

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395363	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/09/2025
NAME OF PROVIDER OR SUPPLIER: KINZUA NURSING AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE: 205 WATER STREET WARREN, PA 16365		
STATE LICENSE NUMBER: 071402				
(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 Abbreviated Complaint Survey completed on January 9, 2025, it was determined that Kinzua Nursing and Rehab 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 0689		
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 0689 SS=D	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	R13 and R14 have both returned to us from the hospital. Resident 13 wheelchair has wheelchair footrests. Resident 14 has orders for bed alarm to check placement and function every shift. Current residents that utilized a wheelchair for mobility were verified that they have wheelchair footrests. Current residents that have bed or chair alarms orders were verified that they have current orders for check placement and function of alarms every shift. Wheelchair mobility procedure developed for resident transportation. Director of Nursing or designee will educate staff, including agency staff, on footrest usage with transporting residents in wheelchairs as well as checking that all bed/chair alarms are plugged in and active prior to leaving a resident room. Staff will be educated on resident will have orders for alarms and staff will also check placement and function every shift as well as verifying alarm is	Completion Date: 01/27/2025 Status: APPROVED Date: 01/24/2025

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F 0689 SS=D	Continued from page 2	F 0689	active prior to leaving the resident unsupervised. Audits will be completed to ensure all residents being transferred in a wheelchair have footrests in use when assisting residents mobility as well as audits to ensure alarms in use are plugged in and active. These audits will be completed on 5 residents 3 x week x 2 weeks and then monthly until cleared by Quality Assurance.	

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F 0689 SS=D	Continued from page 3 Based on review of clinical records, facility policies and documentation, and staff interview, it was determined that the facility failed to ensure adequate safety measures were implemented related to wheelchair transport and fall precautions for two of four residents reviewed for falls (Residents R13 and R14). Findings include: The facility was not able to provide a policy for staff to reference in the safe utilization of footrests while transporting residents via wheelchair. A facility policy entitled, "Falls and Fall Risk, Managing," revised March 2018, indicated that "Position-change alarms will not be used as the primary or sole intervention to prevent falls, but rather will be used to assist the staff in identifying patterns and routines of the resident. The use of alarms will be monitored for efficacy and staff will respond to alarms in a timely manner."	F 0689		

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F 0689 SS=D	Continued from page 4 Resident R13's clinical record revealed an admission date of 11/28/24, with diagnoses that included stroke, unsteady on feet, Parkinson's Disease (degenerative brain condition, meaning it causes parts of your brain to deteriorate, that causes slowed movements, tremors, balance problems and more), dysarthria and anarthria (motor speech disorder that makes it difficult to control the muscles used for speaking). Resident R13's Minimum Data Set (MDS-standardized assessment tool used to evaluate the health of nursing home residents) with an assessment reference date of 11/29/24, Section GG - Functional Abilities, GG0170S was coded as requiring partial/moderate assistance to propel his/her manual wheelchair 150 feet in a corridor or similar space. Resident R13's clinical record also revealed a departmental progress note dated 12/08/24, that indicated Resident R13 was being "pushed in a wheelchair, lost his/her balance and hit right lower	F 0689		

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F 0689 SS=D	Continued from page 5 area of face" and that the physician was notified and Resident R13 was transported to the acute hospital for evaluation and admitted. The facility investigation revealed an Interdisciplinary Team review of Resident R13's fall indicated the "resident was being pushed in a wheelchair on ramp by staff and put his/her feet down and fell." During an interview on 1/07/25, at 8:39 a.m. the Nursing Home Administrator confirmed Resident R13 should have had footrests attached to his/her wheelchair while being pushed by staff. Resident R14's clinical record revealed an admission date of 11/04/24, with diagnoses that included prostate and bone cancer, cognitive communication deficit (condition that makes it difficult for someone to communicate due to issues with cognition), weakness, assistance with personal care, and abnormal gait and mobility. The clinical record revealed a physician's order dated 11/20/24, for a	F 0689		

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F 0689 SS=D	Continued from page 6 pressure alarm when in bed, a care plan intervention dated 11/20/24 for a pressure bed alarm, and a staff task to check placement and function of the bed alarm every shift and as needed, also dated 11/20/24. A departmental progress note dated 12/08/24, revealed that staff was alerted to Resident R14 falling to the floor, was bleeding out of his/her right head, and was unresponsive. It was noted that Resident R14 had a pressure alarm under him/her, but that it was not plugged in and did not alarm. Resident R14 was transported to the emergency department for evaluation. 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 201.18(d)(e)(1) Management 28 Pa. Code 211.10(c)(d) Resident care policies 28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing	F 0689		

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F 0689 SS=D	Continued from page 7 services	F 0689			

Pennsylvania Department of Health

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H 0009		H 0009		

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

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H 0009	Continued from page 1 51.3 (g)(1-14) NOTIFICATION 51.3 Notification (g) For purposes of subsections (e) and (f), events which seriously compromise quality assurance and patient safety include, but not limited to the following: (1) Deaths due to injuries, suicide or unusual circumstances. (2) Deaths due to malnutrition, dehydration or sepsis. (3) Deaths or serious injuries due to a medication error. (4) Elopements. (5) Transfers to a hospital as a result of injuries or accidents. (6) Complaints of patient abuse, whether or not confirmed by the facility. (7) Rape. (8) Surgery performed on the wrong patient or on the wrong body part. (9) Hemolytic transfusion reaction. (10) Infant abduction or infant discharged to the wrong family. (11) Significant disruption of services due to disaster such as fire, storm, flood or other occurrence.	H 0009	The incidents involving R9, R13, R14, and R 15 will be reported to Pennsylvania Department of Health Electronic Reporting system. Director of Nursing or designee will conduct a look back of past 30 day transfers and if any transfer identified as a result of an incident or accident it will be reported to Department of health electrical reporting system Education was provided to the Director of Nursing and the Nursing Home Administrator on reportable events and criteria for reporting by the Regional Director of Clinical Services. All incidents will be reviewed in Morning Meeting to determine if the meet the requirements for reporting to the Department of Health. Audits will be conducted to determine if an incident is a	Completion Date: 01/27/2025 Status: APPROVED Date: 01/23/2025

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H 0009	Continued from page 2 (12) Notification of termination of any services vital to continued safe operation of the facility or the health and safety of its patients and personnel, including, but not limited to, the anticipated or actual termination of electric, gas, steam heat, water, sewer and local exchange of telephone service. (13) Unlicensed practice of a regulated profession. (14) Receipt of a strike notice. This REGULATION is not met as evidenced by:	H 0009	Department of Health reportable incident by the Director of Nursing or the Nursing Home Administrator on all incidents x 2 weeks and then 5 incidents weekly until cleared by Quality Assurance.	

Pennsylvania Department of Health

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H 0009	Continued from page 3 Based on review of facility documentation and clinical records, and staff interview, it was determined that the facility failed to notify the Pennsylvania Department of Health (DOH) field office of a reportable incident/accident for four of six residents reviewed (Residents R9, R13, R14, and R15). Findings include: Resident R9's clinical record revealed an admission date of 12/27/23, with diagnoses that included stroke with left-sided paralysis, difficulty speaking, and weakness. Incident/Accident Report and departmental progress notes revealed that on 12/18/24, he/she rolled out of bed on his/her left side without apparent injury; on 12/19/24, Resident R9 had an x-ray of the left hip; a physician's order dated 12/19/24, that directed to send Resident R9 to the emergency room for evaluation of left hip. Resident R13's clinical record revealed an admission date of 11/28/24, with diagnoses that included	H 0009		

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H 0009	Continued from page 4 stroke, unsteady on feet, Parkinson's Disease (degenerative brain condition, meaning it causes parts of your brain to deteriorate, that causes slowed movements, tremors, balance problems and more), dysarthria and anarthria (motor speech disorder that makes it difficult to control the muscles used for speaking). An Incident/Accident Report and departmental progress note dated 12/08/24, revealed that Resident R13 was being "pushed in a wheelchair, lost his/her balance and hit right lower area of face," and that the physician was notified with Resident R13 subsequently transported to the acute hospital for evaluation and admitted. Resident R14's clinical record revealed an admission date of 11/04/24, with diagnoses that included prostate and bone cancer, cognitive communication deficit (condition that makes it difficult for someone to communicate due to issues with cognition), weakness, assistance with personal care, and abnormal gait and mobility. An Incident/Accident Report and departmental progress note dated 12/08/24, revealed that staff was alerted to Resident	H 0009		

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H 0009	Continued from page 5 R14 falling to the floor, was bleeding out of his/her right head, and was unresponsive and was transported to the emergency department for evaluation. Resident R15's clinical record revealed an admission date of 5/27/23, with diagnoses that included dementia, Alzheimer's Disease (brain disorder that slowly destroys memory and thinking skills, and eventually, the ability to carry out the simplest task), and difficulty swallowing. An Incident/Accident Report and departmental progress notes dated 12/07/24, revealed Resident R15 fell in the dining room resulting in a head injury and was transported to the emergency room for further evaluation. A physician's order dated 12/07/24, revealed to send the resident to the emergency room for further evaluation from fall There was no documented evidence to indicate that the facility reported the incidents/accidents involving Residents R9, R13, R14, and R15's to the Pennsylvania DOH field office.	H 0009		

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H 0009	Continued from page 6 During an interview on 1/03/25, 3:05 p.m. the Nursing Home Administrator confirmed the failure to report the above incidents to the Pennsylvania DOH field office. 28 Pa. Code 201.14(c) Responsibility of licensee	H 0009			



Certified End Page

KINZUA NURSING AND REHAB
STATE LICENSE NUMBER: 071402
SURVEY EXIT DATE: 01/09/2025

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