

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396035	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Scottdale Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Porter Avenue Scottdale, PA 15683	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>38012</p> <p>Based on review of Pennsylvania's Nursing Practice Act and clinical records, as well as staff interviews, it was determined that the facility failed to ensure an assessment was completed by a professional (registered) nurse for a change in condition for one of five residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.11 (a)(1)(2)(4) indicated that the registered nurse was to collect complete and ongoing data to determine nursing care needs, analyze the health status of individuals and compare the data with the norm when determining nursing care needs, and carry out nursing care actions that promote, maintain and restore the well-being of individuals.</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated April 20, 2024, revealed that the resident was cognitively intact and required assistance from staff for daily care needs.</p> <p>A nursing note for Resident 1, dated April 26, 2024, revealed that the resident was short of breath, breathing 44 times per minute with heavy diaphragmatic breathing (using stomach muscles to breath), skin was dusky color, and nail beds and lips were blue.</p> <p>There was no documented evidence that Resident 1 was assessed by a registered nurse during or after his respiratory distress.</p> <p>A nursing note for Resident 1, dated April 29, 2024, revealed that the resident's oxygen level was 72 percent (hypoxia - low blood oxygen) and that he was found without his oxygen on.</p> <p>There was no documented evidence that Resident 1 was assessed by a registered nurse during or after his hypoxic episode.</p> <p>A nursing note, dated May 1, 2024, revealed that the resident had shortness of breath, oxygen levels in the low in the 70's, and that he was being transferred to the emergency room where he was admitted with pneumonia and sepsis.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing on July 30, 2024, confirmed that there was no documented evidence that a registered nurse assessed Resident 1 after he had respiratory distress and hypoxia, and there should have been a registered nurse assessment.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		