STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396035	A. Building B. Wing	11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Scottdale Healthcare & Rehabilitation Center	900 Porter Avenue Scottdale, PA 15683

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31760 Based on review of the Older Adults Protective Services Act, facility policies, information provided by the facility and residents' clinical records, as well as staff interviews, it was determined that the facility failed to report timely allegations of abuse to the State Survey Agency (Department of Health) and to other state agencies in accordance with state law for three of 30 residents reviewed (Residents 131, 132, 133). Findings include: The Older Adults Protective Services Act, 1997-13, Section 701 (a)(1)(2), indicated that it was mandatory to report to the Protective Services agency. An employee or an administrator who has reasonable cause to suspect that a recipient is a victim of abuse shall immediately make an oral report to the agency. If applicable, the agency shall advise the employee or administrator of additional reporting requirements that may pertain under subsection (b). An employee shall notify the administrator immediately following the report to the agency. Within 48 hours of making the oral report, the employee or administrator shall make a written report to the agency. The agency shall notify the administrator that a report of abuse has been made with the agency. The facility's policy regarding reporting and investigating abuse, neglect, exploitation, or misappropriation, dated December 7, 2023, revealed that if resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: The state licensing/certification agency responsible for surveying/licensing the facility, the local/state ombudsman, the resident's representative, adult protective services, law enforcement officials, the resident's attending physician, and the facility's medical director. Immediately is defined as within two hours of an allegation involving abuse or results in serious bodily injury, or within 24 hours of an allegation that does not involve abuse or results in serious bodily injury. An admission Minimum Data Set (MDS) assessments (a federally-mandated assessment of a resident's abilities and care needs) for Resident 131, dated August 11, 2024, revealed that the resident was understood, could understand others, and had a diagnosis which included a hip fracture. A care plan for the resident, dated August 5, 2024, revealed that the resident required limited to extensive assistance from staff. (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

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview statement with Resident 131, undated, revealed that Nurse Aide 1 was like a [NAME] Sergeant, she is nasty. She asked if Nurse Aide 1 could put her leg up because it was falling, and the nurse aide told her do it herself, to lift her foot up. She then asked for the bed control, and the nurse aide told her she could not have it to put her head up and down. The resident said that she always had it. Nurse Aide 1 said if they found out that she gave it to the resident, she would be fired, and she continued to be argumentative. The resident said that she just wanted Nurse Aide 1 out of her room. So, she told Nurse Aide 1 that her son lives right down the road, and she will call him and have him come and take her out of here. She said that she does not want Nurse Aide 1 to take care of her because she was scared of her. An admission MDS assessment for Resident 132, dated August 2, 2024, revealed that the resident was understood, could understands others, and had diagnoses that included a fractured tibia (the shinbone, the larger of the two bones in the lower leg). A care plan for the resident, dated July 26, 2024, revealed that the resident required limited to extensive assistance from staff. A statement completed by Nurse Aide 2, dated August 14, 2024, revealed that on August 13, 2024, while responding to Resident 132's light, the resident was telling her how she has not seen her in a while, and she had missed her. The nurse aide told her that she missed her too and asked how she has been. The resident told her how her therapy was helping her and how everyone but one person was nice to her. The nurse aide responded with, Oh no, I'm sorry to hear that. The nurse aide asked her if she wanted to or felt comfortable speaking to her. The resident then told the nurse aide that she had an accident the night prior and Nurse Aide 1 went in and was being rude to her. She said that Nurse Aide 1 was upset with her and stated, I'm done, I'm so f*****g done, and as the nurse aide put her table back beside her bed, Nurse Aide 1 knocked her pop down to the floor and did not pick it back up. Resident 132 had to pick up the soda. An interview statement with Resident 132 completed by Registered Nurse 3, dated August 14, 2024, revealed that Nurse Aide 1 came in after the resident had an accident. Nurse Aide 1 came in all huffy and puffy because she had to change the resident's bed. Nurse Aide 1 told the resident you have to get out of bed, because I am not going to roll you, so then she knocked over the pop and stated, I'm f*****g done. So, the resident cleaned up the pop and then Nurse Aide 1 came in to care for her roommate and was rude with her roommate and told her that she could not put the head of her bed up, and told her she could be fired if she gave her roommate the remote. As per the resident, this was not the first time. The first time it happened, she let it go. She just figured Nurse Aide 1 was tired or did not feel good. An admission MDS assessment for Resident 133, dated July 11, 2024, revealed that the resident was understood, could understand others, and had a diagnosis which included heart failure (a serious condition that occurs when the heart is unable to pump enough blood and oxygen to the body's organs) and gastrostomy (a surgical procedure that creates an opening in the abdomen that allows a feeding tube to be inserted directly into the stomach). A care plan for the resident, dated September 10, 2024, revealed that the resident required extensive assistance from staff. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A statement completed by Nurse Aide 2, dated August 15, 2024, revealed that that night while helping Resident 133 into bed, the resident's wife had asked the Nurse Aide 2 if it was okay if she helped her husband with his urinal when he has to go. Nurse Aide 2 told her that if she wanted to, she was allowed to help him with his urinal. She then told Nurse Aide 2 that Nurse Aide 1 had come into his room one time as she was helping him with his urinal and snatched it out of her hand, and as she snatched out it out of her hand she was yelling at the resident's wife. The resident's wife also told Nurse Aide 2 that Nurse Aide 1 was always very aggressive with him and whips him back and forth in the bed. Nurse Aide 2 immediately came out of the room and notified the supervisor about the statement/accusations that the resident's wife had said. Interview with Registered Nurse 3 on November 14, 2024, at 9:35 a.m. revealed that she interviewed Resident 131 on August 14, 2024, after learning that the resident had concerns with Nurse Aide 1 while interviewing Resident 132 after learning that she had care concerns with Nurse Aide 1. There was no documented evidence until August 20, 2024, that the facility reported the allegations of possible abuse for Residents 131, 132, and 133 to the State Survey Agency (Department of Health), Protective Services agency, and the local police department. Interview with the Director of Nursing on November 14, 2024, at 10:55 a.m. confirmed that the allegations of possible abuse for Residents 131, 132, and 133 were not reported to the State Survey Agency (Department of Health), Protective Services agency, or the local police department until August 20, 2024. She indicated that she was on vacation when the incidents occurred. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(b)(1)(e)(1) Management.

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 19102 Based on clinical record reviews and staff interviews, it was determined that the facility failed to notify the resident and resident's representative in writing of the transfer and reason for hospitalization for seven of 30 residents reviewed (Residents 1, 5, 9, 14, 22, 23, 24.). This deficiency was cited as past noncompliance. Findings include: A nursing note for Resident 1, dated February 5, 2024, at 1:39 p.m., revealed that Resident 1 was being admitted to the hospital for osteomyelitis. There was no documented evidence that a written notice of Resident 1's transfer to the hospital was provided to the resident's representative and state ombudsman regarding the reason for transfer. Nursing notes for Resident 5, dated September 26, 2024, at 3:06 a.m. and 5:36 a.m., revealed that the resident had a change in mental status with increased confusion, garbled speech, and bad chest pain. The physician was notified and the resident was sent to the hospital for evaluation. She was admitted to the hospital with chest pain, fever, abdominal pain, altered mental status, and leukocytosis (high white blood cell count). There was no documented evidence that a written notice of Resident 5's transfer to the hospital was provided to the resident's representative and state ombudsman regarding the reason for transfer. A nursing note for Resident 9, dated October 11, 2024, at 11:22 p.m., indicated that the resident was very lethargic and her pulse oximetry (measures blood oxygen levels) initially was 78 percent on room air. Oxygen was applied at 4 liters per minute via nasal cannula (a small tube that delivers oxygen through the nasal passages) and her pulse oximetry increased to 91 percent. Her oxygen was turned up to 8 liters per minute via nasal cannula and her pulse oximetry increased to 99 percent. The resident was transferred to the emergency room for an evaluation. There was no documented evidence that a written notice of Resident 9's transfer to the hospital was provided to the resident's representative and state ombudsman regarding the reason for transfer. A nursing note for Resident 14, dated April 6, 2024, revealed that the resident had chest pain that was radiating to the left upper extremity. The CRNP was notified and ordered the resident to be transferred to the local emergency room . There was no documented evidence that a written notice of Resident 14's transfer to the hospital was provided to the resident's representative and state ombudsman regarding the reason for transfer. A nursing note for Resident 22, dated October 21, 2024, at 2:33 p.m., revealed that the resident had fallen in the bathroom. After the fall, the resident rolled to her right side because she was having pain to her left hip and wrist. The resident's left wrist was swollen and very painful to touch and the resident was unable to straighten her leg. The CRNP was notified and ordered the resident to be transferred to the local emergency room . A nursing note, dated October 21, 2024, at 11:59 p.m., revealed that Resident 22 was admitted with a left hip fracture and a left wrist fracture. There was no documented evidence that a written notice of Resident 22's transfer to the hospital was provided to the resident's representative and state ombudsman regarding the reason for transfer. (continued on next page)

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Nursing notes for Resident 23, dated October 1, 2024, at 9:38 a.m. and 12:37 p.m., revealed that the resident had severe left knee pain that was red/purple in color, was hot to tough, and had drainage from the incision site. She was transferred to the hospital and admitted with cellulitis (bacterial skin infection). There was no documented evidence that a written notice of Resident 23's transfer to the hospital was provided to the resident's representative and state ombudsman regarding the reason for transfer. A nursing note for Resident 24, dated July 18, 2024, at 3:04 p.m., revealed that the resident had gastrointestinal pain with diarrhea, pain, and intermittent fever. An order was obtained to transfer the resident to the local emergency room . A nursing note, dated July 18, 2024, at 9:32 p.m., revealed that Resident 24 was being admitted with colitis and urinary tract infection. There was no documented evidence that a written notice of Resident 24's transfer to the hospital was provided to the resident's representative and state ombudsman regarding the reason for transfer. Interview with the Director of Nursing on November 13, 2024, at 11:18 p.m. confirmed that the facility did not provide a written notice to the above residents and/or their representative when the residents were transferred to the hospital. She also confirmed that the facility did not notify the state ombudsman of transfers to the hospital. The Director of Nursing indicated that they had identified the issue of not providing written notices of the transfers to the hospital on October 25, 2024. Following the identification on October 25, 2024, that they were not providing the written notices to the resident and/or the resident's representative and state ombudsman when the resident was transferred to the hospital, the facility's corrective actions included: Education was provided to staff regarding the required written notice that was to be given to the resident and/or the resident's representative when the resident was transferred to the hospital. Education was provided to staff regarding the required notice to the state ombudsman when the resident was transferred to the hospital. Audits were started on all residents that were transferred to the hospital. The results of these audits will be brought to the Quality Assurance Performance Improvement committee for further analysis and corrective actions if necessary. Review of the facility's corrective actions and interviews completed with staff regarding their re-education revealed that they were in compliance with F623 on November 11, 2024. 28 Pa. Code 201.25 Discharge Policy. 28 Pa. Code 201.29(f)(g) Resident Rights.

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47819 Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that comprehensive admission Minimum Data Set assessments were completed in the required timeframe for four of 30 residents reviewed (Residents 181, 182, 183, 184). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that an admission MDS assessment was to be completed no later than 14 days (admitted + 13 calendar days) following admission. A comprehensive admission MDS assessment for Resident 181, dated July 29, 2024, revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on August 7, 2024, which was 16 days after admission. A comprehensive admission MDS assessment for Resident 182, dated August 11, 2024, revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on August 19, 2024, which was 15 days after admission. A comprehensive admission MDS assessment for Resident 183, dated August 18, 2024, revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on August 26, 2024, which was 15 days after admission. A comprehensive admission MDS assessment for Resident 184, dated June 18, 2024, revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on June 26, 2024, which was 15 days after admission. An interview with the Regional Registered Nurse Assessment Coordinator (RNAC - a registered nurse who is responsible for the completion of MDS assessments) on November 14, 2024, at 1:44 p.m. confirmed that Residents 181, 182, 183 and 184's admission MDS assessments were not completed within the required time frames. 28 Pa. Code 211.5(f) Clinical Records.

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident's assessment is updated at least once every 3 months. 47819 Based on review of the Resident Assessment Instrument Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that quarterly Minimum Data Set assessments were completed within the required time frame for four of 30 residents reviewed (Resident 10, 11, 18, 29). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that the assessment reference date (ARD - the last day of the assessment's look-back period) of a quarterly MDS assessment must be no more than 92 days after the ARD of the most recent assessment of any type, and the assessment was to have a completion date (Section Z0500B) that was no later than the ARD plus 14 calendar days. A quarterly MDS assessment for Resident 10 had an ARD of August 9, 2024, which was 93 days after the previous quarterly MDS assessment with an ARD of May 8, 2024. A quarterly MDS assessment for Resident 11 had an ARD of August 3, 2024, but it was not completed (Section Z0500B) until August 19, 2024, which was two days late. A quarterly MDS assessment for Resident 18 had an ARD of August 2, 2024, but it was not completed (Section Z0500B) until August 19, 2024, which was three days late. A quarterly MDS assessment for Resident 29 had an ARD of August 4, 2024, which was 93 days after the previous quarterly MDS assessment with an ARD of May 3, 2024. An interview with the Regional Registered Nurse Assessment Coordinator (RNAC - a registered nurse who is responsible for the completion of MDS assessments) on November 14, 2024, at 1:44 p.m. confirmed that the above referenced quarterly MDS assessments were not completed within the required time frames. 28 Pa. Code 211.5(f) Clinical Records.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 19102 Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate Minimum Data Set assessments for three of 30 residents reviewed (Residents 5, 22, 23). Findings include: The Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set (MDS) assessments (required assessments of a resident's abilities and care needs), dated October 2024, revealed that Section N0415J1 Hypoglycemic Medications was to be coded if the resident took hypoglycemic medication during the seven-day look-back period and Section N0415K1 was to be coded if the resident took anticonvulsant medication during the seven-day look-back period Physician's orders for Resident 5, dated October 3, 2024, included orders for the resident to receive 500 milligrams (mg) of Metformin (medication used to lower blood sugars) one time a day for diabetes. There was no physician's order for the resident to receive an anticonvulsant medication. Review of the Medication Administration Record (MAR) for Resident 5, dated October 2024, revealed that staff had administered the Metformin during the seven-day look-back period. A quarterly MDS assessment for Resident 5, dated October 9, 2024, revealed that Section N0415J1 was not coded, indicating that the resident did not receive hypoglycemic medication during the seven-day look-back assessment period and Section N0415K1 was coded, indicating that the resident received an anticonvulsant medication during the seven-day look-back period. Interview with the Regional Registered Nurse Assessment Coordinator on November 14, 2024, at 12:20 p.m. confirmed that Resident 5 received a hypoglycemic medication during the look-back period, did not receive an anticonvulsant medication during the look-back period, and that the assessment was coded inaccurately. The RAI User's Manual, dated October 2024, indicated that the intent of Section N was to record the number of days during the seven days of the assessment period that any type of injection, insulin, and/or select medications were received by the resident. An admission MDS assessment for Resident 22, dated October 4, 2024, revealed that Section N0300 indicated that the resident received an injection on one day of the assessment period. A review of Resident 22's Medication Administration Record (MAR) for September and October 2024 revealed that the resident did not receive any injections. Interview with the Regional Registered Nurse Assessment Coordinator on November 14, 2024, at 12:18 p.m. confirmed that Resident 22 did not receive an injection during the look-back period and that the assessment was coded inaccurately. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The RAI User's Manual, dated October 2023, revealed that Section N0415E1 (Anticoagulant Medications - medications that thin the blood) was to be coded if the resident received an anticoagulant medication during the seven-day assessment period; Section N0415H1 Opioid Medications (narcotic medications used to treat pain) was to be coded if the resident used an opioid during the seven-day assessment period; and Section N0415K1 (Anticonvulsant Medications- used to treat seizure disorder) was to be coded if the resident used an anticonvulsant during the seven-day assessment period. Physician's orders for Resident 23, dated October 8, 2024, included orders for the resident to receive 40 mg of Enoxaparin (an anticoagulant medication) subcutaneously (beneath the skin) one time a day and 5-325 mg of Percocet (a narcotic pain medication) every four hours as needed for pain. There was no physician's order for an anticonvulsant medication. The resident's MAR for October 2024 revealed that the resident received Enoxaparin and Percocet during the assessment's look-back period. A significant change MDS assessment for Resident 23, dated October 14, 2024, revealed that sections N0415E1 and N0415J1 were not coded, indicating that the resident did not receive anticoagulant and opioid medications during the seven-day look-back assessment period, and Section N0415K1 was coded, indicating that the resident received an anticonvulsant medication during the seven-day look-back assessment period. Interview with the Regional Registered Nurse Assessment Coordinator on November 14, 2024, at 12:20 p.m. confirmed that Resident 23 received anticoagulant and opioid medications, did not receive an anticonvulsant medication during the look-back period, and that the assessment was coded inaccurately. 28 Pa. Code 211.5(f) Clinical Records.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 19102 Based on clinical record reviews and staff interviews, it was determined that the facility failed to develop comprehensive care plans that included specific and individualized interventions to address the care needs of one of 30 residents reviewed (Resident 5). Findings include: A facility policy for Comprehensive Person-Centered Care Plans, dated December 7, 2023, included that 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. Assessments of residents are ongoing and care plans are revised as information about the resident and resident's condition change. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated October 9, 2024, revealed that the resident was moderately cognitively impaired, was always incontinent of urine, and received an antibiotic. Physician's orders, dated July 24, 2024, included orders for the resident to receive 100 milligrams (mg) of Macrobid (an antibiotic) twice a day for five days for a urinary tract infection (UTI). Physician's orders, dated August 4, 2024, included orders for the resident to receive 500 mg of Keflex (an antibiotic) four times a day for 10 days for a UTI. Physician's orders, dated October 19, 2024, included orders for the resident to receive 500 mg of Keflex (an antibiotic) one time a day for seven days for a UTI. A nursing note, dated October 19, 2024, at 12:43 p.m., revealed that Resident 5's daughter was concerned about the resident's frequent UTI's. There was no documented evidence that a care plan was developed to address Resident 5's specific and individualized care needs related to frequent UTI's. Interview with the Director of Nursing on November 14, 2024, at 1:45 p.m. confirmed that an individualized care plan and interventions were not developed related to Resident 5's frequent UTI's. 28 Pa. Code 211.12(d)(5) Nursing Services.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 48941 Based on review of facility polices and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident's care plan was updated/revised to reflect the resident's specific care needs for one of 30 residents reviewed (Resident 16). Findings include: A facility policy for Comprehensive Person-Centered Care Plans, dated December 7, 2023, indicated that 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. Assessments of residents are ongoing and care plans are revised as information about the resident and resident's condition change. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 16, dated September 10, 2024, indicated that the resident was cognitively intact, was understood and able to understand others, required assistance with care needs, received dialysis (treatment to remove extra fluid and waste from the blood when the kidneys are not able to), and had a diagnosis of end-stage renal disease (ESRD-kidneys no longer work as they should to meet the body's needs requiring dialysis or kidney transplant). A review of Resident 16's clinical record and dialysis communication records indicated that the resident received dialysis on Mondays, Wednesdays, and Fridays; however, the care plan for Resident 16, dated December 21, 2023, indicated that she attended dialysis on Tuesdays, Thursdays, and Saturdays. Interview with the Director of Nursing on November 14, 2024, at 9:25 a.m. confirmed that Resident 16's care plan was not revised to reflect that the resident received dialysis on Mondays, Wednesdays, and Fridays and it should have been. 28 Pa. Code 201.24(e)(4) Admission Policy. 28 Pa. Code 211.12(d)(5) Nursing Services.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 19102 Based on clinical record reviews and staff interviews, it was determined that the facility failed to administer medications and obtain weights as ordered by the physician for two of 30 residents reviewed (Residents 5, 17). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated October 9, 2024, revealed that the resident was moderately cognitively intact, required assistance from staff for daily care needs and had diagnoses that included heart failure. Physician's orders for Resident 5, dated October 7, 2024, included an order for the resident to receive 5 milligrams (mg) of Midodrine (a medication that treats low blood pressure) three times a day for hypotension (low blood pressure) and was to be held if the systolic blood pressure (the top number in a blood pressure reading) was greater than 130 millimeters of mercury (mmHg). A review of Resident 5's Medication Administration Record (MAR) for October and November 2024 revealed that staff administered the 5 mg of Midodrine when the resident's blood pressure was 138/76 mmHg at 8:00 a.m. on October 8; 135/76 mmHg at 8:00 a.m. on October 14; 132/82 mmHg at 2:00 p.m. on October 14; 140/90 mmHg at 2:00 p.m. on October 30; 134/80 mmHg at 8:00 p.m. on October 30; 138/78 mmHg at 8:00 a.m. on November 1; 132/78 mmHg at 2:00 p.m. on November 1; 142/68 mmHg at 8:00 a.m. on November 2; 144/76 mmHg at 2:00 p.m. on November 2; 138/74 mmHg at 2:00 p.m. on November 5; 133/74 mmHg at 2:00 p.m. on November 11; and 138/71 mmHg at 8:00 p.m. on November 8, 2024. Interview with the Director of Nursing on November 14, 2024, at 10:50 a.m. confirmed that Resident 5 received the Midodrine on the above dates and that staff should have held the medication as ordered. A quarterly MDS assessment for Resident 17, dated October 10, 2024, indicated that the resident was cognitively impaired, required assistance with daily care needs, was on a diuretic medication, and had diagnoses that included chronic kidney disease Stage 3 (moderate to severe loss of kidney function) and congestive heart failure (the heart cannot pump blood as well as it should, causing weight gain due to fluid build up in the lungs and lower legs). A physician's note for Resident 17, dated April 8, 2024, at 8:56 p.m., indicated that the resident had increased left upper extremity edema and bilateral lower extremity edema. Physician's orders for Resident 17, dated April 17, 2024, included orders to increase the Lasix to 60 milligrams daily, obtain bloodwork in a week, and to weigh the resident weekly on Thursdays. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 17's MAR for May, June, August, September, October and November 2024 revealed that the resident was not weighed as ordered on May 2, June 13, June 20, June 27, August 8, August 29, September 5, October 10, October 17, October 31, and November 7, 2024, and no documentation in the clinical record to indicate that the weights were attempted and refused by the resident on those days. Interview with the Director of Nursing on November 13, 2024, at 1:33 p.m. confirmed that Resident 17's weights were not obtained as ordered on the above-mentioned dates. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 19102 Based on review of facility policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that interventions were in place to prevent urinary tract infections for one of 30 residents reviewed (Resident 15) who had an indwelling urinary catheter. Findings include: The facility's policy regarding indwelling urinary catheters (a flexible tube inserted and held in the bladder to drain urine), dated December 7, 2023, revealed that indwelling urinary catheters would be used sparingly, for appropriate indications only. If an indwelling urinary catheter was needed, staff would monitor for and report complications such as evidence of symptomatic infection. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 15, dated October 30, 2024, revealed that the resident was cognitively intact and had an indwelling urinary catheter. A diagnosis record, dated November 2024, revealed the resident had a diagnosis of urinary retention. Physician's orders for Resident 15, dated October 24, 2024, included an order for the resident to have an indwelling urinary catheter due to neurogenic bladder (a condition that causes loss of bladder control due to damage to the nervous system), and it was to be changed every 30 days for dislodgement or blockage and as needed. A care plan, dated October 28, 2024, indicated that staff were to secure the resident's catheter with a securement device. Observations of Resident 15 on November 12, 2024, at 10:53 a.m. revealed that the resident was in his wheelchair and his catheter tubing was lying on the fall mat. Staff entered the room to give the resident a flu shot and left the room without repositioning the catheter tubing. Interviews with the Director of Nursing on November 12, 2024, at 2:58 p.m. confirmed that Resident 15's catheter tubing should not have been in contact with the fall mat. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 48941 Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure there was a physician's order to receive dialysis for one of 30 residents reviewed (Resident 16) who required dialysis. Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 16, dated September 10, 2024, indicated that the resident was cognitively intact, was understood and able to understand others, required assistance with care needs, received dialysis (treatment to remove extra fluid and waste from the blood when the kidneys are not able to), and had a diagnosis of end-stage renal disease (ESRD - kidneys no longer work as they should, requiring dialysis or kidney transplant). A review of Resident 16's clinical record and dialysis communication records revealed that the resident received dialysis treatment every Monday, Wednesday, and Friday. A care plan for Resident 16, dated December 21, 2023, indicated that the resident received dialysis services; however, there was no documented evidence in Resident 16's clinical record of an active physician's order for the resident to attend dialysis. Interview with the Director of Nursing on November 14, 2024, at 9:25 a.m. confirmed that there was no documented evidence in Resident 16's clinical record of an active physician's order for the resident to attend dialysis and there should have been. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 19102 Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to maintain accountability for controlled medications (drugs with the potential to be abused) for three of 30 residents reviewed (Residents 12, 22, 26). Findings include: The facility's policy regarding the administration of oral medications, dated December 7, 2023, indicated that the nurse was to document all medications administered to each resident on the resident's medication administration record (MAR). A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 12, dated September 19, 2024, indicated that the resident was understood and could understand others, required assistance with daily care needs, received antianxiety and opioid medications, was receiving oxygen therapy and hospice services, and had a diagnosis of congestive heart (the heart cannot pump blood well enough to meet the body's needs). Physician's orders for Resident 12, dated September 11, 2024, included an order for the resident to receive 0.5 milligrams (mg) of Ativan (Lorazepam - a controlled medication used to treat anxiety) every four hours as needed for anxiety/restlessness for 14 days (end date of September 25, 2024). A review of Resident 12's controlled drug record (a form that accounts for each tablet/pill/dose of a controlled drug) for September 2024 revealed that a 0.5 mg tablet of Lorazepam was signed out for the resident on September 13, 2024, at 8:00 p.m. and September 23, 2024, at 10:30 p.m. However, the resident's clinical record, including the MAR and nursing notes, contained no documented evidence that the signed-out 0.5 mg doses of Lorazepam were administered to the resident on these dates and times. A review of Resident 12's controlled drug record for October 2024 revealed that a 0.5 mg tablet of Lorazepam was signed out for the resident on October 26, 2024, at 12:00 a.m. and on October 27, 2024, at 10:30 p.m. However, the resident's clinical record, including the MAR and nursing notes, contained no documented evidence of an active physician's order for Lorazepam or that the signed-out doses were administered to the resident on these dates and times. Physician's orders for Resident 12, dated April 11, 2024, included an order for the resident to receive 50 mg of Tramadol (narcotic pain reliever) every six hours as needed for moderate to severe pain. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 12's controlled drug record for August, September, and November 2024 revealed that a 50 mg tablet of Tramadol was signed out for the resident on August 10, 2024, at 6:30 a.m.; August 17, 2024, at 4:58 p.m. and 10:58 p.m.; August 23, 2024, at 7:35 a.m.; August 24, 2024, at 9:05 a.m.; September 2, 2024, at 1:37 p.m.; September 5, 2024, at 8:00 p.m.; September 8, 2024, at 8:10 a.m.; September 23, 2024, at 8:30 p.m.; September 24, 2024, at 12:17 a.m.; and on November 5, 2024 at 6:24 p.m. However, the resident's clinical record, including the MAR and nursing notes, contained no documented evidence that the signed-out 50 mg tablets of Tramadol were administered to the resident on these dates. Interview with the Director of Nursing on November 13, 2024, at 2:35 p.m. confirmed that there was no documented evidence that staff administered the controlled drugs to Resident 12 on the above-mentioned dates and times. An admission MDS assessment for Resident 22 dated October 4, 2024, revealed that the resident was cognitively intact, required assistance from staff for daily care needs, and had diagnoses that included anemia, high blood pressure, and chronic obstructive pulmonary disease. Physician's orders for Resident 22, dated September 27, 2024, included an order for the resident to receive 0.25 milliliters (ml) of Morphine Sulfate (controlled pain medication) every two hours as needed for pain. A review of Resident 22's controlled drug record (a form that accounts for each tablet/pill/dose of a controlled drug) for October and November 2024 revealed that 0.25 ml of Morphine was signed out for the resident on October 8, 2024, at 2:53 a.m.; October 31, 2024, at 1:00 a.m.; November 4 2024, at 12:23 a.m.; November 7, 2024, at 2:25 a.m.; November 13, 2024, at 3:55 a.m. However, the resident's clinical record, including the MAR and nursing notes, contained no documented evidence that the signed-out 0.25 ml doses of Morphine were administered to the resident on these dates. An interview with the Director of Nursing on November 13, 2024, at 12:08 p.m. confirmed that there was no documented evidence that staff administered the controlled drugs to Resident 22 on the dates mentioned above. An admission MDS assessment for Resident 26, dated October 8, 2024, revealed that the resident was cognitively intact, had pain, received routine and as needed pain medications, and received an opioid (narcotic pain medication). Physician's orders for Resident 26, dated October 2, 2024, included an order for the resident to receive 5 mg of oxycodone (narcotic pain medication) every six hours as needed. The resident's controlled drug record for October and November 2024 indicated that one dose of oxycodone was signed-out for administration to the resident on October 2 at 10:30 p.m., October 26 at 4:00 a.m., October 28 at 8:42 a.m., October 30 at 9:00 p.m., November 2 at 10:15 a.m., and November 8, 2024, at 9:00 p.m. However, the resident's clinical record, including the Medication Administration Records (MAR's) and nursing notes, contained no documented evidence that the signed-out doses of oxycodone were actually administered to the resident on these dates and times. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with the Director of Nursing on November 13, 2024, at 1:58 p.m. confirmed that there was no documented evidence that staff administered the signed-out doses of oxycodone to Resident 26 on the above dates and times. 28 Pa. Code 211.9(h) Pharmacy Services. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 48941 Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents were free from unnecessary psychotropic medications, by failing to ensure that non-pharmacological (non-medication) behavioral interventions (individualized, non-pharmacological approaches to care), were attempted prior to the administration of as needed antianxiety medications for one of 30 residents reviewed (Resident 12). Findings include: The facility's policy regarding psychotropic medications (any medication that affects brain activities associated with mental processes and behavior), dated December 7, 2023, indicated that non-pharmacological approaches are used (unless contraindicated) to minimize the need for medications, permit the lowest possible dose, and allow for discontinuation of medications when possible. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 12, dated September 19, 2024, indicated that the resident was cognitively intact, was understood and able to understand others, required assistance with care needs, received antianxiety and opioid medications, was receiving oxygen therapy and hospice services, and had a diagnosis of congestive heart (the heart cannot pump blood well enough to meet the body's needs). Physician's orders for Resident 12, dated September 11, 2024, included an order for the resident to receive 0.5 milligrams (mg) of Ativan (Lorazepam) (a controlled antianxiety medication) every four hours as needed for anxiety/ restlessness. Review of the Medication Administration Record (MAR) for Resident 12 for September and October 2024 revealed that the resident was administered 0.5 mg of Ativan on September 14 at 10:47 p.m., September 15 at 5:11 p.m. and 11:02 p.m., September 21 at 10:07 p.m., September 24 at 12:17 a.m., September 29 at 8:44 p.m., October 1 at 10:01 p.m., and October 2 at 9:28 p.m. There was no documented evidence that non-pharmacological behavioral interventions were attempted prior to administering Ativan on the above-mentioned dates and times. Interview with the Director of Nursing on November 13, 2024, at 1:33 p.m. confirmed that non-pharmacological interventions should have been attempted prior to the administration of as needed Ativan to Resident 12 on the above-mentioned dates and times. 28 Pa. Code 211.12(d)(5) Nursing Services.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 19102 Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that physician's orders were followed, resulting in significant medication errors for one of 30 residents reviewed (Resident 15). Findings include: An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 15, dated October 30, 2024, revealed that the resident was cognitively intact, received an anticoagulant (blood thinner), and had diagnoses that included atrial fibrillation (an abnormal heart rhythm). Physician's orders for Resident 15, dated October 25, 2024, included an order for the resident to receive 3 milligrams (mg) of warfarin (blood thinning medication) daily for atrial fibrillation. However, the resident's Medication Administration Record for October 25, 2024, revealed that staff did not administer 3 mg of warfarin daily as ordered. Physician's orders, dated October 28, 2024, included an order for the resident to receive 6 mg of warfarin at bedtime then 3 mg of warfarin on Tuesday October 29, 2024. However, the resident's Medication Administration Record for October 28, 2024, revealed that staff administered 9 mg of warfarin. Physician's orders, dated October 29, 2024, included an order for the resident's PT/INR (prothrombin/ international normalized ratio- test to determine clotting time) be drawn. The PT/INR flow sheet for warfarin, dated October 30, 2024, indicated that the resident's INR was 2.3 (therapeutic range of 2 to 3) and the resident was to receive 3 mg of warfarin. However, there was no documented evidence of a physician's order to administer 3 mg of warfarin on October 30, 2024, and the resident's Medication Administration Record for October 30, 2024, revealed that staff did not administer 3 mg of warfarin. Interview with the Director of Nursing on November 13, 2024, at 1:55 p.m. confirmed staff should have administered 3 mg warfarin on October 25 and 30, 2024, and administered the wrong dose of warfarin on October 28, 2024. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 31760 Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to maintain compliance with nursing home regulations and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies. Findings include: The facility's deficiencies and plans of correction for the State Survey and Certification (Department of Health) survey ending December 20, 2023, revealed that the facility developed plans of corrections that included quality assurance systems to ensure that the facility-maintained compliance with cited nursing home regulations. The results of the current survey, ending November 14, 2024, identified repeated deficiencies related to a failure to develop comprehensive care plans, to update resident care plans, to follow physician's orders, to account for controlled medications, and following proper infection control practices. The facility's plan of correction for a deficiency regarding developing comprehensive care plans, cited during the survey ending December 20, 2023, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F656, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding the development of comprehensive care plans. The facility's plan of correction for a deficiency regarding a failure to update resident care plans, cited during the survey ending December 20, 2023, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F657, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding updating residents' care plans. The facility's plans of correction for deficiencies regarding failure to follow physician's orders, cited during the survey ending December 20, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F684, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding following physician's orders. The facility's plan of correction for a deficiency regarding the failure to account for controlled medications, cited during the survey ending December 20, 2023, revealed that the facility would complete audits and the results would be reviewed as part of quality assurance. The results of the current survey, cited under F755, revealed that the facility's QAPI committee was ineffective in correcting deficient practices related to the accountability of controlled medications. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's plan of correction for a deficiency regarding following infection control practices, cited during the survey ending December 20, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F880, revealed that the facility's QAPI committee was ineffective in maintaining compliance with the regulation regarding following infection control practices. Refer to F656, F657, F684, F755, F880. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(e)(1) Management.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 47819 Based on review of established infection control guidelines, facility policy, and residents' clinical records, as well as observations and staff interviews, it was determined that the facility failed to follow infection control guidelines from the Centers for Medicare/Medicaid Services (CMS) and the Centers for Disease Control (CDC) to reduce the spread of infections and prevent cross-contamination for two of 31 residents reviewed (Residents 9, 14). Findings include: CDC guidance on isolation precautions and Implementation of Personal Protective Equipment (PPE) use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDRO's - bacteria that have become resistant to certain antibiotics, and these antibiotics can no longer be used to control or kill the bacteria), dated July 12, 2022, indicates that MDRO transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs. Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. CMS updated its infection prevention and control guidance effective April 1, 2024. The recommendations now include the use of EBP during high-contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their MDRO status, in addition to residents who have an infection or colonization with a CDC-targeted or other epidemiologically important MDRO when contact precautions do not apply. The facility's policy regarding EBP, dated December 7, 2023, revealed that EBP's are indicated (when contact precautions do not otherwise apply) for residents infected or colonized with a CDC targeted or epidemiologically important MDRO, including Extended Spectrum Beta Lactamase (ESBL)-producing Enterobacterales. EBP's remain in place for the duration of the resident's stay. Signs are posted in the door or on the wall outside of the resident's room indicating the type of precautions and PPE required. PPE is available outside of the resident's rooms. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 9, dated September 13, 2024, indicated that the resident was cognitively intact, was understood and able to understand what was being said, required assistance with care needs, was occasionally incontinent of urine, and had diagnoses that included lung cancer and chronic obstructive pulmonary disease (COPD) (chronic lung disease making breathing difficult). A physician's progress note for Resident 9, dated May 13, 2024, at 9:29 p.m., indicated that the resident's final urine culture showed that the resident had Extended Spectrum Beta Lactamase (ESBL) (an infection that makes bacteria resistant to many antibiotics) and was not susceptible to the Keflex (antibiotic) that was ordered and was ordered to receive intravenous (administration of fluids and/or medications directly into a person's vein) antibiotics. Observations during the facility tour on November 13, 2024, at 8:30 a.m. revealed that Resident 9 was lying in bed. There was no signage on the door or on the wall outside the resident's room to indicate that the resident was on EBP, and there was no PPE observed in or outside the resident's room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396035	A. Building B. Wing	11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Scottdale Healthcare & Rehabilitation Center	900 Porter Avenue Scottdale, PA 15683

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with the Director of Nursing on November 13, 2024, at 9:47 a.m. confirmed that Resident 9 did not have EBP in place related to the resident's history of ESBL and should have. A quarterly MDS assessment for Resident 14, dated September 12, 2024, revealed that the resident was cognitively intact, required assistance from staff for daily care needs, incontinent of both bowel and bladder, and had diagnosis that included high blood pressure, hemiplegia (weakness on one side of the body), and fibromyalgia (pain in muscles). A Physician Progress note, dated January 16, 2024, at 6:49 p.m., revealed that Resident 14 was receiving IV antibiotics until January 18, 2024, for diagnosis of Extended Spectrum Beta Lactamase (ESBL) (an infection that makes bacteria resistant to many antibiotics). A urine culture, dated October 8, 2023, confirmed the resident had ESBL. Observations during the facility tour on November 14, 2024, at 10:55 a.m. revealed that Resident 22 was lying in bed. There was no signage or notification of the resident being on EBP posted at the resident's room, and there was no PPE observed in or around the resident's room. Interview with the Director of Nursing on September 16, 2024, at 9:23 a.m. confirmed that Resident 22 did not have EBP precautions in place for history of ESBL and should have. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(e)(1) Management. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. 31760 Based on observations, as well as staff interviews, it was determined that the facility failed to maintain an effective preventative maintenance program for the walk-in-freezer. Findings include: Observations of the walk-in-freezer on November 12, 2024, at 9:26 a.m. and November 13, 2024, at 12:18 p. m. revealed that there was an accumulation of ice on the ceiling extending out from the condenser to the other side of the walk-in-freezer, as well as from the ceiling and extending down the four side walls, and multiple areas on the floor with an accumulation of ice. Interview with the Dietary Manager on November 13, 2024, at 12:18 p.m. confirmed that there was an accumulation of ice on the ceiling extending out from the condenser to the other side of the walk-in-freezer, as well as from the ceiling and extending the down the four side walls, and multiple areas on the floor with an accumulation of ice. Interview with the Director of Maintenance on November 13, 2024, at 12:25 p.m. revealed that he has been there six months and does not recall having the walk-in freezer worked on. Interview with Maintenance Worker 4 on November 13, 2024, at 1:30 p.m. revealed that he does not have a manual for the walk-in freezer and that last summer they had a compressor go bad in the walk-in freezer, and they had a contracted vendor come in and replace the compressor at that time. He indicated that he does not recall having anyone come out to look at the walk-in freezer since then. He indicated that he did ask the service man what could be causing ice buildup and was advised that it could be a bad door seal or that staff are not shutting the door correctly. 28 Pa. Code 201.18(e)(6) Management. 28 Pa. Code 211.6(c) Dietary Services.

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F 0941 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members. 31760 Based on review of facility documents and staff interview, it was determined that the facility failed to provide training on effective communication to nursing and other direct care staff for four of four employee files reviewed (Nurse Aide 5, Nurse Aide 6, Licensed Practical Nurse 7, Registered Nurse 8). Findings include: The facility's Facility Assessment (an assessment completed by the facility to thoroughly assess the needs of its resident population and the required resources to provide the care and services the residents need), dated July 17, 2024, revealed that the facility's training program includes an orientation process and ongoing training for all new and existing staff including managers, nursing, and other direct care staff, individuals providing services under contractual arrangement, and volunteers consistent with their expected roles. The content at a minimum included effective communication. Review of the education record for Nurse Aide 5 revealed a hire date of September 25, 2023. However, there was no documented evidence that she received the facility's education regarding effective communication during the period of September 25, 2023, through September 25, 2024. Review of the education record for Nurse Aide 6 revealed a hire date of October 7, 2023. However, there was no documented evidence that she received the facility's education regarding effective communication during the period of October 7, 2023, through October 7, 2024. Review of the education record for Licensed Practical Nurse 7 revealed a hire date of October 11, 2023. However, there was no documented evidence that she received the facility's education regarding effective communication during the period of October 11, 2023, through October 11, 2024. Review of the education record for Registered Nurse 8 revealed a hire date of September 18, 2023. However, there was no documented evidence that she received the facility's education regarding effective communication during the period of September 18, 2023, through September 18, 2024. Interview with the Director of Nursing on November 13, 2024, at 12:08 p.m. confirmed that there was no documented evidence that Nurse Aide 5, Nurse Aide 6, Licensed Practical Nurse 7, and Registered Nurse 8 received the facility's education regarding effective communication. 28 Pa Code: 201.14(a) Responsibility of Licensee. 28 Pa Code: 201.18(b)(1) Management. 28 Pa Code: 201.20(a)(c) Staff Development.