STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396059	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Concordia at the Cedars	4363 Northern Pike Monroeville, PA 15146

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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 43725 Based on review of facility policy, observations, and resident and staff interviews, it was determined that the facility failed to provide concern forms and grievance boxes assessable to residents and visitors from a wheelchair in the front lobby and on the third floor nursing unit, failed to have a grievance forms accessible on the third floor nursing unit, and failed to provide an opportunity for anonymous grievances in the front lobby and on the third floor nursing unit. Findings include: A review of the facility policy Resident and Family Grievances reviewed 1/19/23 and 1/28/24, indicated it is the policy of the facility to support each resident's and family member's right to voice grievances without discrimination, reprisal, or fear of discrimination. A grievance may be filed anonymously. During an observation on 3/26/24, at 8:15 a.m. revealed the grievance box in the front lobby is not accessible by residents and visitors in a wheelchair, and the grievance box is within sight of the receptionist. During an observation on 3/26/24, at 1:45 p.m. third floor nursing unit failed to have grievance forms available for residents and visitors, and the grievance box is not accessible to residents and visitors from a wheelchair, and the grievance box is within sight of the nurses station. During an observation on 3/27/24, at 2:45 p.m. third floor nursing unit failed to have grievance forms available for residents and visitors, and the grievance box is not accessible to residents and visitors from a wheelchair, and the grievance box is within sight of the nurses station. During an observation on 3/28/24, at 11:45 a.m. third floor nursing unit failed to have grievance forms available for residents and visitors, and the grievance box is not accessible to residents and visitors from a wheelchair, and the grievance box is within sight of the nurses station. During an interview on 3/28/24, at 11:50 a.m. Registered Nurse Employee E1 confirmed the facility failed to provide grievance forms on the third floor nursing unit, stating we must have run out. (continued on next page)

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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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/28/24, at 11:53 a.m. the Nursing Home Administrator was informed the greivance boxes were not at a level that was accessible to residents and visitors in a wheelchair in the front lobby and third floor nursing unit, and failed to provide the opportunity for residents and visitors to file an anonymous grievance. 28 PA Code: 201.18(e)(4) Management. 28 PA Code: 201.29(a)(b)(c) Resident rights.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725 Based on facility policy and clinical record reviews and interview with staff, it was determined that the facility failed to review and revise the comprehensive care plan for two of seven residents. (Residents R8, and R39) Findings include: The facility was unable to provide a policy regarding care planning. The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions: 13 - 15: cognitively intact 8 - 12: moderately impaired 0 - 7: severe impairment A review of the clinical record revealed that Resident R8 was admitted to the facility on [DATE], with diagnoses that included dementia (loss of thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities), high blood pressure, and anxiety. A review of the MDS dated [DATE], indicated the diagnoses remain current. Review of Section C: Cognitive Patterns, Question C0500 BIMS Summary Score revealed Resident R8's BIMS score was 7, indicating severe impairment. A review of a H&P (history and physical) physician progress note dated 12/16/23, ar 1:00 p.m. indicated Not oriented to time or location, difficult for her to engage in conversation and assessment. A Review of a progress note dated 12/16/23, at 3:52 p.m. revealed patient does best with crushed medication and mechanical soft food due to history of pocketing and trouble chewing/swallowing. A review of a progress note dated 12/21/23, at 5:19 p.m. indicated Resident R8 was very forgetful and needed repeated instructions for medications and care. A review of a progress note dated 3/26/24, at 5:00 p.m. indicated resident is alert to self, had increased anxiety, and was kept in high observation areas. A review of a progress note dated 3/27/24, at 1:36 a.m. indicated Resident is AOx1 (alert and oriented) with confusion. Takes meds crushed in applesauce. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the care plan failed to reveal resident-centered interventions for Dementia. A review of the clinical record indicated Resident R39 was readmitted to the facility on [DATE], with diagnoses that included vascular dementia (condition caused by the lack of blood that carries oxygen and nutrient to a part of the brain, and causes problems with reasoning, planning, judgment, and memory), diabetes, and high blood pressure. A review of the MDS dated [DATE], indicated the diagnoses remain current. Review of Section N: Medications, Question N0415: High-Risk Drug Classes: Uses and Indication reveal Resident R39 was taking an antipsychotic medication. A review of a physician order dated 6/26/23, indicated Resident R39 was ordered Seroquel (may be used to calm and help diminish psychotic thoughts) 25 milligrams (mg) give 12.5 mg by mouth one time a day. A review of the care plan failed to reveal interventions for antipsychotic medication use. During an interview on 3/28/24, at 11:53 a.m. the Director of Nursing confirmed the facility failed to complete a resident-centered care plan for Residents R8 and R39. 28 Pa. Code 211.11(d) Resident care plans.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 26071 Based on observation, review of facility policy, and staff interviews, it was determined that the facility failed to serve food/beverages in accordance with professional standards for food safety on one of one nursing units. (3rd Floor Nursing Unit) Findings include: Review of the facility policy, Food Safety Requirements, dated 1/28/24, indicated food will be distributed and served in accordance with professional standards for food service safety. Foods and beverages shall be distributed in a manner to prevent contamination. Observation of the lunch meal of the 3rd Floor nursing unit, on 3/27/28, at 11:40 a.m. through 12:40 p.m., revealed the following: At 11:40 a.m. Residents were served meals from the steam table in the kitchenette to the tables in the dining room. All residents were served and eating at 12:05 p.m. At 12:05 p.m. the steam table was transported from the kitchenette onto the end of the nursing unit and set up in the middle hallway of the 300-318 resident rooms. There was and approximate distance of 35 inches from the steam table to the handrail of the wall. Plates were noted to be on top of the steam table during transportation and not covered. A beverage cart, dessert cart, coffee cart, and tray cart were lined up beside the steam table in the hallway. A nurse was noted to pass by pushing a medication cart between the steam table and handrail. During an interview with the Food Service Director, Employee E3 revealed the facility has been utilizing this process since May 2023. Resident meals were assembled and delivered to resident rooms of the 300-318 hallway from the steam table. At 12:20 p.m. Dietary Aide Employee E2 touched the resident trays, plate covers, and meal tickets, then cut baked potatoes and plated them with hands without changing gloves or washing hands. During an interview on 3/27/24, at 12:45 p.m. Dietary Aide Employee E2 confirmed the above finding and that tongs should have been used to plate the baked potatoes. At 12:25 p.m. the steam table was then pushed past the Nursing Station onto the other end of the 3rd floor nursing unit in the hallway of resident rooms 319-331. Meal trays were assembled and served in the same manner from the steam table in the hallway of the nursing unit. From 12:25 p.m. to 12:40 p.m. when the last tray was delivered, five visitors carrying various items, one resident pushed in a wheelchair by staff, and one resident ambulating in a wheelchair passed between the steam table and the handrail of the nursing unit hallway. At 12:40 p.m., all resident meals were served in the resident rooms and the steam table was transported back into the kitchenette on the 3rd Floor nursing unit. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 3/27/24, at 12:50 p.m. Food Service Director Employee E3 confirmed the above findings and the facility failed to serve food/beverages in accordance with professional standards for food safety on the 3rd Floor Nursing Unit. During an interview on 3/28/24, at 12:20 p.m. The Nursing Home Administrator (NHA) confirmed the facility has been utilizing the above meal service process on the 3rd Floor nursing unit from approximately 4/17/23. 28 Pa code 211.6(b)(d) Dietary services.