

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395421	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/09/2025
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NAME OF PROVIDER OR SUPPLIER: GLEN BROOK REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 801 E 16TH STREET BERWICK, PA 18603
STATE LICENSE NUMBER: 281102	

(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 0600 SS=D	Based on a revisit and abbreviated complaint survey completed on January 9, 2025, it was determined that Glen Brook Rehabilitation and Healthcare Center corrected the federal deficiencies cited during the survey of October 25, 2024, but continued to be out of 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 0600		

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 0600 SS=D	Continued from page 1 483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:	F 0600	F 0600 1. Resident B1 had no adverse effect related to the incident 2. A review of fall incidents in the last 7 days will be completed to assure that plan of care was followed to prevent a fall and provide services in order to prevent abuse/neglect . 3. The RN Staff Educator will educate nursing staff on following plan of care to prevent resident falls and policy on abuse and neglect . 4. The Unit Manager/Designee shall complete a random observational audit to verify resident transfers are being completed based on plan of care in order to prevent abuse/neglect . The audits shall be completed weekly x4 then monthly x2 or until sustained compliance is achieved. Results of audits will be reviewed by the QAPI committee. 5. POC Due Date: 01/20/2025	Completion Date: 01/20/2025 Status: APPROVED Date: 01/16/2025

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F 0600 SS=D	Continued from page 2 Based on a review of the facility's abuse prohibition policy, select investigative reports and clinical records, and staff interview, it was determined the failed to ensure the provision of care and services necessary to prevent a fall and maintain the physical health of one resident (Resident B1) out of two residents reviewed Findings include: A review of the facility policy titled "Abuse, Neglect and Exploitation" last reviewed by the facility on April 15, 2024, revealed it is the facility's policy to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property. The policy defines neglect as the failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.	F 0600		

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F 0600 SS=D	Continued from page 3 A clinical record review revealed that Resident B1 was admitted to the facility on December 29, 2022, with diagnoses that included hemiplegia (paralysis of one side of the body) and hemiparesis (weakness on one side of the body) following a cerebrovascular disease (stroke) affecting his left non-dominant side, muscle weakness, and abnormalities of gait and mobility. A review of a quarterly Minimum Data Set assessment (MDS - a federally mandated standardized assessment process conducted periodically to plan resident care) dated November 16, 2024, revealed that Resident B1 was moderately cognitively impaired with a BIMS score of 11 (Brief Interview for Mental Status- a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 8-12 indicates moderate cognitive impairment), had an impairment on one side of his upper extremity (arm) and lower extremity (leg), required	F 0600		

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F 0600 SS=D	Continued from page 4 substantial/maximal assistance to transition from sitting to lying in bed, and required total staff assistance to perform chair to bed and bed to chair transfers. A review of a physician's order dated July 3, 2024, revealed an order for the resident to transfer with two (2) staff assist and to use nonskid footwear. A review of the resident's Kardex (a nursing information system used to obtain specific care information for each resident) revealed the resident required the assistance of two staff members and the use of nonskid footwear for all transfers to ensure safety. A nurses note dated December 9, 2024, at 7:45 PM indicated that the nurse was called to the Resident B1's room. Upon arrival, the resident was found lying on the floor next to the bed and a nightstand. The resident was lowered to the floor while the nurse aid was helping him transfer with assistance of one person. An assessment was	F 0600		

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F 0600 SS=D	Continued from page 5 completed with no visible injuries. A review of a facility investigative report dated December 9, 2024, revealed that Employee 1, nurse aide, lowered Resident B1 to the floor after she had transferred him with assist of one (1) despite the care plan requiring two-person assistance. A witness statement dated December 9, 2024, (no time indicated) provided by Employee 1, revealed that the resident had asked to go to bed. Employee 1 attempted to put him to bed on her own and he slid onto the floor. The statement indicated that the resident's transfer status required assistance of two (2) staff members. Employee 1 admitted in her statement that she was aware of the two-person transfer requirement but attempted the transfer alone. The resident slipped and was lowered to the floor. A witness statement dated December 10, 2024, (no time indicated) provided by Resident B1, stated "I	F 0600		

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F 0600 SS=D	Continued from page 6 pushed the call button to go to bed. The girl came in and I told her I was ready for bed at 7:00PM. She was a big girl, German and Italian. She was nice. I told her she may need another person, but she said she can put me to bed by herself. She was not able to, and I fell. I did not get hurt. She was a nice girl and was just trying to help me". During an interview on January 9, 2025, at approximately 1:30 PM, the Nursing Home Administrator (NHA) confirmed that the facility staff failed to ensure that Resident B1 received the services necessary to prevent a fall during a transfer. The NHA confirmed that Employee 1, was aware that Resident B1's transfer was to be performed with two people but neglected to assure the presence of a second person and performed the transfer by herself, resulting in Resident 1's fall to the floor. The fall caused unnecessary risk and could have resulted in potential harm. 28 Pa. Code 201.14 (a) Responsibility of licensee	F 0600		

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F 0600 SS=D	Continued from page 7 28 Pa. Code 201.18 (e)(1) Management 28 Pa. Code 201.29 (a) Resident Rights 28 Pa. Code 211.12 (d)(1)(5) Nursing Services	F 0600			



Certified End Page

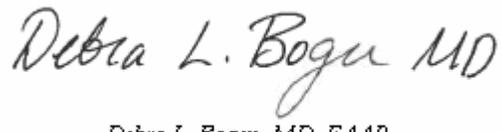
GLEN BROOK REHABILITATION AND HEALTHCARE CENTER

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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