

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396135	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Allied Services Transitional Rehab Unit		STREET ADDRESS, CITY, STATE, ZIP CODE 475 Morgan Highway Scranton, PA 18508	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41581</p> <p>Based on observation and staff interview, it was determined that the facility failed to ensure proper storage and adherence to expiration/use by dates for pharmaceutical products in one of one medication rooms observed.</p> <p>Findings include:</p> <p>Observations of the facility's medication room on [DATE], at approximately 10:35 AM revealed 38 Max Zero Needless connectors that expired May, 8, 2023, 11 Max Zero Needless connectors that expired [DATE], one 20 gauge needle safety infusion set that expired [DATE], two 20 gauge needle safety infusion sets that expired [DATE], two 22 gauge Autoguard BC winged IV catheters that expired [DATE], one 24 gauge Autoguard BC winged IV catheter that expired February 8, 2023, two 27 gauge disposable needles that expired [DATE], two 27 gauge disposable needles that expired [DATE], two IV starter kits that expired [DATE], and one IV starter kit that expired [DATE].</p> <p>An interview with Employee 1 LPN (license practical nurse) on [DATE], at 10:44 AM confirmed the pharmacy supplies had expired and should have been discarded.</p> <p>During an interview with the Nursing Home Administrator on [DATE] at approximately 12:45 PM confirmed expired pharmacy products should have been removed from the medication room and discarded.</p> <p>28 Pa. Code 211.9 (k) Pharmacy 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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