

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395298	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/18/2025
NAME OF PROVIDER OR SUPPLIER: LAKWOOD REHABILITATION & HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 147 OLD NEWPORT ST NANTICOKE, PA 18634		
STATE LICENSE NUMBER: 191502				
(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 0689	Based on an extended abbreviated complaint survey completed on January 18, 2025, it was determined that Lakewood Rehabilitation and Healthcare Center 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 0689		
SS=J				

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 0689 SS=J	Continued from page 1 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 0689	1. Resident # 1 no longer resides in the facility. 2. Current residents have been evaluated for exit seeking/elopement risk. Those residents identified as at risk for exit seeking and or elopement have had safety measures/interventions updated in their plan of care. 3. Facility staff have been re-educated by the NHA and or Designee to the facility processes for Elopement management and Prevention and the 4. Visitation-Visitor Badge Process. Random audits will be completed by the NHA and or designee, weekly x 2 then monthly x 2, on residents at risk for exit seeking and or elopement. Random audits will be completed by the NHA and or designee, weekly x 2 weeks then monthly x 2, to ensure staff knowledge is maintained on the facility processes for Elopement management and Prevention and the Visitor Badge Process. Trends will be reviewed by the QAPI Committee for further follow-up as needed.	Completion Date: 01/31/2025 Status: APPROVED Date: 01/30/2025

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F 0689 SS=J	Continued from page 2 Based on observations, review of clinical records, facility policy, facility investigative documentation, and staff interviews, it was determined the facility failed to ensure adequate staff supervision and effective safety measures for a resident who expressed exit seeking behaviors and was identified as a wandering risk. The failure resulted in the elopement for one resident (Resident 1) out of 6 residents reviewed that were at risk for elopment. Following this elopement the facility further failed to promptly identify the resident's absence as well as identify supervisory and safety needs to prevent unsupervised exits from the facility, which placed residents in immediate jeopardy of unsupervised exits from the facility and the potential for serious bodily injury or death. Findings include: Clinical record review revealed that Resident 1 was admitted to the facility on October 2, 2024 with diagnosis to include Parkinsons disease (a neurodegenerative disease primarily of the central	F 0689		

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F 0689 SS=J	Continued from page 3 nervous system, affecting both motor and non-motor systems.) and Schizoaffective disorder (a mental health condition that is marked by a mix of schizophrenia symptoms, such as hallucinations and delusions, and mood disorder symptoms, such as depression, mania and a milder form of mania called hypomania). Review of an admission MDS assessment (Minimum Data Set - federally mandated standardized assessment conducted at specific intervals to plan resident care) dated October 2, 2024 revealed the resident to have a BIMS (tool used to get a quick snapshot of how well you are functioning cognitively at the moment) score of 6. A score of 0 to 7 indicates severe cognitive impairment. Review of hospital documentaion including "History and Physical" dated September 28, 2024 (prior to the resident's admission to the facility), indicated that resident was admitted to the hospital after emergency services (paramedics) found (him/her)	F 0689		

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F 0689 SS=J	Continued from page 4 wandering in the street and confused. Review of Resident 1's care plan revealed, resident has behaviors such as wandering and/or exit seeking, often states (he/she) is "going home." Interventions to include, Administer medications per physician order. Monitor for effectiveness and ineffective Give non-judgmental support. Keep resident safe during episodes of behaviors; attempt to redirect. Monitor and document episodes of behaviors; notify physician/NP/PA when behaviors persist or won't deescalate. Observe and report any changes in mental status caused by situational stressors. · Offer psychologist/psychiatrist services as needed Offer/provide activities of interest to keep resident engaged in positive interactions. Provide a calm safe environment when the patient's frustrations escalate and allow time to voice feelings. Provide a structured schedule for daily care	F 0689		

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F 0689 SS=J	Continued from page 5 when possible. Review of a quarterly nursing assessment dated January 4, 2025 indicated that Resident 1 had an elopement risk evaluation completed. The results noted as follows, the resident was physically capable of leaving the facility, (he/she) wandered in the facility and had a history of wandering, (he/she) verbalized exit seeking behavior. The form indicated that resident had not attempted or had an actual elopement. Review of a facility investigation document dated January 10, 2025 at 1:45 A.M. revealed, on January 10, 2025 at 1:45 A.M., it was reported by nurse aide staff that Resident 1 was missing from (his/her) room. The resident was last seen prior to 11 P.M. near the west side of the facility. Prior to that, resident was seen sitting in a chair outside (his/her) room at 9 P.M. The nursing supervisor was contacted between 1:55 A.M. and 2 A.M. by the unit LPN (Licensed Practical Nurse). A code "Green" (missing resident) was immediately called.	F 0689		

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F 0689 SS=J	Continued from page 6 A thorough search of the facility as well as the facility grounds were conducted by staff. The Nursing Home Administrator (NHA) was contacted. A second thorough search of the facility was conducted as per the NHA. The Nurse supervisor was instructed by the NHA to call the local hospital emergency departments in an attempt to locate the resident. The resident's responsible party called the facility to inform them of the location of the resident. The facility called the hospital to inquire about the resident. The resident had been found 0.5 miles away, wandering at a car wash. Resident was admitted to the emergency room for altered mental status at 2:55 A.M. Review of a witness statement dated January 10, 2025, (no time indicated) Employee 5 (3 P.M. to 11 P.M. RN supervisor) stated "This nurse observed Resident 1 walking up the hallway, returning to the west hall nursing station. This nurse asked (Resident 1) the gentleman if he needed any help. Resident 1 stated, I am trying to go home and I cannot get out. I escorted the resident to the main	F 0689		

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F 0689 SS=J	Continued from page 7 entrance of the facility, entered the door code and the resident exited the building. (Resident) exited the building with other visitors. I did not know that this individual was a resident until I was notified by the facility. Review of witness statements dated January 10, 2025, (no time noted) Employee 1 (LPN) stated that she last saw Resident 1 around 9 P.M. January 9, 2025 while she was passing medications to residents. Resident 1 stated to her at that time "I'm going home." The resident was verbally redirected by the nurse and nurse aide. The resident was sitting outside (his/her) room in the hall. I took a break January 10, 2025 at 1:15 A.M. I was alerted by Employee 2 (na) at 1:45 A.M. that Resident 1 was not in (his/her) room. A code "Green" (missing resident) was called. The RN supervisor was made aware. All staff searched the facility and the grounds. At 2:27 A.M., the local police were called by this nurse. Another licensed nurse called the resident's family.	F 0689		

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F 0689 SS=J	Continued from page 8 Review of a witness statement dated January 10, 2025, (no time identified), Employee 2 (nurse aide) At the start of my shift (11 P.M. to 7 A.M.). received my assignment as the building "float" (the nurse aide that will work all nursing units, as needed on the shift). As part of the "float" assignment, water/ice pass to all residents. I prepared the water cups/ice and water and started the pass. I started the water pass on the East long hallway (Resident 1 resides in room East 103 B). Once I reached room 103 B at 1:45 A.M, I noticed that Resident 1 was not in (his/her) room. I immediately alerted the licensed nurse. Review of a witness statement dated January 10, 2025, (no time indicated), Employee 3 (na) stated, I entered the facility at 11 P.M. and walked to the nurses station to see where I was working. The nurse supervisor told me I was the float: nurse aide on the east long hallway. When I got to the east long hallway, an aide was sitting in the hallway. I told her she could give me report for the hallway. She never gave me report because of staffing	F 0689		

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F 0689 SS=J	Continued from page 9 assignment confusion. There were no additional nurse aide staff on the unit at that time to give me report. After some time, additional nurse aides showed up on the unit. So I sat in the middle of the 2 hallways until staffing was figured out. I never saw Resident 1 on my shift. Review of a witness statement dated January 10, 2025, (no time noted) Employee 4 (LPN worked January 9 into 10, 2025 11 P.M. to 7 A.M. shift) stated, due to a switch up with the schedule, I was not on the "east" nursing unit until 11:20-11:30 P.M. I never saw the resident on my shift. Telephone interview conducted January 17, 2025 at 2 P.M. Employee 5 (RN supervisor) stated that she works "per diem" (as needed) at the facility. She stated that she has been an employee at the facility since mid December 2024 and has only worked 2 or 3 times in the building. She stated that on January 9, 2024 she was the RN supervisor on the 3 P.M. to 11 P.M. shift and did not know the residents. She stated that she did not review the	F 0689		

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F 0689 SS=J	Continued from page 10 residents with the off going RN Supervisor at 3 P.M. that day when she started her shift. She stated that she was not aware of the wandering residents in the building. She stated that Resident 1 looked like a visitor and asked her to let him out to go home. She confirmed that she did not confirm (his/her) identity prior to unlocking the front door for (him/her). She stated that she was unaware of any wandering/elopement identification process in place at the time of the elopement. Employee 5 (RN super) was unaware of how nursing staff received assignments as well as the passing of shift to shift nursing information. She could not impart any information concerning the visitors that she stated that she let out of the building at the time of Resident 1's elopement from the building. Interview conducted on January 17, 2025 at 4 P.M., with the Nursing Home Administrator (NHA) revealed on January 10, 2025 at 2:15 A.M. Employee 6 (R.N. agency, Supervisor on duty	F 0689		

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F 0689 SS=J	Continued from page 11 January 10, 2025 11 P.M. to 7 A.M. shift) called her to make aware that Resident 1 was missing from the facility. The NHA told Employee 6 (RN supervisor) to call the local hospitals to locate the resident. Resident 1 did not have any identification on him/her when he/she exited the facility. The NHA stated that the resident was found 0.5 miles away at a local car wash. She stated that she was told that a community member found the resident and called the local police and 911 emergency services. Review of EMS (Emergency Medical Services) documentation dated January 9, 2025 at 11:05 P.M. revealed Resident 1 was found at a local car wash, wandering. (Resident 1's) temperature was noted to be 93.5 fahrenheit, tympanic (taken in the ear), and (Resident 1's) oxygen level was 94% on room air. Initial contact with the resident noted facial wounds with dried blood, confusion, noted hypothermia (low body temperature). Facial injuries and left hand and bilateral knee abrasions were noted. Staff initiated external warming procedures.	F 0689		

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F 0689 SS=J	Continued from page 12 Multiple blankets were applied. The EMS staff were unsuccessful with starting intravenous fluids. Review of hospital documentation dated January 10, 2025 at 12:12 P.M. revealed, Per EMS (emergency medical services), resident was found at a car wash, wandering around, appeared confused. The resident was trying to get into other peoples vehicles. The resident is covered in wounds, appeared to have fallen. Per EMS, unknown situation, unknown if taking blood thinner medication, unknown loss of conscience, abrasions/hematoma (a collection of blood due to trauma) to right side of his face. The resident states (he/she) fell, but unable to provide further details. Initial temperatures taken in the emergency department were noted as; January 10, 2025 at 12:14 A.M.-94.8 degrees Farenheit. "Pt's (patient's) clinical exam demonstrate right facial abrasion/swelling, a 2cm laceration above right eyebrow with hematoma, bilateral knee abrasion,	F 0689		

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F 0689 SS=J	Continued from page 13 right lower leg abrasion. The resident received intravenous fluids and warmer treatment (used to increase the body temperature). Resident diagnoses in the hospital included, a Fall with abrasions, confusion, facial injury/contusion/laceration and hypothermia." The resident was transferred to a different facility with a noted locked dementia unit upon discharge from the hospital. Immediate Jeopardy was called on January 17, 2025, at 2:45 P.M. due to the facility's failure to timely identify a resident's absence from the facility and prevent an elopement and failed to provide a safe environment with resident identification by staff and provision of supervision. The facility was notified of the Immediate Jeopardy on January 17, 2025, at 2:45 P.M. and the IJ template was provided to the facility. The facility's corrective action plan included:	F 0689		

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F 0689 SS=J	Continued from page 14 1. The resident was discharged from the facility from the hospital emergency room and admitted to a facility with a locked dementia unit. 2. All residents were assessed for elopement/wandering 3. Staff education was completed regarding elopement/wandering/resident safety 4. The facility visitation policy reviewed and revised 5. Audits were completed to ensure that no other residents in the facility are effected 6. Implemented a process of the RN supervisor will verify that all residents are accounted for at the beginning at each shift by physically performing walking rounds in the facility each shift. 7. Rn Supervisor will validate that nurse aides understand assignments/assigned residents.	F 0689		

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F 0689 SS=J	Continued from page 15 Education to Nursing staff regarding staff assignments was completed. 8. On January 10, 2025, facility completed staff education regarding elopement/wandering and visitation. Education regarding staffing, staff assignments and staffing responsibility was initiated for the 7 A.M. to 3 P.M. and 3 P.M. to 11 P.M. shifts were initiated January 17, 2025 at 3 P.M. The 11pm-7am shift will be educated when they arrive before their scheduled shift. This education will be completed by January 18, 2024. All nonscheduled staff will be educated prior to their next scheduled shift, and no staff will be permitted to work until they have received the education. 9. Facility QAPI committee convened on January 11, 2025, (after initial identification of the elopement) to review the initial interventions and start this plan. The QAPI committee to meet February 2025 to complete the plan. Following verification of the implementation of the	F 0689		

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F 0689 SS=J	Continued from page 16 corrective action plan, a tour of the facility and review of education, the Immediate Jeopardy was lifted on January 18, 2024, at 10:30 AM. 28 Pa. Code 201.18 (e)(1) Management	F 0689		
F 0835 SS=D		F 0835		

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F 0835 SS=D	Continued from page 17 483.70 Administration §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by:	F 0835	<ol style="list-style-type: none"> Resident #1 no longer resides in the facility. Current residents have been evaluated for exit seeking/elopement risk. Those residents identified as at risk for exit seeking and or elopement have had safety measures/interventions updated in their plan of care, per IDT review of the resident's individual behaviors, patterns, and routines. Residents who have been identified as at risk for exit seeking and or elopement have been entered into the facility resident exit seeking/elopement identification binder; present at the front desk, nurses stations, and dietary department; with current photo and profile, updated. The NHA and DON have been reeducated by the Regional Director of Clinical Services, RN, to the facility processes for resident safety monitoring; elopement management; includes the exit seeking/elopement identification binder and Prevention and Visitation-Visitor Badge Process. Facility staff have been reeducated by the NHA and or 	Completion Date: 02/04/2025 Status: APPROVED Date: 02/05/2025

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F 0835 SS=D	Continued from page 18	F 0835	<p>designee to the facility processes for Elopement management; includes the exit seeking/elopement identification binder and Prevention and Visitation-Visitor Badge Process. New staff hired will be educated to the facility processes for resident safety monitoring; elopement management and Prevention and Visitation-Visitor Badge process by the NHA and or Designee prior to working in the facility as well as directed in-service for staff.</p> <p>4. The NHA and or DON has audited the facilities compliance with resident safety monitoring; elopement management and Visitation Process-Visitor Identification Badge system with no further incidence of resident incident; occurring. The NHA and or DON will review new hired staff education, prior to working in the facility, to ensure resident safety monitoring; elopement management and Prevention and Visitation-Visitor Badge process has been completed. The NHA and or DON will monitor</p>	

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F 0835 SS=D	Continued from page 19	F 0835	that the Exit Seeking/elopement binder has been updated, daily, for any residents identified as exit seeking/elopement risk. Trends will be reviewed by the QAPI Committee for further follow-up as needed.	

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F 0835 SS=D	Continued from page 20 Based on a review of clinical records, select investigative reports, and employee job descriptions and staff interview it was determined the facility's administration failed to effectively use its resources to promote resident safety and maintain the highest practicable physical and mental functioning of residents in the facility by failing to monitor one resident's whereabouts (Resident 1) and prevent an elopement for one out of 6 sampled residents. Findings included: Based on review of clinical records and select facility policy, and staff and resident interviews it was determined the facility failed to provide necessary supervision and effective safety measures to monitor a resident's whereabouts and	F 0835		

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F 0835 SS=D	Continued from page 21 prevent an elopement for one resident (Resident 1) out of 6 sampled residents This failure placed 8 out of 99 residents residing in the facility, identified at risk for elopement, in immediate jeopardy to their health and safety. A review of the job description for the Administrator dated August 19, 2024 revealed the administrator must be knowledgeable of and demonstrate the ability to provide quality care by fostering a safe environment for residents and staff; providing emotional and psychological support for the residents within the facility, direct and oversee the day to day operation of the facility to ensure the highest degree of quality of care is maintained at all times in accordance with current state and federal standards, and implement and enforce company policies	F 0835		

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F 0835 SS=D	Continued from page 22 and procedures to that end. The position responsibilities include, plan, develop, organize, implement, and direct programs and activities. Assist departments in the use of departmental policies and procedures. Explain interdepartmental rapport and foster a culture of teamwork, excellence, and safety. Assure that all employees, residents, and visitors follow established policies and procedures. The facility failed to ensure these responsibilities were carried out, as evidenced by the elopement of Resident 1. This event demonstrated a lack of effective oversight to address identified elopement risks for at-risk residents. The Job Description for Direction of	F 0835		

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F 0835 SS=D	Continued from page 23 Nursing Services dated September 5, 2024 outlines responsibilities including planning, organizing, developing and directing the overall operation of the resident care department in accordance with all current regulatory standards to ensure the highest degree of quality care, knowledge of professional nursing theory and practice to provide first class patient care, expert knowledge of policies, regulations and procedures governing resident care, expert knowledge of medical equipment and instruments to administer resident care, demonstrate the ability to apply the principles, methods, and techniques of professional nursing associated with long term resident care; preparing and maintaining detailed records, writing reports, and responding to correspondence; cultivate and manage effective working relationships with	F 0835		

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F 0835 SS=D	Continued from page 24 residents, medical staff, and the community; effectively manage regulatory and company compliant quality control standards and demonstrate effective verbal and written English communication. The position responsibilities include evaluate effects of care delivered and assign special treatments when indicated, assure resident safety through nursing staff, integrate and coordinate care with other disciplines, determine and schedule the staffing needs to meet the total care needs of the residents, develop, implement, and maintain an effective staff orientation plan, ensure that personnel follow established departmental policies and procedures and provide discipline as necessary. The DON failed to provide adequate	F 0835		

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F 0835 SS=D	Continued from page 25 monitoring or to implement effective interventions to prevent Resident 1's elopement. Additionally, there was insufficient coordination of staff to ensure the safety of other residents at risk for elopement. The facility's inability to implement and enforce policies to monitor Resident 1 and address elopement risks resulted in immediate jeopardy to the health and safety of 8 residents identified as at risk for elopement. This demonstrates a systemic failure in the administration's oversight and resource allocation to ensure a safe environment for residents. The deficiency cited under the Code of Federal Regulatory Groups for Long Term Care, Quality of Care (F689) 483.25(d)(1)(2) Accidents, revealed the	F 0835		

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F 0835 SS=D	Continued from page 26 facility's administration did not fulfill essential job duties to ensure resident safety and regulatory compliance. This included a failure to evaluate and mitigate risks associated with elopement for identified at-risk residents.. Refer F689 28 Pa. Code: 201.14 (a) Responsibility of licensee 28 Pa. Code: 201.18 (e)(1) Management 28 Pa. Code 211.12 (c)(d)(1)Nursing services	F 0835		



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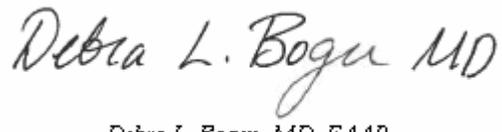
LAKWOOD REHABILITATION & HEALTHCARE CENTER

STATE LICENSE NUMBER: 191502

SURVEY EXIT DATE: 01/18/2025

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