STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395006	A. BLDG: 00 B. WING:	04/25/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
ST. JOSEPH'S MANOR (A D/B/A ENTITY OF HRHS) STATE LICENSE NUMBER: **451002**	**1616 HUNTINGDON PIKE** **MEADOWBROOK, PA 19046**

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F 0000	INITIAL COMMENT Based on an Abbreviated survey in response to a complaint completed on April 25, 2025, it was determined that St. Joseph's Manor (a d/b/a entity of HRHS) was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		
F 0580 SS=D		F 0580		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0580 SS=D	Continued from page 1 483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this	F 0580	*What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? It has always been our policy and practice to notify families of significant change. In this case the family was here each day with the resident and was up to date on the resident's condition. However, the nursing staff interacted with them verbally on a daily basis and they did not write nursing notes about those interactions. The patient is no longer at the center so no further follow up is needed for the resident. *How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other resident notification needs were identified during the recent audit. *What measures will be put into	Completion Date: **05/23/2025** Status: **APPROVED** Date: **05/02/2025**

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F 0580 SS=D	Continued from page 2 section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:	F 0580	place or what system changes will you make to ensure that the deficient practice does not recur? Staff in-service is being provided regarding: when to notify families, what constitutes a change in condition and how to document those notifications. *How the corrective action will be monitored to ensure that the deficient practice will not recur, i.e., what quality assurance programs will be established? RNACs send out change of status (sig change notice) and other change of condition would be identified on shift reports. We will ask unit managers to monitor those and assure family is notified. DON or her designee will also monitor changes in condition and assure family was notified during morning clinical meeting.	

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F 0580 SS=D	Continued from page 3 Based on policy review, clinical record review, and staff interview, it was determined that the facility failed to notify each resident's responsible party of a significant weight loss for two of eight sampled residents. (Residents CL1 and 3) Findings include: Review of the facility policy entitled, "Weight Management Guidelines," dated January 6, 2025, revealed that nursing staff were to report unexplained significant weight changes to the family/responsible party. Clinical record review revealed that Resident CL1 had diagnoses that included Alzheimer's dementia and dysphagia (difficulty swallowing). Review of the Minimum Data Set (MDS) assessment dated January 9, 2025, revealed the resident was rarely understood. Review of the resident's weights revealed that on February 6, 2025, the resident weighed 178.6 pounds (lbs). On March 2, 2025, Resident CL1 weighed 167.8 lbs, which was	F 0580		

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F 0580 SS=D	Continued from page 4 confirmed with a reweigh on March 4, 2025. This reflected a six percent weight loss in one month. There was no documented evidence that Resident CL1's family/responsible party was notified of the significant weight loss. Clinical record review revealed that Resident 3 had diagnoses that included dementia and dysphagia. Review of the MDS assessment dated April 22, 2025, revealed the resident was rarely understood. Review of the resident's weights revealed that on January 2, 2025, the resident weighed 138.8 lbs. On February 4, 2025, Resident 3 weighed 131.2 lbs. On March 4, 2025, Resident 3 weighed 131.4 lbs. This reflected a 5.4 percent weight loss between January and February that continued through March. There was no documented evidence that Resident 3's family/responsible party was notified of the significant weight loss. In an interview on April 25, 2025, at 4:21 p.m., the Administrator confirmed that there was no documented evidence that Residents CL1 and 3's	F 0580		

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F 0580 SS=D	Continued from page 5 families were notified of the significant weight loss, and they should have been. 28 Pa. Code 211.12(d)(1)(5) Nursing services.	F 0580		
F 0684 SS=D		F 0684		

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F 0684 SS=D	Continued from page 6 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	*What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No negative signs or symptoms related to medications provided outside parameters were identified. Physician will be notified of these occurrences. Med errors will be reported in QAPI. Nurses who were non-complaint will be coached or disciplined. *How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? An audit of medications with parameters will be completed to assure no additional residents received medications outside the parameters ordered. *What measures will be put into place or what system changes will you make to ensure that the deficient	Completion Date: **05/23/2025** Status: **APPROVED** Date: **05/02/2025**

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F 0684 SS=D	Continued from page 7	F 0684	practice does not recur? All licensed nursing staff will be in-serviced to pay attention to medication parameters when administering medications and to follow those orders. All parameters are included on the MAR to assure they are easily visible to nurses to comply with at time of medication administration. *How the corrective action will be monitored to ensure that the deficient practice will not recur; i.e., what quality assurance programs will be established? DON and Unit Managers or their designee will complete audits of residents with medications containing parameters monthly. These will be completed for the next 4 months to assure nursing is consistent with the following parameters. Pharmacy consultant will also be asked to randomly audit the MAR for medication parameter compliance. Any noncompliance	

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F 0684 SS=D	Continued from page 8	F 0684	identified will be addressed with coaching and or disciplinary action.	

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F 0684 SS=D	Continued from page 9 Based on clinical record review and staff interview, it was determined that the facility failed to implement physicians' orders for two of eight sampled residents. (Residents 3 and 5) Findings include: Clinical record review revealed that Resident 3 had diagnoses that included hypertension (high blood pressure). A physician's order dated March 12, 2025, directed staff to administer a medication (lisinopril) one time a day for hypertension. Staff was not to administer the medication if the resident's blood pressure (BP) was less than 110 over 65 millimeters of mercury (mm/Hg). Review of Resident 3's medication administration records (MARs) revealed that staff administered the medication one time in March 2025, and two times in April 2025, when the resident's BP was less than 110 over 65 mm/Hg. Clinical record review revealed that Resident 5 had diagnoses that included hypertension. On April 17,	F 0684		

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F 0684 SS=D	Continued from page 10 2025, the physician ordered staff to administer a medicine (metoprolol tartrate) two times a day for hypertension. Staff was not to administer the medication if the resident's systolic blood pressure (SBP, the first measurement of blood pressure when the heart beats and the pressure is at its highest) was less than 100 millimeters of mercury (mm/Hg). Review of Resident 5's MARs revealed that staff administered the metoprolol tartrate four times in April 2025, when the resident's SBP was less than 100 mm/Hg. In an interview on April 25, 2025, at 3:40 p.m., the Administrator confirmed that the medication was administered outside the established parameters for Residents 3 and 5. 28 Pa. Code 211.12(d)(1)(5) Nursing services.	F 0684		

Certified End Page

ST. JOSEPH'S MANOR (A D/B/A ENTITY OF HRHS)

STATE LICENSE NUMBER: 451002

SURVEY EXIT DATE: 04/25/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeanne Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen MD
Debra L. Bogen, MD, FAAP
Secretary of Health

Pennsylvania
Department of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY