

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395206	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/12/2024
NAME OF PROVIDER OR SUPPLIER: SARAH REED SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE: 227 WEST 22ND STREET ERIE, PA 16502		
STATE LICENSE NUMBER: 710402				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0655	Based on a Medicare/Medicaid Recertification, State Licensure, and Civil Rights Compliance Survey and an Abbreviated Complaint Survey completed on December 12, 2024, it was determined that Sarah Reed Senior Living was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0655		
SS=D				

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 0655 SS=D	Continued from page 1 483.21(a)(1)-(3) Baseline Care Plan §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:	F 0655	1) Baseline Care Plan to be provided to R60, R15, and R8 with completion of Admission Care Plan assessment in PointClick Care. 2) Admission Care Plan assessment created in PointClick Care for nursing staff to complete at time of admission with proof that baseline care plan was provided. 3) Provide training to LPN's/RNs on new assessment and importance of completing the required documentation. 4) The Director of Nursing/designee will audit all new admissions/recent admissions for completion of assessment; 1x weekly for 3 weeks then 1x monthly x2. 5) Results of the audits to be reviewed at quarterly QAPI meeting.	Completion Date: 01/24/2025 Status: APPROVED Date: 12/24/2024

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F 0655 SS=D	Continued from page 2 (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by:	F 0655		

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F 0655 SS=D	Continued from page 3 Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to provide a written summary of the baseline care plan and order summary to the resident and/or representative for three of eight residents reviewed (Residents R8, R15, and R60). Findings include: A facility policy entitled, "Care Plans" dated 2/15/24, stated "Sarah Reed will provide the resident and/or responsible party a copy of the baseline care plan at the new admission care plan meeting, which is typically held within 48 hours of admission. The provision of this will be documented on the New Admission Care Plan summary sheet. In addition, the nursing staff will provide the resident/responsible person with: a. A summary of the resident's medications and dietary instructions b. Any services and treatments to be administered by Sarah Reed or its staff."	F 0655		

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F 0655 SS=D	Continued from page 4 Resident R8's clinical record revealed an admission date of 11/12/24, with diagnoses that included heart failure, atrial fibrillation (irregular heartbeat), and anxiety. Resident R8's clinical record lacked evidence that a written summary of the baseline care plan and order summary was provided to Resident R8 and/or his/her representative. Resident R15's clinical record revealed an admission date of 8/05/24, with diagnoses that included dementia (a disease that affects short term memory and the ability to think logically), osteoarthritis (a joint disease that causes tissues in the joint to break down over time which can cause stiffness in the joint), and hypothyroidism (a condition when the thyroid produces low amounts of thyroid hormones). Resident R15's clinical record lacked evidence that a written summary of the baseline care plan and order summary was provided to Resident R15	F 0655		

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F 0655 SS=D	<p>Continued from page 5</p> <p>and/or his/her representative.</p> <p>Resident R60's clinical record revealed an admission date of 6/22/24, with diagnoses that included hypertension (high blood pressure), hypothyroidism, and congestive heart failure (the inability of the heart to maintain an adequate supply of blood to organs and tissues).</p> <p>Resident R60's clinical record lacked evidence that a written summary of the baseline care plan and order summary was provided to Resident R60 and/or his/her representative.</p> <p>During an interview on 12/11/24, at 12:30 p.m. the Nursing Home Administrator confirmed that the clinical records of Residents R8, R15, and R60 lacked evidence that a written summary of the baseline care plan and order summary were provided the resident and/or his/her representative upon admission to the facility.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p>	F 0655		

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F 0655 SS=D	Continued from page 6 28 Pa. Code 211.12(d)(3)(5) Nursing services	F 0655		
F 0688 SS=D	483.25(c)(1)-(3) Increase/Prevent Decrease in ROM/Mobility §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:	F 0688	1) R15 to be assessed by therapy to ensure that the resident is receiving the appropriate interventions and therapies. R15 physician order to be changed to specify correct adaptive equipment. 2) Complete facility wide assessment to identify other residents with palm protectors to ensure proper documentation/orders. 3) Provide training to LPNs/CNAs on the importance of palm protectors and documentation of refusals. 4) Restorative Nurse/designee will audit all residents with adaptive equipment with hand contractures for appropriate use and documentation; 1x weekly for 3 weeks then 1x monthly x2. 5) Results of the audits to be reviewed at quarterly QAPI meeting.	Completion Date: 01/24/2025 Status: APPROVED Date: 12/24/2024

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F 0688 SS=D	Continued from page 7 Based on review of facility policies and clinical records, observations, and staff interviews, it was determined that the facility failed to ensure that a resident with limited range of motion received physician ordered treatment and services to prevent further decrease in range of motion for one of two residents reviewed regarding range of motion (Resident R15). Findings include: Review of facility policy dated 2/15/24, entitled "Range of Motion/Contracture Management" indicated "To increase flexibility and strength, also to prevent and/or decrease contractures." Review of facility policy dated 2/15/24, entitled "Splinting" indicated "Splinting is used to protect joints and surrounding soft tissue." "There must be a physician's order for splinting." Resident R15's admission record revealed an admission date of 8/05/24, with diagnoses that	F 0688		

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F 0688 SS=D	<p>Continued from page 8</p> <p>included dementia (a disease that affects short term memory and the ability to think logically), osteoarthritis (a joint disease that causes tissues in the joint to break down over time which can cause stiffness in the joint), and hypothyroidism (a condition when the thyroid produces low amounts of thyroid hormones).</p> <p>Resident R15's clinical record revealed a physician's order dated 9/07/24, that identified "Left palm protector on at all times except hygiene per patient tolerance."</p> <p>Observations on 12/09/24, at 2:28 p.m. and at 3:10 p.m. revealed Resident R15 lying in bed with no palm protector (a soft round device placed in the palm of the hand to help with contractures and prevent fingers from pushing into the palm causing sores) to left hand.</p> <p>Observations on 12/10/24, at 8:04 a.m. and 10:00 a.m. revealed Resident R15 lying in bed with no palm protector to left hand.</p>	F 0688		

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F 0688 SS=D	<p>Continued from page 9</p> <p>Observations on 12/11/24, at 11:35 a.m., at 11:55 a.m., and at 1:10 p.m. revealed Resident R15 lying in bed with no palm protector to left hand.</p> <p>Review of Resident R15's clinical record nursing progress notes lacked evidence that Resident R15 was not tolerating the palm protector.</p> <p>Review of Resident R15's therapy documentation dated 9/06/24, revealed that education was provided to staff upon occupational therapy discharge to make sure resident was wearing the palm protector daily.</p> <p>During an interview on 12/12/24, at 9:30 a.m. the Director of Therapy Employee E3 revealed that Resident R15's palm protector is considered a form of a splint. He/she also confirmed that Resident R15 should be wearing his/her palm protector daily per physician's orders.</p> <p>During an interview on 12/11/24, at 1:10 p.m.</p>	F 0688		

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F 0688 SS=D	Continued from page 10 Restorative Nurse Employee E1 confirmed that Resident R15 did not have a palm protector on his/her left hand. Employee E1 also confirmed that Resident R15 should wear his/her palm protector daily per physician's orders. 28 Pa. Code 201.18 (b)(1) Management 28 Pa. Code 211.10 (d) Resident care policies 28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services	F 0688		
F 0758 SS=D		F 0758		

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F 0758 SS=D	Continued from page 11 483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and	F 0758	1) R15 and R8 stop dates to be added to Lorazepam. 2) All PRN psychotropic medications will be audited to ensure there is a stop date in place or documentation with rational to continue the medication. 3) The nurses will be trained by the Director of Nursing/designee on ensuring there is a stop date in place for all prn psychotropic medications unless there is documentation with rational to continue the medication. 4) The Director of Nursing/designee will audit all new orders to ensure there are stop dates for all residents on prn psychotropic medications and rationale to support continued use; 1x weekly for 3 weeks then 1x monthly x2. 5) Results of the audits to be reviewed at quarterly QAPI meeting.	Completion Date: 01/24/2025 Status: APPROVED Date: 12/24/2024

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F 0758 SS=D	Continued from page 12 §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:	F 0758		

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F 0758 SS=D	Continued from page 13 Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to have the required 14-day stop date or provide a clinical rationale for the continued use of a PRN (as needed) psychotropic (affecting the mind) medication beyond 14 days for two of 21 residents reviewed (Residents R8 and R15). Findings include: A facility policy entitled "Psychoactive Medication Policy " dated 2/15/24, stated that "Orders for psychotropic drugs are limited to 14 days. If the attending physician or prescribing practitioner believe that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluated the resident for appropriateness of the medication."	F 0758		

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F 0758 SS=D	Continued from page 14 Resident R8's clinical record revealed an admission date of 11/12/24, with diagnoses that included heart failure, atrial fibrillation (irregular heartbeat), and anxiety. A physician's order dated 11/12/24, identified to administer Lorazepam (anti-anxiety medication) 0.25 milliliters (ml) by mouth every 2 hours as needed for anxiety, and lacked the required stop date within 14 days or a clinical rationale for continued use beyond 14 days. Resident R15's clinical record revealed an admission date of 8/5/24, with diagnoses that included dementia (a disease that affects short term memory and the ability to think logically), osteoarthritis (a joint disease that causes tissues in the joint to break down over time which can cause stiffness in the joint), and hypothyroidism (a condition when the thyroid produces low amounts of thyroid hormones). A physician's order dated 11/15/24, identified to administer Lorazepam 0.25 milligrams (mg) by mouth every 12 hours as needed for anxiety, and lacked the required stop date within 14 days or a clinical rationale for continued use beyond	F 0758		

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F 0758 SS=D	Continued from page 15 14 days. During an interview on 12/11/24, at 12:08 p.m. the Nursing Home Administrator confirmed that Resident R8 and Resident R15's Lorazepam orders lacked the required stop date within 14 days or a clinical rationale for continued use beyond 14 days. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services	F 0758		
F 0761 SS=D		F 0761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395206	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/12/2024
NAME OF PROVIDER OR SUPPLIER: SARAH REED SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE: 227 WEST 22ND STREET ERIE, PA 16502		
STATE LICENSE NUMBER: 710402				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0761 SS=D	Continued from page 16 483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 0761	1) 12/09/2024: Expired and undated insulin discarded from medication cart at the time of discovery. 2) All other medication carts were audited for expired/undated insulin the day the expired insulin was discovered. 3) FT/PT LPN's and RN's to be educated on proper med storage. 4) Medication carts will be audited on each unit for expired meds 1x weekly for 3 weeks then 1x monthly x2 by Director of Nursing. 5) Results of the audits to be reviewed at quarterly QAPI meeting.	Completion Date: 01/24/2025 Status: APPROVED Date: 12/24/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395206	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/12/2024
NAME OF PROVIDER OR SUPPLIER: SARAH REED SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE: 227 WEST 22ND STREET ERIE, PA 16502		
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F 0761 SS=D	Continued from page 17 Based on review of facility policy, manufacturer's recommendations, observations, and staff interview, it was determined that the facility failed to ensure an expired medication was discarded in a timely manner and failed to ensure that a medication was properly dated when opened in one of three medication carts reviewed (Maples medication cart). Findings include: Review of a facility policy entitled "Medication Storage in the Facility" dated 2/15/24, indicated "Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. Insulin vials are stored in the refrigerator until opened. Then dated and placed in the med cart once opened." Manufacturer's recommendations for Humalog insulin (a fast-acting insulin used to manage blood sugar levels in people with diabetes), indicated that after opened, vials and pre-filled pens should be	F 0761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395206	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/12/2024
NAME OF PROVIDER OR SUPPLIER: SARAH REED SENIOR LIVING STATE LICENSE NUMBER: 710402		STREET ADDRESS, CITY, STATE, ZIP CODE: 227 WEST 22ND STREET ERIE, PA 16502		
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F 0761 SS=D	Continued from page 18 discarded after 28 days. Manufacturer's recommendations for Lantus insulin (a long-acting insulin used to manage blood sugar levels in people with diabetes), indicated that after opened, vials and pre-filled pens should be discarded after 28 days. Observations of drug storage on 12/09/24, at approximately 3:33 p.m. of the Maples medication cart revealed Humalog insulin with an opened date of 11/06/24, and an opened Lantus insulin without an open date. During an interview at that time, Registered Nurse Employee E2 confirmed that the Humalog insulins opened date was past 28 days, therefore the expired medication should have been discarded, and that the open Lantus insulin lacked an open date, therefore the staff were unable to determine the discard date. 28 Pa. Code 211.9(a)(1) Pharmacy services	F 0761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395206	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 12/12/2024
NAME OF PROVIDER OR SUPPLIER: SARAH REED SENIOR LIVING STATE LICENSE NUMBER: 710402			STREET ADDRESS, CITY, STATE, ZIP CODE: 227 WEST 22ND STREET ERIE, PA 16502		
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F 0761 SS=D	Continued from page 19 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services	F 0761			



Certified End Page

SARAH REED SENIOR LIVING
STATE LICENSE NUMBER: 710402
SURVEY EXIT DATE: 12/12/2024

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