

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Stoops Drive Monongahela, PA 15063	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31343</p> <p>Based on review of facility policy, clinical record review and staff interviews, it was determined that the facility failed to ensure care and services were provided in accordance with professional standards of practice to meet each resident's physical, mental, and psychosocial needs for one of two residents (Resident R21).</p> <p>Findings Include:</p> <p>Review of the facility policy Change in a Resident's Condition, last reviewed on 3/24, indicated that staff will notify the resident's attending physician with any change in condition with adverse reaction to a medication and a significant change in a resident's mental status being indicators of notification.</p> <p>Review of the clinical record indicated Resident R21 was admitted to the facility on [DATE], with diagnoses which included history of colon cancer, aneurysm of the aorta, cancer of parotid gland, dizziness and giddiness, and unsteadiness on feet. A Minimum Data Set (MDS- periodic assessment of resident care needs) dated 5/28/24, indicated the diagnoses remained current.</p> <p>Review of a progress noted dated 6/7/24, written by Licensed Practical Nurse (LPN) Employee E1 indicated Resident R21 has slurred speech and talking nonsensical. Resident was administered Lorazepam (a benzodiazepine used to treat anxiety); the nurse documented that she would notify oncoming shift to monitor due to Resident R21 taking Lorazepam this morning.</p> <p>Review of the clinical record did not include any further documentation related to Resident R21's change in condition.</p> <p>During an interview on 6/16/24, at 12:00 p.m., the Director of Nursing confirmed that LPN Employee E1 did not identify that she had notified anyone regarding Resident R21's change in condition, including any further assessment or notification of the physician.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1)(6) Management.</p> <p>28 Pa. Code: 211.10(c) Resident care policies.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Stoops Drive Monongahela, PA 15063	

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>28 Pa. Code:211.12(d)(1)(5) Nursing services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Stoops Drive Monongahela, PA 15063	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39311</p> <p>Based on review of facility policies, observations, clinical record review, and staff interview, it was determined that the facility failed to provide appropriate respiratory care for one of three residents (Residents R1).</p> <p>Findings include:</p> <p>Review of the facility policy, Oxygen Administration dated March 2024, indicated the facility will provide safe oxygen administration, and it further directs staff to review the physician's orders and care plan.</p> <p>Review of the clinical record revealed Resident R1 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 5/3/24, included diagnoses of hypertensive heart disease (constellation of changes in the left ventricle, left atrium, and coronary arteries as a result of chronic blood pressure elevation), heart failure (a progressive heart disease that affects pumping action of the heart muscles), and obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness). Section O: Special Treatments, Procedures, and Programs revealed the use of oxygen therapy.</p> <p>Review of a physician's order dated 10/17.23, indicated Resident R1 was to receive oxygen 3 LPM (liters per minute) via nasal cannula continuously.</p> <p>Review of Resident R1's care plan updated 5/21/24, revealed that oxygen administration was an intervention listed in the cardiovascular care plan. Further review of the care plan failed to reveal a plan of care developed for the use of oxygen therapy, maintenance of humidification cannisters, changing of tubing, possible skin breakdown from tubing use, and signs and symptoms related to oxygen therapy to be reported to the provider.</p> <p>During an observation on 6/16/24, at 11:02 a.m. facility staff assisted Resident R1 from her bed to the wheelchair.</p> <p>During an interview and observation on 6/16/24, at 11:06 a.m. Resident R1's nasal canula was noted to be on the bed. When asked by the surveyor if she wanted it, Resident R1 confirmed that it was removed during her transfer, and not reapplied. After Resident R1 placed the canula on, she stated, I think it's out of water. Observation at this time confirmed that the humidification cannister on the oxygen concentrator was empty. A gallon jug of water was observed on the floor next to the concentrator.</p> <p>During an observation on 6/16/24, at 2:30 p.m. Resident R1's humidification cannister was noted to be empty.</p> <p>During an interview and observation on 6/17/24, at 10:09 a.m. Nurse Aide Employee E12 confirmed that it is part of the nurse aide responsibilities to keep water in the humidification cannister, and confirmed that it was empty at this time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Stoops Drive Monongahela, PA 15063	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/17/24, at approximately 11:00 a.m. the Director of Nursing confirmed the facility failed to provide appropriate respiratory care for one of three residents.</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Stoops Drive Monongahela, PA 15063	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31343</p> <p>Based on review of facility policy, clinical record review and staff interview, it was determined that the facility failed to ensure a medication regime was free from potentially unnecessary medication for one of five residents (Resident R21).</p> <p>Findings include:</p> <p>Review of the facility policy Psychotropic Medication Use dated 3/24, indicated residents will not receive medications that are not clinically indicated to treat a specific condition.</p> <p>Review of the clinical record indicated Resident R21 was admitted to the facility on [DATE], with diagnoses which included history of colon cancer, aneurysm of the aorta, cancer of parotid gland, dizziness and giddiness, and unsteadiness on feet. A Minimum Data Set (MDS- a periodic assessment of resident care needs) dated 5/28/24, indicated the diagnoses remained current.</p> <p>Review of the clinical record from 6/15/24, through 6/16/24, did not include documentation of diagnoses or documentation of anxiety, hallucinations or nausea.</p> <p>Review of the Hospice binder on 6/15/24, did not include any documentation of Resident R21 having anxiety, nausea or hallucinations.</p> <p>During an interview on 6/15/24, at 1:40 p.m., the Director of Nursing (DON) confirmed that the facility failed to have documentation of Resident R21 having anxiety or nausea.</p> <p>During an interview on 6/16/24, at 10:40 a.m. the DON gave documentation she had obtained from Hospice related to Hospice Registered Nurse Employee E2 from 6/5/24, indicating that Resident R21 had stated that she reported having hallucinations that cause her anxiety. The DON stated that the documentation was not in the facility Hospice binder, that she had to contact the Hospice office to get the notes.</p> <p>Review of Resident R21's Medication Administration Record (MAR) for June 2024 indicated the following:</p> <p>orders dated 6/4/24:</p> <p>Haloperidol 0.25 mg give PO every 4 hours as needed for nausea trough 6/14/24.</p> <p>Lorazepam 0.5mg every 4 hours as needed for anxiety through 6/14/24. This order was renewed on 6/16/24 with additional instructions of anxiety, agitation and air hunger.</p> <p>Review of Resident R21's clinical record failed to reveal documentation of monitoring resident behaviors while using psychotropic medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Stoops Drive Monongahela, PA 15063	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 6/17/24 at 11:09 a.m., the Nurse Practitioner Employee E3 stated that she provided the facility with the continuation as she was covering for the regular Nurse Practitioner due to the facility staff identifying that Resident R21 was having anxiety at night.</p> <p>The June 2024, MAR indicated:</p> <p>Haldol was given on 6/4/24, through 6/10/24, in the morning four times without documentation of nausea.</p> <p>Lorazepam was given from 4/6/24, through 6/16/24, six times in the morning and six times in the evening without documentation of anxiety.</p> <p>During an interview on 6/17/24, at 10:42 a.m., the Director of Nursing confirmed that the facility failed to ensure a medication regime was free from potentially unnecessary medication for one of two of five residents (Resident R21).</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy services.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Stoops Drive Monongahela, PA 15063	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>31343</p> <p>Based on observation and staff interview, it was determined that the facility failed to maintain acceptable practices for the storage of food to prevent the potential for contamination and potential for microbial growth in food, which increased the risk of food-borne illness in the main kitchen.</p> <p>Findings include:</p> <p>During an observation on 5/15/24, from 8:46 a.m., through 8:52 a.m., the fans of the walk in cooler had a black fuzzy material throughout the fans and on the ceiling with a cart of several trays of food being stored underneath. The deep freezer had abundant amounts of ice build up on the ceiling, the fan areas and shelving with several boxes of frozen food had blocks of ice build up.</p> <p>During an interview on 6/15/24, at 8:52 a.m., Dietary [NAME] Employee E4 confirmed the facility failed to to maintain acceptable practices for the storage of food to prevent the potential for contamination and potential for microbial growth in food, which increased the risk of food-borne illness in the main kitchen.</p> <p>During an observation an interview ion 6/15/24, at 9:34 a.m., the Director of Nursing and Director of Maintenance Employee E5 confirmed the facility failed to to maintain acceptable practices for the storage of food to prevent the potential for contamination and potential for microbial growth in food, which increased the risk of food-borne illness in the main kitchen.</p> <p>28 Pa. Code: 211.6(c)(d)(f) Dietary services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Stoops Drive Monongahela, PA 15063	

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 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>39311</p> <p>Based on review of facility documents, resident and staff interviews it was determined that the facility failed to ensure the residents' right to not enter into a binding arbitration agreement as a condition of admission and failed to grant the resident or his or her representative the right to rescind the agreement within 30 calendar days of signing it for 20 of 20 admitted residents.</p> <p>Findings include:</p> <p>Review of the facility Arbitration and Litigation Limitation of Liability Agreement failed to include information to inform the resident and/or his or her representative that signing the arbitration agreement was voluntary, and included the following statements:</p> <p>Resident has a three-day revocation period in which to cancel the Agreement.</p> <p>Resident agrees that in the event of cancellation, he or she will make immediate arrangements to move from the facility without prior notification to vacate.</p> <p>Review of 20 current residents in the facility revealed that each resident, or their representative, signed the arbitration agreement.</p> <p>During an interview on 6/15/24, at 1:30 p.m. the Nursing Home Administrator confirmed that the facility failed to ensure the residents' right to not enter into a binding arbitration agreement as a condition of admission and failed to grant the resident or his or her representative the right to rescind the agreement within 30 calendar days of signing it for 20 of 20 admitted residents.</p> <p>28 Pa. Code 201.14(a)Responsibility of Licensee.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Stoops Drive Monongahela, PA 15063	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>31343</p> <p>Based on review of facility policy, water testing logs and staff interview, it was determined that the facility failed to implement an effective Water Management Program for the prevention and control of water-borne contaminants, such as Legionella (a bacteria that may cause Legionnaires' Disease, a serious type of pneumonia) and the facility failed to provide proper infection control practices during a dressing change for one of two residents (Resident R2).</p> <p>Findings include:</p> <p>Review of facility provided documents indicated that the facility does not currently have a Water Management Program.</p> <p>Review of the facility policy Wound Care last reviewed on 3/24, indicated that steps indicated cleaning of the resident's overbed table with placing items used for the procedure on a clean field. When the soiled dressing is removed, wash hands thoroughly and don clean gloves, wear gloves when touching the wound. Place the clean dressing per order.</p> <p>During an interview on 6/17/24, at 9:20 a.m., the Director of Maintenance Employee E5 confirmed that the facility did not implement an effective water management program for the prevention and control of water-borne contaminants, such as Legionella since 2023, they currently did not have one in place.</p> <p>During an observation of wound care for Resident R2 on 6/16/24, from 10:00 a.m., through 10:52 a.m., Registered Nurse(RN) Employee E6 placed wound care items on Resident R2's overbed table with Resident R2's water, glasses, and personal items. RN Employee E6 donned gloves and cleansed Resident R2's sacral wound then, without removing soiled gloves placed the clean dressing on Resident R2's coccyx. Once dressing was placed, the dressing became contaminated. RN Employee E6 removed soiled gloves, left the room to obtain a new dressing, and upon return failed to wash hands, donned gloves, removed contaminated dressing and placed clean dressing.</p> <p>During an interview on 6/16/24, at 10:52 a.m., RN Employee E6 confirmed that the facility failed to provide proper infection control practices during a dressing change for one of two residents (Resident R2).</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: 201.20(c) Staff development.</p> <p>28 Pa. Code: 211.10(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Stoops Drive Monongahela, PA 15063	

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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39311</p> <p>Based on a review of facility policy, clinical records, staff interview, it was determined that the facility failed to monitor antibiotic use for one of four residents (Resident R8).</p> <p>Findings include:</p> <p>Review of the facility policy, Antibiotic Stewardship dated March 2024, indicated the purpose of the antibiotic stewardship program is to monitor the use of antibiotics in the residents. When a culture and sensitivity (C&amp;S, lab test to discern what bacteria is causing the infection, and what antibiotics that bacteria are susceptible to) is ordered, lab results and the current clinical situation will be communicated to the provider as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued.</p> <p>Review of the clinical record revealed Resident R8 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 5/3/24, included diagnoses of hypertensive heart disease (constellation of changes in the left ventricle, left atrium, and coronary arteries as a result of chronic blood pressure elevation) and macular degeneration (vision loss in the center of the field of vision).</p> <p>Review of a progress note dated 1/2/24, at 10:28 a.m. indicated, Granddaughters wanting a urine repeated on resident due to confusion. Call to [provider]resident has ESBL (extended spectrum beta-lactamase, an enzyme found in some strains of bacteria. ESBL-producing bacteria can't be killed by many of the antibiotics used to treat infections) in urine just finished Nitrofurantoin (Macrobid, a type of antibiotic medication) 12-29-23. waiting call back.</p> <p>Review of a physician's order dated 1/2/24, indicated Resident R8 was to receive Nitrofurantoin 50 milligrams, at bedtime, from 1/2/24, through 1/13/24.</p> <p>Review of a urine culture and sensitivity report dated, 1/6/24, with a specimen collection date of 1/4/24, revealed the organism causing the urinary infection was resistant to Nitrofurantoin. Stamped at the bottom of the page was Faxed with the date of 1/6/23 (year error) written in.</p> <p>Review of Resident R8's medication administration record revealed that Resident R8 continued to receive Nitrofurantoin until the original end date of the order, 1/13/24.</p> <p>Review of a physician's order dated 1/13/24, indicated Resident R8 was to receive cephalexin (Keflex, a type of antibiotic medication) 500 milligrams, Give 1 capsule by mouth two times a day for UTI (urinary tract infection) until 01/23/24.</p> <p>During an interview on 6/17/24, at approximately 11:00 a.m. the Director of Nursing confirmed that the provider and facility failed to respond to lab results indicating the bacterial infection was resistant to the ordered antibiotic therapy, and failed to modify the therapy to an antibiotic that was susceptible to the bacteria.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Stoops Drive Monongahela, PA 15063	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/17/24, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to monitor antibiotic use for one of four residents.</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Stoops Drive Monongahela, PA 15063	
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 0941</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>39311</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on effective communication for two of ten staff members (Employees E7 and E10).</p> <p>Findings include:</p> <p>Review of the policy Inservice Training, All Staff dated March 2024, previously reviewed March 2023, indicated the primary objective of in-service training is to ensure that staff are able to interact in a manner that enhances the residents quality of life and quality of care and can demonstrate competence in the topic areas of training. All staff are required to participate in in-service training.</p> <p>Review of facility provided documents and training record for Employees E7 and E10 revealed the following staff members did not have documented training on effective communication.</p> <p>Nurse Aide (NA) Employee E7 had a hire date of 5/21/19, failed to have effective communication in-service education between 5/21/23, and 5/21/24.</p> <p>Licensed Practical Nurse (LPN) Employee E10 had a hire date of 5/11/8, failed to have effective communication in-service education between 5/11/23, and 5/11/24.</p> <p>During an interview on 6/11/24, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on effective communication for two of ten staff members.</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: 201.20 (a)(c) Staff development.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Stoops Drive Monongahela, PA 15063	
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 0942</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>39311</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Resident Rights.</p> <p>Findings include:</p> <p>Review of the policy Inservice Training, All Staff dated March 2024, previously reviewed March 2023, indicated the primary objective of in-service training is to ensure that staff are able to interact in a manner that enhances the residents quality of life and quality of care and can demonstrate competency in the topic areas of training. All staff are required to participate in in-service training.</p> <p>Review of facility provided education documents failed to reveal that the facility offered education on Resident Rights.</p> <p>During an interview on 6/17/24, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on Resident Rights.</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: 201.20 (a)(c) Staff development.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Stoops Drive Monongahela, PA 15063	
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 0944</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>39311</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Quality Assurance and Performance Improvement (QAPI) for four of ten staff members (Employees E7, E9, E10, and E11).</p> <p>Findings include:</p> <p>Review of the policy Inservice Training, All Staff dated March 2024, previously reviewed March 2023, indicated the primary objective of in-service training is to ensure that staff are able to interact in a manner that enhances the residents quality of life and quality of care and can demonstrate competency in the topic areas of training. All staff are required to participate in in-service training.</p> <p>Review of facility provided documents and training record for E7, E9, E10, and E11 revealed the following staff members did not have documented training on QAPI.</p> <p>Nurse Aide (NA) Employee E7 had a hire date of 5/21/19, failed to have QAPI in-service education between 5/21/23, and 5/21/24.</p> <p>Administrative Employee E9 had a hire date of 11/8/05, failed to have QAPI in-service education between 2/12/23, and 2/12/24.</p> <p>Licensed Practical Nurse (LPN) Employee E10 had a hire date of 5/11/8, failed to have QAPI in-service education between 5/11/23, and 5/11/24.</p> <p>Dietary Employee E11 had a hire date of 3/1/18, failed to have QAPI in-service education between 3/1/23, and 3/1/24.</p> <p>During an interview on 6/17/24, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on QAPI for three of ten staff members.</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: 201.20 (a)(c) Staff development.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Stoops Drive Monongahela, PA 15063	
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 0949</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>39311</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on behavioral health for three of ten staff members (Employees E7, E8, and E11).</p> <p>Findings include:</p> <p>Review of the policy Inservice Training, All Staff dated March 2024, previously reviewed March 2023, indicated the primary objective of in-service training is to ensure that staff are able to interact in a manner that enhances the residents quality of life and quality of care and can demonstrate competency in the topic areas of training. All staff are required to participate in in-service training.</p> <p>Review of facility provided education documents and training records for E7, E8, and E11 revealed the following staff members did not have documented training on Compliance and Ethics.</p> <p>Nurse Aide (NA) Employee E7 had a hire date of 5/21/19, failed to have behavioral health or dementia in-service education between 5/21/23, and 5/21/24.</p> <p>NA Employee E8 had a hire date of 1/23/08, failed to have behavioral health or dementia in-service education between 1/23/23, and 1/23/24.</p> <p>Dietary Employee E11 had a hire date of 3/1/18, failed to have behavioral health or dementia in-service education between 3/1/23, and 3/1/24.</p> <p>During an interview on 6/17/24, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on on behavioral health for three of ten staff members.</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: 201.20 (a)(c) Staff development.</p>		