

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Millcreek Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5535 Peach Street Erie, PA 16509	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31185</p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to ensure that it was free from significant medication errors for one of five residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of a facility policy entitled Person Centered Medication Administration dated 3/1/24, revealed that nursing staff must comply with person centered medication pass time ranges and Medication Administration Record (MAR) directions.</p> <p>Resident R1's clinical record revealed an admitted [DATE], with diagnoses that included diabetes, pancreatotomy (removal of the pancreas), and Hodgkin lymphoma (cancer of the immune system).</p> <p>Resident R1's clinical record revealed physician's order dated 4/4/24, for Lantus (type of insulin) 100 Units/ml (milliliter) inject 3 units subcutaneous (sq - injected into the tissue between the skin and muscle) in the evening (6:00 p.m.) for diabetes. Hold if BS (blood sugar) is below 150 [milligrams/deciliter (mg/dL)].</p> <p>Resident R1's August 2024 MAR revealed that Resident R1 had a BS of 226 mg/dL on 8/17/24, and staff failed to administer the Lantus 3 units as ordered.</p> <p>Resident R1's clinical record revealed physician's order dated 4/04/24, for Novolog (type of insulin) 100 Units/ml inject 3 units sq in the morning (9:00 a.m.) for diabetes. Hold if BS is below 280 mg/dL.</p> <p>Resident R1's August 2024 MAR revealed that Resident R1 had a BS of 215 mg/dL on 8/18/24, and staff failed to hold the Novolog 3 units as ordered.</p> <p>Resident R1's clinical record revealed physician's order dated 4/04/24, for Novolog inject 3 units sq in the afternoon (1:00 p.m.) for diabetes. Hold if BS is below 280 mg/dL.</p> <p>Resident R1's MAR revealed that Resident R1 had a BS of 247 mg/dL on 8/18/24, and staff failed to hold the Novolog 3 units as ordered.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/4/24, at approximately 12:55 p.m. the Regional Director of Nursing confirmed that Resident R1's Lantus insulin was not administered in accordance with physician's orders and that Resident R1 was administered 3 units of Novolog when his/her BS was below 280 mg/dL on the above date and times and should have been held.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p> <p>28 Pa. Code 211.10(c) Resident care policies</p>		