

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395031</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/17/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>HAVEN PLACE REHABILITATION AND NURSING CENTER</b>	STATE LICENSE NUMBER: <b>122202</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>24 CREE DRIVE LOCK HAVEN, PA 17745</b>
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F 0000	INITIAL COMMENT	F 0000		
F 0692 SS=D	Based on an Abbreviated Survey in response to a Complaint, completed on April 17, 2025, it was determined that Haven Place 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 as they relate to the Health portion of the survey process.	F 0692		

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 0692  SS=D	Continued from page 1  483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance  §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-  §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;  §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;  §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.  This REQUIREMENT is not met as evidenced by:	F 0692	<ol style="list-style-type: none"> <li>1. Resident # 1 was re-weighed, re-assessed by Dietician for nutritional needs. Diet updated to include Yogurt, Pudding and Jello. Care plan meeting was held with family and discussed progression of resident's Dementia. Per family wishes the resident was assessed and admitted under hospice services.</li> <li>2. Dietician audited residents with significant weight loss to ensure appropriate interventions are in place.</li> <li>3. Education will be provided to dietician and IDT on the process for capturing residents that are at risk for significant weight loss.</li> <li>4. Dietician will provide weekly report to IDT for any resident that is at risk for significant weight loss. IDT will meet weekly to review residents at risk during risk meeting to ensure that the appropriate interventions are in place.</li> </ol>	Completion Date: <b>05/12/2025</b> Status: <b>APPROVED</b> Date: <b>05/09/2025</b>

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F 0692  SS=D	Continued from page 3  Based on clinical record review and staff interview, it was determined that the facility failed to monitor and assess a resident to maintain acceptable weights regarding nutrition management for one of three residents reviewed (Resident 1).  Findings include:  Clinical record review for Resident 1 revealed diagnoses which included Dysphagia (difficulty swallowing), Gastro-esophageal reflux disease (GERD), Vitamin D Deficiency, Hypokalemia (low Potassium levels), and Dementia with Psychotic Disturbance.  Further review revealed that Resident 1's weights were as follows:  December 5, 2024, 110.4 pounds January 6, 2025, 109.6 pounds (0.8 pounds, 0.7 percent weight loss in one month) February 13, 2025, 106.4 pounds (4 pounds, 3.6 percent weight loss in two months)	F 0692		

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F 0692  SS=D	Continued from page 4  March 5, 2025, 101.6 pounds (8.8 pounds, 7.9 percent weight loss in three months) April 5, 2025, 99.2 pounds (11.2 pounds, 10.14 percent weight loss in four months) April 17, 2025, 99.0 pounds (11.4 pounds, 10.32 percent weight loss in 4.5 months)  On February 14, 2025, Employee 1, speech therapist, ordered a full liquid diet with thin liquids with pureed food for pleasure for Resident 1.  Employee 1 continued to see Resident 1 until March 7, 2025, when they were discharged from therapy. Employee 1 indicated that Resident 1 did "best with drinking thin liquids ...requires simple cues, reduced environmental stimuli, and rate reduction by care giver when providing thin liquids via straw."  Review of dietary notes on February 14, 2025, at 12:48PM revealed that Resident 1 was "refusing most food at this time and doing best with liquids. She has been refusing soup and broth, only wants sweeter drinks. (She was) Not doing well with	F 0692		

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F 0692  SS=D	Continued from page 5  Magic cup but still doing well with Ensure. Will remove magic cup and add Shake em up supplement three times a day. Will continue with Ensure supplement. Will continue to monitor."  Employee 2, interim registered dietician, documented on March 11, 2025, at 12:07 PM and noted Resident 1's current body weight was 101.6 pounds with a BMI (body mass index, a calculation used to estimate a person's body fat percentage based on their weight and height) of 16.9, noting Resident 1 was underweight. Employee 2 indicated Resident 1's IBW (ideal body weight, weight associated with the lowest risk of mortality for a given height and body frame) should be 125 pounds. Resident 1 showed a 4.5 percent weight loss in the last month, a 7.9 percent weight loss in the last three months, and no significant change in the past six months. Resident 1's current diet was full liquids and pureed foods for pleasure. Employee 2 noted Resident 1's meal intake per nursing documentation was less than 25 percent. Resident 1 received Boost VHC (very high calorie,	F 0692		

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F 0692  SS=D	Continued from page 6  a nutritional supplement) 60 ml (milliliters) BID (twice daily), Ensure clear (a nutritional supplement) QD (daily), Ensure plus (a nutritional supplement) BID, and house shakes (a nutritional supplement). Employee 2 reviewed Resident 1's MAR (medication administration record, a form to document medication administration) and noted they accepted Ensure clear with varying acceptance of the other supplement. Resident 1 needs fed by staff and had no skin issues noted. Employee 2 estimated Resident 1's dietary intake needs as: 1385-1615 kcal (kilocalories, a unit of energy commonly used to measure the energy content of food), 50-60 grams protein, and 1 ml/kcal (energy density of a liquid) of fluids. Resident 1 had multiple interventions in place. Employee 2 would discuss advanced directives (i.e., the potential for artificial hydration, alternate way to provide nutritional needs) with the IDT (interdisciplinary team, a group of professionals from different disciplines who work together for a common goal).  There was no evidence Employee 2 discussed	F 0692		

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F 0692  SS=D	Continued from page 7  anything with the IDT regarding advanced directives. There was no evidence that Employee 2 changed the supplements (i.e., if the resident is accepting of one supplement you would offer the one she was drinking more). Employee 2 could have adjusted them for a potential help for the weight loss.  Review of a facility grievance form dated April 13, 2025, revealed Resident 1's responsible party voiced concerns with Resident 1 not receiving Ensure on their tray.  Nursing documentation dated April 14, 2025, at 2:24 PM revealed the Director of Nursing (DON) spoke with Resident 1's responsible party regarding the concern noted above. The DON spoke with Employee 3, registered dietician, regarding Resident 1's responsible party's Ensure concerns with a house mighty shake (a nutritional supplement) being substituted. Employee 3 indicated the nutritional supplement substitution was satisfactory. The DON noted that Ensure clear was being provided on	F 0692		

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F 0692  SS=D	Continued from page 8  Resident 1's tray. Dietary was contacted and confirmed that they did have Ensure and mighty shakes available and provided Ensure on Resident 1's tray. The DON spoke with the facility's certified registered nurse practitioner (CRNP) regarding Resident 1's weight loss. The CRNP indicated that Resident 1's responsible party was offered hospice in the past but refused, stating they were not ready.  There was no documentation that Employee 2 increased, changed, or implemented new dietary nutritional supplements to potentially mitigate Resident 1's weight loss or increase their meal intakes when identified on March 11, 2025.  There was no documentation that Employee 2 or 3 reviewed, assessed, monitored, or implemented further dietary interventions for Resident 1's continued weight loss after March 11, 2025.  Interview with the Nursing Home Administrator (NHA) on April 17, 2025, at 1:30 PM revealed that Employee 2, was the dietician who covered the	F 0692		

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F 0692  SS=D	Continued from page 9  facility remotely until Employee 3 was hired on March 24, 2025. The NHA confirmed that Employee 3 worked remotely and was not scheduled to visit until April 30, 2025, per Employee 3's schedule. The NHA acknowledged Resident 1's weight concerns and confirmed that Employee 3 had not reviewed Resident 1's clinical record for their weight loss concerns.  28 Pa. Code 211.10(a) Resident care policies  28 Pa. Code 211.12(d)(3)(5) Nursing services	F 0692		



# Certified End Page

**HAVEN PLACE REHABILITATION AND NURSING CENTER**

**STATE LICENSE NUMBER: 122202**

**SURVEY EXIT DATE: 04/17/2025**

**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, 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