

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 09/17/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41984</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to provide a transfer notice to a representative of the Office of the Long-Term Care Ombudsman Division for three out of nine residents (Residents R1, R2 and R3).</p> <p>Findings include:</p> <p>Review of Resident R2's admission record indicated she was originally admitted on [DATE], with diagnoses that included diabetes, anxiety disorder and fibromyalgia (chronic condition that causes widespread pain and tenderness in the body).</p> <p>Review of Resident R2's annual MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 8/29/24, indicated that the diagnoses were current upon review.</p> <p>Review of Resident R2's clinical record revealed that the resident was transferred to the hospital on 8/20/24, and returned to the facility on [DATE].</p> <p>Review of Resident R2's clinical record indicated the facility failed to include documented evidence that the facility provided a written transportation notification to the Office of the Long-Term Care Ombudsman for the hospitalization on [DATE]</p> <p>Review of Resident R1's admission record indicated she was originally admitted on [DATE], with diagnoses that included protein-calorie malnutrition, chronic kidney disease and cardiomegaly (a condition where the heart is larger than normal).</p> <p>Review of Resident R1's admission MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 9/9/24, indicated that the diagnoses were current upon review.</p> <p>Review of Resident R1's clinical record revealed that the resident was transferred to the hospital on 9/13/24, and returned to the facility on [DATE].</p> <p>Review of Resident R1's clinical record indicated the facility failed to include documented evidence that the facility provided a written transportation notification to the Office of the Long-Term Care Ombudsman for the hospitalization on [DATE].</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R3's admission record indicated she was originally admitted on [DATE], with diagnoses that included anemia, respiratory disorders and spinal stenosis (narrowing of the spinal canal that occurs when the spinal cord or nerve roots are compressed).</p> <p>Review of Resident R3's entry MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 8/28/24, indicated that the diagnoses were current upon review.</p> <p>Review of Resident R3's clinical record revealed that the resident was transferred to the hospital on 8/16/24, and returned to the facility on [DATE] and 8/22/24, returned 8/28/24.</p> <p>Review of Resident R3's clinical record indicated the facility failed to include documented evidence that the facility provided a written transportation notification to the Office of the Long-Term Care Ombudsman for the hospitalization on [DATE] and 8/22/24.</p> <p>During an interview on 9/17/24 at 11:30 a.m. the Nursing Home Administrator confirmed the facility failed to provide a transfer notice to a representative of the Office of the Long-Term Care Ombudsman Division for two out of four residents (Residents R1, R2 and R3).</p> <p>28 Pa. Code 201.29(a)(c.3)(2) Resident rights.</p>

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41984</p> <p>Based on review of the facility assessment and staff interview, it was determined that the facility failed to provide a qualified full time social worker for a facility with more than 120 beds.</p> <p>Findings include:</p> <p>The facility assessment dated [DATE], indicated that the facility will have a full time Social Services Director.</p> <p>The facility has a capacity of 145 requiring a full time Social Worker.</p> <p>Interview with the Nursing Home Administrator (NHA) revealed that the Social Worker left 9/6/24. The facility hired a new social worker, start date in a few weeks.</p> <p>During an interview on 9/17/24, at 11:45 a.m. the Nursing Home Administrator confirmed there is currently no social worker employed at the facility as required.</p> <p>28. Pa. Code: 201(b)(2) Management.</p> <p>28. Pa. Code: 201(a) Social services.</p>