

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Jameson Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3349 Wilmington Road New Castle, PA 16105	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40177</p> <p>Based on review of clinical records and staff interviews, it was determined that the facility failed to transcribe physician's orders for an anticoagulant (medication to thin your blood to prevent blood clots) medication and dressing change to a surgical incision for one of four residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Resident R1's clinical record revealed an admitted [DATE], with diagnoses that included anemia (a reduction in red blood cells resulting in symptoms such as fatigue and weakness), atelectasis (when part or your entire lung collapses resulting in symptoms such difficulty breathing, wheezing, and cough), and fractured right hip.</p> <p>Resident R1's clinical record contained a document from an area hospital entitled Patient Summary dated 10/25/24, which identified a list of medications Resident R1 was to continue while at the facility. The Patient Summary indicated that Resident R1 was ordered Lovenox (injectable anticoagulant medication) 40 milligram (mg) per 0.4 milliliters (ml) - give 0.3 ml subcutaneous (sq) daily for 30 days. Resident R1's physician's orders and Medication Administration Record (MAR) lacked evidence that the facility transcribed and administered Lovenox as ordered on 10/26/24 and 10/27/24.</p> <p>During an interview on 11/26/24, at approximately 2:15 p.m. the Nursing Home Administrator confirmed the facility failed to transcribe Resident R1's admission orders to include Lovenox resulting in the Lovenox not being administered as ordered.</p> <p>Resident R1's clinical record also contained a document from an area hospital entitled Ortho - Final Progress dated 10/25/24, that revealed under Incision / Wound Care that Resident R1 was to have a dry dressing change completed daily until completely dry for two days, then it was okay to leave incision open to air. Review of Nurse to Nurse Admission Report revealed the area hospital informed the facility that Resident R1 had a dressing to her leg. Review of Resident R1's Admission Assessment completed by the facility on 10/25/24, Section I entitled Skin Condition and History revealed a right thigh surgical incision with two dressings present. Review of Resident R1's physician's orders and Treatment Administration Record (TAR) lacked evidence that the facility transcribed and changed the right hip dressing as ordered.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/26/24, at approximately 3:00 p.m. the Director of Nursing confirmed the facility failed to transcribe the dressing change order regarding Resident R1's right hip and failed to provide evidence that if clarification was needed, that the facility contacted the primary care physician and/or surgeon to obtain clarification so care could be provided.</p> <p>28 Pa. Code 211.5(f)(i)(ii) Clinical Records</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		