

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/11/2024
NAME OF PROVIDER OR SUPPLIER  William Penn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2020 Ader Road Jeannette, PA 15644	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41984</b></p> <p>Based on review of facility policy, clinical record review and staff interview, it was determined that the facility failed to develop and implement a comprehensive person-centered care plan for identified resident problems for one for eight residents (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy Care Plans, Comprehensive Person-Centered dated 1/31/23, 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.</p> <p>A review of the clinical record revealed that Resident R1 was admitted to the facility on [DATE], with diagnoses that include Dementia(condition characterized by progressive or persistent loss of intellectual functioning), diabetes mellitus (disease in which the body ' s ability to produce or respond to the hormone insulin is impaired) and bipolar (psychiatric illness characterized by both manic and depressive episodes).</p> <p>A review of Resident R1's Minimum Data Set (MDS-a periodic assessment of resident care needs), dated 4/10/24, indicated diagnoses remained current.</p> <p>A review of wandering risk assessment dated [DATE] indicated Resident R1 was at moderate risk for wandering.</p> <p>A review of Resident R1's current care plan was not updated to reflect wandering risk.</p> <p>During an interview on 6/11/24 at 1:30 p.m. Nursing Home Administrator confirmed the facility failed to update and develop a comprehensive care plan for Resident R1.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41984</p> <p>Based on review of facility policy, clinical record review and staff interview, it was determined that the facility failed to develop and implement a comprehensive person-centered care plan for identified resident problems for one for eight residents (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy Incident/accident reporting dated 1/31/23, indicated to maintain resident safety in the least restrictive manner.</p> <p>A review of the clinical record revealed that Resident R1 was admitted to the facility on [DATE], with diagnoses that include Dementia(condition characterized by progressive or persistent loss of intellectual functioning), diabetes mellitus (disease in which the body's ability to produce or respond to the hormone insulin is impaired) and bipolar (psychiatric illness characterized by both manic and depressive episodes).</p> <p>A review of Resident R1's Minimum Data Set (MDS-a periodic assessment of resident care needs), dated 4/10/24, indicated diagnoses remained current.</p> <p>Review of Resident R1's wandering risk assessment dated [DATE] indicted low risk.</p> <p>Review of nurse progress note dated 5/22/24 indicated Resident R1 was knocking on door, resident was assisted back into the building and to her room, assessed by nurse, no injuries noted. Resident unable to say what happened, notification made to son, physician and Director of Nursing (DON). No new orders.</p> <p>Review of facility provided documents dated 5/22/24, resident was outside sitting with a few other resident's, receptionist locked the door at 8:00 p.m. for the evening. Staff heard Resident R1 knocking on door.</p> <p>During an interview on 6/11/24 at 1:30 p.m. Nursing Home Administrator confirmed the facility failed to provide adequate supervision for prevention of a potential accident for Resident R1.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.10(c) Resident care policies</p>