

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  39A434	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/26/2024
NAME OF PROVIDER OR SUPPLIER  Pennsylvania Soldiers and Sailors Home		STREET ADDRESS, CITY, STATE, ZIP CODE  560 East Third St Erie, PA 16512	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496</b></p> <p>Based on review of facility policy, facility documentation and clinical record, and resident and staff interviews, it was determined that the facility failed to ensure that one of 22 residents reviewed was free of neglect during care. (Resident R11)</p> <p>Findings include:</p> <p>Review of facility policy entitled Administrative Services dated 3/2/24, revealed Neglect: The failure of the home, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.</p> <p>Review of facility policy entitled Clinical Care dated 3/2/24, revealed Basic Elements of Lift, Gait Belts, and Slider Boards Use, 1.maintains a no manual body lift directive to minimize risk of injury to the resident .</p> <p>Review of Resident R11's clinical record revealed an admitted [DATE], with diagnoses that included Alzheimer's disease (brain disorder that slowly destroys memory, thinking skills, and, over time the ability to carry out the simplest tasks), anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), and essential tremor (a condition that causes involuntary shaking of any part of the body most often in the hands).</p> <p>Review of Resident R11's Quarterly Minimum Data Set (MDS - an assessment tool used to facilitate the management of care) assessment dated [DATE], revealed under section GG 0170 E, that Resident R11 was dependent on staff for transfer from chair to bed.</p> <p>Review of Resident R11's active physician orders revealed an order for transfers by use of knee lift ([NAME]) with size medium sling.</p> <p>Review of Resident 11's Care Plans under Activities of Daily Living (ADLs) revealed resident transfers with the knee lift ([NAME]) and medium sling.</p> <p>Review of information submitted by facility dated 4/23/24, and interview with the Nursing Home Commandant revealed Resident R11 was incorrectly transferred and that he/she was transferred to his/her chair by one staff member physically lifting him/her.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's investigation revealed that Nurse Aide (NA) Employee E2 confirmed on 4/20/24, he/she transferred Resident R11 by physically picking him/her up. Further review of facility investigation revealed NA Employee E2 put one arm under the resident's knees and one arm behind the residents back then transferred him/her to the chair.</p> <p>Review of documentation submitted by the facility dated 4/23/24, revealed that the facility initiated and investigation, regarding resident neglect on 4/20/24. The investigation revealed that NA Employee E2 was suspended pending investigation.</p> <p>During an interview on 4/25/24, at 2:53 p.m. the Nursing Home Commandant confirmed that NA Employee E2 transferred Resident R11 by physically lifting him/her and not using the knee lift as ordered. He/she also confirmed that the resident should have been transferred as care planned with the use of the knee lift.</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 201.18(e)(1) Management</p> <p>28 Pa. Code 211.12(c) Nursing services</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40177</p> <p>Based on review of facility policy and clinical records and staff interview, it was determined that the facility failed to review and/or revise resident care plans for two of 22 residents reviewed (Residents R27 and R57).</p> <p>Findings include:</p> <p>Review of a facility policy dated 3/2/24, entitled Comprehensive Care Plans (Nursing Care) indicated that the comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS (Minimum Data Set - federally mandated standardized assessment conducted at specific intervals to plan resident care) assessment.</p> <p>Resident R27's clinical record revealed an admitted [DATE], with diagnoses that included paraplegia (injury to your spinal cord or brain causes paralysis to your lower body), high blood pressure, and diabetes (condition of improper insulin/blood sugar levels).</p> <p>Review of Resident R27's comprehensive care plan with a problem category of Pressure Ulcer / Injury revealed an outstanding target date (a date that the resident's care plan must be updated by) of 3/14/24.</p> <p>Resident R57's clinical record revealed an admitted [DATE], with diagnoses that included dementia (loss of memory, language, problem-solving, and other thinking abilities), diabetes, and congestive heart failure (condition when your heart does not pump the blood as well resulting in difficulty breathing, tiredness, and swelling).</p> <p>Review of Resident R57's comprehensive care plans revealed that of the 24 care plans present, 22 had an outstanding target date of 2/21/24. The care plans included the problem categories of: ADL Function / Rehabilitation Potential - COVID, Communication, ADL Function / Rehabilitation Potential - Restorative Nursing, ADL Function / Rehabilitation - Elopement, Psychosocial Well-Being, Cognitive Loss / Dementia, Behavioral Symptoms - Disruptive, Behavioral Symptoms - Wandering, Behavioral Symptoms - Abusive, Behavioral Symptoms - Refusal, Mood State, Psychotropic Drug Use, ADL Function / Rehabilitation Potential - Care, ADL Function / Rehabilitation - Bleeding, Visual Function, Communication, Dental Care, Pain, Falls, Dehydration / Fluid Maintenance, Urinary Incontinence, and Integumentary.</p> <p>During an interview on 4/24/24, at 11:42 a.m. Registered Nurse Assessment Coordinator Employee E1 confirmed that Resident R27 and R57's care plans were not reviewed and/or revised as required.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		