

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395342	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/20/2024
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NAME OF PROVIDER OR SUPPLIER: HOPKINS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 8100 WASHINGTON LANE WYNCOTE, PA 19095
STATE LICENSE NUMBER: 083202	

(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 0610 SS=D	Based on an Abbreviated Survey in response to one complaint, completed on December 11, 2024, it was determined that Hopkins Center 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 related to the health portion of the survey process.	F 0610		

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 0610 SS=D	Continued from page 1 483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:	F 0610	1.The facility has completed a thorough investigation related to the allegation of mental abuse for Resident R1. 2.Current residents with allegations of alleged mental abuse will be reviewed for the past 14 days to verify a thorough investigation has been conducted. 3.The NHA or designee will re-inservice the management team on how to conduct a thorough investigation. Residents with allegations of mental abuse will be reviewed during morning meetings to verify a thorough investigation has been conducted. 4.The NHA or designee will conduct audits of allegations of alleged weekly x4 weeks, then monthly x2 months. Results of the audits will be reported at the monthly Quality Assurance Improvement Meetings for review and recommendations .	Completion Date: 01/17/2025 Status: APPROVED Date: 01/06/2025

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F 0610 SS=D	Continued from page 2 Based on review of facility policy, review of clinical records, facility documentation, and interviews with staff, it was determined that the facility failed to conduct a thorough investigation related to an allegation of mental abuse for one of six residents reviewed (Resident R1) Findings include: Review of facility policy "Abuse Prohibition" revised October 24, 2022, revealed mental abuse includes, but is not limited to humiliation, harassment, and threats of punishment or deprivation. Mental abuse may occur through verbal or nonverbal conduct which causes or has the potential to cause the patient to experience humiliation, intimidation, fear, shame, agitation, or degradation. Further review revealed the facility is to report allegation to the appropriate state and local authority involving neglect, exploitation, or mistreatment, suspected criminal activity, and misappropriation of patient property within 24 hours if the event does	F 0610		

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F 0610 SS=D	Continued from page 3 not result in serious bodily injury. Review of Resident R1's clinical record revealed Resident R1 was admitted to the facility on May 23, 2024 with diagnoses of diabetes mellitus (insufficient production of insulin, causing high blood sugar), hypertension (high blood pressure), and bipolar disorder (mental disorder characterized by periods of depression and periods of abnormally elevated mood). Interview on December 11, 2024 at 9:50 a.m. with Resident R1 revealed Resident R1 requested his scheduled 12:00 p.m. medication on November 7, 2024 after his smoke break around 12:15 p.m. Resident R1 stated Employee E1, Registered Nurse, refused to give Resident R1's scheduled 12:00 p.m. medication when Resident R1 requested. Resident R1 stated he became upset and began to raise his voice at Employee E1, Registered Nurse. Resident R1 stated then Employee E1, Registered Nurse, began to yell at him and intimidate him. Resident R1 stated he reported the	F 0610		

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F 0610 SS=D	Continued from page 4 incident to management. Interview with Employee E2, Unit Manager, on December 11, 2024 at 10:30 a.m. revealed that on November 7, 2024 Resident R1 was scheduled for medication at 12:00 p.m. Employee E1, Registered Nurse, offered Resident R1 his scheduled 12:00 p.m. medication, but Resident R1 refused medication due to wanting to go outside to smoke. When Resident R1 came back to the unit after his smoke break, he requested his 12:00 p.m. medication. Employee E1 told Resident R1 that she was not able to give his 12:00 p.m. medication immediately. Resident R1 became angry, and a verbal altercation occurred between Resident R1 and Employee E1, Registered Nurse. Employee E2 stated that she heard Employee E1, Registered Nurse, talking loudly at Resident R1 and was loud enough to cause her to get up and intervene to de-escalate the situation. Review of facility documentation revealed a grievance/concern form dated November 20, 2024	F 0610		

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F 0610 SS=D	Continued from page 5 that identified the perpetrator as Employee E1, Registered Nurse, and the victim, Resident R1. The grievance/concern form stated Resident R1 reports he is upset about getting to smoke time and getting his medication on time. Resident R1 stated the nurse asked him about his medication but he wanted to smoke and became angry with her. The facility's corrective action to the grievance/ concern was providing Employee E1, Registered Nurse, education on medication times and resident rights. Further review of facility documentation revealed three statements obtained November 7, 2024 in regards to the verbal altercation between Resident R1 and Employee E1, Registered Nurse. Resident R1's statement revealed Resident R1 does not want to wait for nursing to prepare his medication and gets frustrated and angry then leaves. Resident R1's statement did not include the verbal altercation that occurred with Employee E1, Registered Nurse.	F 0610		

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F 0610 SS=D	Continued from page 6 Employee E1's, Registered Nurse, written statement revealed Resident R1 would not calm down and Resident R1 and Employee E1 had to be separated due to the volume at the nurses station. Employee E2's, Unit Manager, written statement revealed charge nurse was trying to speak with Resident R1 and the two were separated by Employee E2 as the volume was loud for the unit. Review of facility documentation submitted to the State Survey Agency, dated November 18, 2024 revealed allegations of staff being rude and arguing with Resident R1. The facility submitted a follow up investigation on December 11, 2024 that stated a concern/grievance was created citing the exchange with a staff member, and an investigation was conducted. No perpetrator Identified; no PB22 (Report Form for Investigation of Alleged Abuse, Neglect, Misappropriation of Property) needed. According to three statements obtained on November 7, 2024, a perpetrator, Employee E1,	F 0610		

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F 0610 SS=D	Continued from page 7 was identified. Review of facility documentation revealed no thorough investigation related to the verbal altercation between Employee E1, Registered Nurse, and Resident R1, verbal altercation was not submitted to department of health timely, and no evidence whether the allegation was substantiated or unsubstantiated. During an interview on December 11, 2024, at 1:15 p.m. with Employee E3, Nursing Home Administrator, confirmed that Employee E1 engage in a verbal altercation with Resident R1. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.29(j) Resident rights	F 0610		

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H 0007	<p>51.3 (e) NOTIFICATION</p> <p>51.3 Notification</p> <p>(e) If a health care facility is aware of information which shows that the facility is not in compliance with any of the Department's regulations which are applicable to that health care facility, and that the noncompliance seriously compromises quality assurance or patient safety, it shall immediately notify the Department in writing of its noncompliance.</p> <p>The notification shall include sufficient detail and information to alert the Department as to the reason for the failure to comply and the steps which the health care facility shall take to bring it into compliance with the regulation.</p> <p>This REGULATION is not met as evidenced by:</p>	H 0007	<p>1.The facility reported the allegation of mental abuse for Resident R1 on 11.7.24</p> <p>2.Current residents with allegations of alleged mental abuse will be reviewed for the past 14 days to verify they have been reported via the ERS to the Pennsylvania Department of Health.</p> <p>3. The NHA or designee will re-inservice the management team on requirements of reporting abuse. Residents with allegations of mental abuse will be reviewed during morning meetings to verify that the allegation has been reported via the ERS to the Pennsylvania Department of Health.</p> <p>4.The NHA or designee will conduct audits of allegations of alleged mental abuse weekly x4 weeks, then monthly x2 months to verify reporting to the Pennsylvania Department of Health has been completed. Results of the audits will be reported at the monthly Quality Assurance Improvement Meetings for review and recommendations .</p>	<p>Completion Date: 01/17/2025</p> <p>Status: APPROVED</p> <p>Date: 01/08/2025</p>
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

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H 0007	Continued from page 1 Based on review of facility submitted documentation to the Pennsylvania Department of Health (DOH) Event Reporting System (ERS), facility documentation, and staff interview, it was determined that the facility failed to notify the DOH of a required event. Findings include: Review of facility documentation revealed a verbal altercation between Employee E1, Registered Nurse, and Resident R1 on November 07, 2024. Review of DOH ERS revealed an event submitted November 18, 2024 that included there were reports of staff being rude and arguing with Resident R1. There was no information included about the incident that occurred on November 07, 2024. During an interview on December 11, 2024, at 1:15 p.m. with Employee E3, Nursing Home Administrator, confirmed the facility failed to submit the event to the DOH ERS system.	H 0007		



Certified End Page

HOPKINS CENTER

STATE LICENSE NUMBER: 083202

SURVEY EXIT DATE: 12/20/2024

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