(1)(3)(e)(1)(2.1) Management</p> |

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| 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 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>Based on review of facility policy, review of employee files, and staff interviews, it was determined that the facility failed to provide training upon hire on activities that constitute abuse, neglect, exploitation, and misappropriation of resident property, procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property and prevention of resident abuse for thirteen of forty employees reviewed (E11, E12, E15, E16, E17, E18, E19, E20, E21, E31, E32, E33, E34)</p> <p>Findings Include:</p> <p>Review of facility policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program revised April 2021 states, Policy Interpretation and Implementation- The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: 1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including, but not necessarily limited to: a. facility staff; b. other residents; c. consultants; d. volunteers; e. staff from other agencies; f. family members; g. legal representatives; h. friends; i. visitors; and/or j. any other individual.</p> <p>Review of the Staff Development employee's job description revealed under Administrative Functions, Ensure that all personnel attend and participate in annual Center in-service training programs (e.g . Abuse Prevention).</p> <p>Employee training records were requested for Employee E11, E12, E22, E23 on May 15, 2025 at 1:00 p.m. from the Nursing Home Administrator Employee E1 and Regional Director of Nursing Employee E3.</p> <p>A second request was made for Employees E11, E12, E22, and E23 on May 16, 2025. Employees E11, E12, E22, and E23 records were reviewed and none of them had abuse trainings records.</p> <p>Interview held with Scheduling/ Payroll staff, Employee E7 was asked to provided abuse training records and she stated, that would be the training department Staff Development, Employee E6.</p> <p>Interview with Staff Development Employee E6 on May 16, 2025 at 11:26 a.m. I would be responsible for making sure staff complete the trainings. Employee E6 was asked to pull up proof of Abuse training for Employees E22, E11, E12, and E23. Employee E6 pulled up each employee's online professional trainings individually and stated that there was nothing when each employee was pulled up individually and spelling of names were checked. When asked who was responsible for ensuring staff are training on abuse, neglect, and exploitation she said, I am but a lot of these people I don't see or I haven't seen.</p> <p>(continued on next page)</p> | | |

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| <p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>An additional request for abuse training records for all Employees hired since January 1, 2025 revealed several staff not having documented evidence that the facility provided training for nine employees (E11, E12, E15, E16, E17, E18, E19, E20) on activities that constitute abuse, neglect, exploitation, and misappropriation of resident property, procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property and prevention of resident abuse evidence that the facility provided training on activities that constitute abuse, neglect, exploitation, and misappropriation of resident property, procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property and prevention of resident abuse.</p> <p>Review of facility training records revealed Central Supply, Employee E11 was hired March 4, 2025 and had no evidence of abuse training.</p> <p>Review of facility training records revealed Maintenance Employee E12 was hired on February 3, 2025 and had no evidence of abuse training.</p> <p>Review of facility training records revealed Licensed Nurse Employee E15 was hired on April 22, 2025 and had no evidence of abuse training.</p> <p>Review of facility training records revealed Licensed Nurse Employee E16 was hired on April 16, 2025 and had no evidence of abuse training.</p> <p>Review of facility training records revealed Licensed Nurse Employee E17 was hired on April 14, 2025 and had no evidence of abuse training.</p> <p>Review of facility training records revealed Nurse Aide Employee E18 was hired on March 11, 2025 and had no evidence of abuse training.</p> <p>Review of facility training records revealed Nurse Aide Employee E19 was hired on March 11, 2025 and had no evidence of abuse training.</p> <p>Review of facility training records revealed Nurse Aide Employee E20 was hired on March 4, 2025 and had no evidence of abuse training.</p> <p>Review of facility training records revealed Licensed Nurse E21 was hired on February 25, 2025 and had no evidence of abuse training.</p> <p>Further review of the new hire list since January 2025 revealed the following staff hired and not trained upon hire on a policy that includes abuse, neglect, exploitation, and misappropriation:</p> <p>Licensed Nurse Employee E31 was hired on April 8, 2025 and did not receive training until April 25, 2025.</p> <p>Nurse Aide Employee E32 was hired on March 18, 2025 and did not receive training until April 30, 2025.</p> <p>Nurse Aide Employee E33 was hired on March 4, 2025 and did not receive training until April 14, 2025.</p> <p>(continued on next page)</p> | | |

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| <p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Based on reviews of staff training and competency sets for nursing assistants, reviews of the facility assessment and interviews with staff, it was determined that, the facility failed to ensure that nursing assistants retained a required minimum of 12 hours of nursing training annually for two of four nurse aides record reviewed. (Employees E24 and E25).</p> <p>Findings include:</p> <p>A review of the facility assessment revealed that the residents at this facility were at risk for falls, required increased help with activities of daily living, had behavioral health needs, dementia and memory care needs, were prescribed psychoactive medications, had skin integrity issues, required tube feedings and pressure ulcer care.</p> <p>Employee E24, nursing assistant was hired on March 12, 2024. Annual training and competencies based on the needs of the residents (dementia care of the cognitively impaired, abuse prevention, accident prevention, restorative nursing techniques, emergency preparedness, resident rights, cultural competency) were not documented and available for review for this nursing assistant.</p> <p>Employee E25, nursing assistant was hired on September 1, 2004. Annual training and competencies based on the needs of the residents (dementia care of the cognitively impaired, abuse prevention, accident prevention, restorative nursing techniques, emergency preparedness, resident rights, cultural competency) were not documented and available for review for this nursing assistant.</p> <p>Interview with the designated nurse trainer/instructor/facilitator, Employee E6, at 9:00 a.m., on May 16, 2025 confirmed that the necessary trainings and competency sets for (dementia care of the cognitively impaired, abuse prevention, accident prevention, restorative nursing techniques, emergency preparedness, resident rights, cultural competency) were not documented or available for review for nursing staff (Employees E5 and E27) that were selected for review.</p> <p>28 PA. Code 201.20(a)(1)(2)(5)(6) Staff development</p> <p>28 PA. Code 201.14(a) Responsibility of licensee</p> <p>28 PA. Code 201.19(1)(3)(7) Personnel policies and procedures</p> | | |