

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 02/21/2025
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** 41309</p> <p>Based on observations, review of clinical records and staff interviews, it was determined that the facility failed to administer a medication per physician's orders for one of 19 residents reviewed (Resident R227).</p> <p>Findings include:</p> <p>Resident R227's clinical record revealed an admitted [DATE], with diagnoses that included fracture of the right hip, arthritis, anxiety disorder, and Type 2 diabetes (a long term condition in which the body has difficulty controlling blood sugar and using it for energy.)</p> <p>Resident R227's clinical record revealed a physician's order for Janumet (an anti-diabetic medication that can treat Type 2 diabetes) Oral tablet 50/500 mg (milligrams) by mouth two times per day with a start date of 2/19/25 at 8:30 a.m.</p> <p>Observation of medication administration on 2/19/25, at approximately 8:55 a.m. with Licensed Practical Nurse (LPN) Employee E1, revealed that Resident R227's medication Janumet 50/500 mg one tablet by mouth two times per day, was not available to be administered. LPN Employee E1 stated that Resident R227 was a new admission and the medication had not come from the pharmacy and when the medication arrives, it will be administered. There was no evidence of follow-up with the physician and the orders for the resident regarding the medication being unavailable/not administered.</p> <p>Review of Resident R227's progress notes on 2/20/25 at approximately 2:00 p.m. revealed that Resident R227 missed doses of Janumet 50/500 mg that included on 2/19/25, the morning and evening doses and on 2/20/25, for the morning dose.</p> <p>During an interview on 2/20/25, at approximately 3:15 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to administer Janumet as ordered upon admission to the facility and Resident R227 missed three doses of the medication Janumet since admission to the facility.</p> <p>28 Pa. Code 211.5(f)(i)(ii)(iii) Medical records</p> <p>28 Pa. Code 211.9(d) Pharmacy services</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</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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