

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396102	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Conemaugh Memorial Medical Center Tcu		STREET ADDRESS, CITY, STATE, ZIP CODE 320 Main Street Johnstown, PA 15901	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>48941</p> <p>Based on review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that a safety assessment was completed for side rail use for one of 12 residents reviewed (Resident 163).</p> <p>Findings include:</p> <p>The facility's policy regarding side rails, dated March 15, 2024, indicated that the facility would promote a person-centered approach when determining the need and/or use of grab bars and side rails, which would include an assessment of the resident, medical condition, decision-making ability, and a review for possible entrapment and/or injury from use of a bed rail.</p> <p>Observations of Resident 163 on March 25, 2024, at 9:58 a.m. and March 26, 2024, at 8:20 a.m. revealed that the resident's bed was equipped with bilateral side rails.</p> <p>There was no documented evidence that Resident 163 was assessed for potential safety hazards prior to the side rails being applied to the resident's bed.</p> <p>Interview with the Director of Nursing on March 26, 2024, at 11:25 a.m. confirmed that there was no safety assessment completed for the use of side rails for Resident 163.</p> <p>28 Pa. Code 211.12(d)(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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