

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 01/15/2025
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 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** 41984</p> <p>Based on review of clinical record review and staff interviews it was determined that the facility failed to follow physician orders for one of two residents (Resident R1).</p> <p>Findings include:</p> <p>Review of the clinical record indicated that Resident R1 was admitted to the facility on [DATE], with diagnosis that included malignant neoplasm of upper lobe, right bronchus or lung, cyst of kidney and ischemic cardiomyopathy (a condition that occurs when the heart muscle is damaged by a lack of blood flow).</p> <p>Review of Resident R1's physician orders dated 1/8/25, indicated that Resident R1 is to be Nothing by Mouth(NPO) diet, NPO texture, NPO consistency, enteral feed every shift by j-port.</p> <p>A review of Resident R1's physician orders dated for January indicated two medications were ordered to be given by mouth. They include the following:</p> <p>Oxycodone HCl Oral Tablet 5 MG (Oxycodone HCl),semi-synthetic narcotic analgesic, give 0.5 tablet by mouth every 6 hours as needed</p> <p>Claritin Oral Tablet 10MG (Loratadine), an antihistamine used to treat allergy symptoms, 1 tablet by mouth at bedtime for itching</p> <p>During an interview on 1/15/25, at 2:00 p.m. the Nursing Home Administrator confirmed that resident is not to receive medication by mouth and that the above orders are not appropriate for a resident that is NPO.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code: 211.10(c)(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(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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