

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396083	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Sterling Health Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 318 South Orange Street Media, PA 19063	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46166</p> <p>Based on review of facility policy, clinical records, facility documents, and staff interviews it was determined that the facility failed to ensure a resident was free from physical restraint (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy Restraints dated 2024, revealed Physical restraints are defined as any manual or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.</p> <p>Review of Resident R1's clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - periodic assessment of care needs) dated June 18, 2024, indicated diagnoses of Hypo-Osmolality and Hyponatremia (chronic low sodium levels that effects energy levels and brings on a state of confusion), Major Depressive Disorder (persistent feeling of sadness), Schizophrenia (chronic mental disorder that affects how a person thinks, feels, and behaves), and Dementia (group of symptoms that affects memory, thinking, and interferes with daily life).</p> <p>Review of information dated August 15, 2024 submitted by the facility, indicated, Unit manager reports that [Resident R1] (BIMS of 2 out of 15-Brief Interview of Mental Status) was observed sitting in (his/her) wheelchair with a white sheet tied around (his/her) waist. The sheet was removed and [Resident 1] was assessed for injuries with none observed. CNA [Employee E1] was assigned to [Resident R1] over 11-7 shift and was suspended pending investigation. PB22 to follow. MD (Medical Doctor) and RP (Responsible Party) will be notified.</p> <p>Review of written witness statements obtained on August 15, 2024, including Certified Nursing Assistant (CNA) Employee E1 indicated, I [CNA Employee E1], place a sheet around [Resident R1] in the chair to prevent [resident] from falling on the floor. [Resident] was taking off (his/her) clothes as well as bending over to the floor. [Resident] didn't sleep all night. I had to sit besides [Resident R1] bed to keep (him/her) in bed. When I had to do my morning rounds that is when I put (him/her) in the chair and (he/she) was slumping over.</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of written witness statement obtained on August 15, 2024, from Certified Nursing Assistant (CNA) Employee E2 stated, I [CNA Employee E2] was trying to help a resident he was in a wheel chair and the nurse on duty was doing her meds and stood by the resident that was trying to get up out of the wheel chair the nurse was telling the resident to sit down and the unit manager walked over to him twice after that I went and stood by him so he won't fall he had a sheet and another sheet around him I moved the sheet a little and then I left and went to see if the morning staff was in. I [CNA E2] was not aware of the resident being tied to his wheelchair because he was told to sit down. I didn't see any restraints or witness any as well.</p> <p>Review of Investigation Statement Worksheet for nurse aide Employees E1 and non nurse aide Employee E2 revealed nurse aide Employee E1 and Nurse aide Employee E2 were suspended on August 15, 2024, after being identified as the alleged perpetrators and have not worked in the facility sense the incident.</p> <p>During an interview on 6/18/24, at 4:05 p.m. the Director of Nursing (DON) confirmed that the facility failed to make certain a Resident 1 was free from a physical restraint.</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: 201.29(a) Resident rights</p> <p>28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services</p>