

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/27/2024
NAME OF PROVIDER OR SUPPLIER  Little Sisters of the Poor		STREET ADDRESS, CITY, STATE, ZIP CODE  1028 Benton Avenue Pittsburgh, PA 15212	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546</b></p> <p>Based on review of facility documents, clinical record review, and resident and staff interviews, it was determined that the facility failed to provide adequate supervision for a visually impaired resident during an activity involving a horse that resulted in the actual harm of the horse biting a resident and causing a fracture for one of six residents reviewed (Resident R17).</p> <p>Findings include:</p> <p>Review of facility policy Accident/Incident Reports, Residents dated 11/6/23, last reviewed 11/4/24, indicated an accident is an event that results in bodily injury or potential injury and/or causes a change in Resident status.</p> <p>Review of the clinical record indicated Resident R17 was admitted to the facility on [DATE].</p> <p>Review of Resident R17's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/14/24, indicated diagnoses of depression (a constant feeling of sadness and loss of interest), need for assistance with personal care, and legal blindness. Section B - Hearing, Speech, and Vision, Question B1000 Vision, indicated Resident R17 was coded 4 severely impaired, no vision or sees only light, colors or shapes; eyes do not appear to follow objects.</p> <p>Review of a progress note dated 10/14/24, at 2:58 p.m. stated, At approximately 2:30 p.m. resident was returned to unit by Activities. They asked that resident be examined because she was bit by a horse. Examination revealed right pointer fingertip blackened (apparent hematoma [a collection of blood that pools outside of a blood vessel]) with base of fingernail lifting from nail bed. Small laceration (a tear or ragged cut) at underside of fingertip. Finger cleansed with peroxide (a disinfectant), bacitracin (an antibiotic) and band aides applied. Unit manager to notify family.</p> <p>Review of a progress note dated 10/14/24, at 10:45 p.m. stated, Dressing applied to right forefinger. Right hand warm. Finger swollen. Temperature 98.3 degrees Fahrenheit. Received Augmentin (an antibiotic). Will continue to monitor.</p> <p>Review of a progress note dated 10/15/24, at 11:03 a.m. stated, Pleasant. Transferred to emergency room for evaluation at approximately 10:45 a.m., with volunteer. Family and unit manager aware.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a progress note dated 10/15/24, at 2:57 p.m. stated, Pleasant. Returned to facility at approximately 2:45 p.m. Splint intact at right pointer finger. New orders received.</p> <p>Review of an After Visit Summary from the emergency room dated 10/15/24, indicated an x-ray was performed of Resident R17's right hand with a result of transversely oriented mildly displaced fracture across the distal tuft of the distal phalanx of the index finger (a break in the bone at the tip of the finger).</p> <p>Review of Resident R17's care plan dated 090/9/19, indicated Resident R17 has a history of depression and anxiety, she is legally blind. Resident R17 prefers to use her iPhone, [NAME], and [NAME] device to communicate. Staff will encourage participation in activities, she enjoys listening to talking books, music, community outings, pet therapy.</p> <p>Review of R17's care plan failed to reveal interventions related to safety precautions and supervision requirements to facilitate safe activity interactions due to the resident's visual impairment.</p> <p>Review of Resident R17's care plan dated 10/15/24, indicated while at an activity, she reached her hand out and a horse bit her hand, open area, nail loose and a hematoma on right pointer finger.</p> <p>Review of a Accident or Incident Report dated 10/15/24, indicated Activity Director Employee E3 was a witness to the accident and the accident was described as, Apparently resident was feeding a horse and her right pointer finger was bitten.</p> <p>During an interview on 11/25/24, at 9:22 a.m. Resident R17 stated, I was sitting in my wheelchair. I'm totally blind and I didn't know a lot of other ladies were feeding carrots to the horse. I was occupied with the regular riding pony. I talk with my hands, they're always moving, and I guess the horse thought my finger was a carrot and he bit it. It did break my finger. I didn't know it had happened because I have no feeling in my fingers because of my nerves. I didn't have any pain when it happened because I had no idea it had happened until someone started yelling that there was blood all over my hand. The nurse wrapped my finger and said he thought I was going to lose my fingernail, which I did. They sent me to the emergency room .</p> <p>During an interview on 11/26/24, at 11:37 a.m. Nurse Aide Employee E3 stated, Resident R17 is blind, I think she is maybe able to see shadows, but she is completely dependent. I don't think she would be able to do an activity on her own.</p> <p>During an interview on 11/26/24, at 1:24 p.m. Activity Director Employee E4 stated, I was there, one of our Occupational Therapists brought two of their horses in. They were giving the residents treats to feed the horses. I didn't witness the actual bite. She [Resident R17] didn't say anything when it happened. One of the volunteers said she is bleeding.</p> <p>During an interview on 11/26/24, at 1:30 p.m. the Nursing Home Administrator (NHA) stated she does not think anyone witnessed the accident and that Resident R17 told a different story to the State Agency than she had told to the facility at the time of the accident.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/27/24, at 8:59 a.m. Activity Director Employee E4 stated, There were about 6 to 7 residents at the horse activity because Bingo was also happening at the same time. I think there were 4 to 5 staff and volunteers present and the therapist who owns the horse, but she was off duty at the time.</p> <p>During an interview on 11/26/24, at 1:30 p.m. the NHA confirmed that the facility failed to provide adequate supervision for a visually impaired resident during an activity involving a horse that resulted in the actual harm of the horse biting a resident and causing a fracture for one of six residents reviewed (Resident R17).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(e)(1) Management.</p> <p>28 Pa. Code: 207.2(a) Administrator's responsibility.</p> <p>28 Pa. Code: 211.10(d) Resident care policies.</p>		