

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/08/2024
NAME OF PROVIDER OR SUPPLIER  Athens Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 South Main St Athens, PA 18810	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>18229</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to ensure that nursing services met professional standards of quality according to the Pennsylvania Code Title 49, Professional and Vocational Standards, by failing to ensure licensed nursing staff were knowledgeable in the necessary care and services for one of one resident reviewed with a PICC (peripherally inserted central catheter) (Resident 2)</p> <p>Findings include:</p> <p>The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing 21.145</p> <p>(f) An LPN may perform only the IV therapy functions for which the LPN possesses the knowledge, skill and ability to perform in a safe manner, except as limited under S 21.145a (relating to prohibited acts), and only under supervision as required under paragraph (1).</p> <p>(1) An LPN may initiate and maintain IV therapy only under the direction and supervision of a licensed professional nurse or health care provider authorized to issue orders for medical therapeutic or corrective measures (such as a CRNP, physician, physician assistant, podiatrist or dentist).</p> <p>(2) Prior to the initiation of IV therapy, an LPN shall:</p> <p>(i) Verify the order and identity of the patient.</p> <p>(ii) Identify allergies, fluid and medication compatibilities.</p> <p>(iii) Monitor the patient's circulatory system and infusion site.</p> <p>(iv) Inspect all equipment.</p> <p>(v) Instruct the patient regarding the risk and complication of therapy.</p> <p>(3) Maintenance of IV therapy by an LPN shall include ongoing observation and focused assessment of the patient, monitoring the IV site and maintaining the equipment.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(4) For a patient whose condition is determined by the LPN's supervisor to be stable and predictable, and rapid change is not anticipated, the supervisor may supervise the LPN's provision of IV therapy by physical presence or electronic communication. If supervision is provided by electronic communication, the LPN shall have access to assistance readily available.</p> <p>(5) In the following cases, an LPN may provide IV therapy only when the LPN's supervisor is physically present in the immediate vicinity of the LPN and immediately available to intervene in the care of the patient:</p> <p>(i) When a patient's condition is critical, fluctuating, unstable or unpredictable.</p> <p>(ii) When a patient has developed signs and symptoms of an IV catheter-related infection, venous thrombosis or central line catheter occlusion.</p> <p>(iii) When a patient is receiving hemodialysis.</p> <p>(g) An LPN who has met the education and training requirements of S 21.145b (relating to IV therapy curriculum requirements) may perform the following IV therapy functions, except as limited under S 21.145a and only under supervision as required under subsection (f):</p> <p>(1) Adjustment of the flow rate on IV infusions.</p> <p>(2) Observation and reporting of subjective and objective signs of adverse reactions to any IV administration and initiation of appropriate interventions.</p> <p>(3) Administration of IV fluids and medications.</p> <p>(4) Observation of the IV insertion site and performance of insertion site care.</p> <p>(5) Performance of maintenance. Maintenance includes dressing changes, IV tubing changes, and saline or heparin flushes.</p> <p>(6) Discontinuance of a medication or fluid infusion, including infusion devices.</p> <p>(7) Conversion of a continuous infusion to an intermittent infusion.</p> <p>(8) Insertion or removal of a peripheral short catheter.</p> <p>(9) Maintenance, monitoring and discontinuance of blood, blood components and plasma volume expanders.</p> <p>(10) Administration of solutions to maintain patency of an IV access device via direct push or bolus route.</p> <p>(11) Maintenance and discontinuance of IV medications and fluids given via a patient-controlled administration system.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(12) Administration, maintenance and discontinuance of parenteral nutrition and fat emulsion solutions.</p> <p>(13) Collection of blood specimens from an IV access device.</p> <p>Clinical record review revealed an order for nursing staff to administer Resident 2 Meropenem (an antibiotic) Intravenous Solution 1 gram intravenously two times a day for urosepsis from February 22 to March 3, 2024. Review of Resident 2's Medication Administration Record (MAR, a form utilized to document the administration of medications) revealed Employee 1 (licensed practical nurse) administered Resident 2's Meropenem on February 25, March 2, March 3, 2024.</p> <p>Interview with the Nursing Home Administrator and Director of Nursing on March 8, 2024, at 1:38 PM revealed that the facility was unable to provide any documentation that Employee 1 received training, supervision, or was deemed competent to administer medications through Resident 2's PICC.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>