

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395472	(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: LEBANON SKILLED NURSING AND REHABILITATION CENTER STATE LICENSE NUMBER: 905002	STREET ADDRESS, CITY, STATE, ZIP CODE: 900 TUCK STREET LEBANON, PA 17042
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F 0000	<p>INITIAL COMMENT</p> <p>Based on an Abbreviated survey in response to a complaint completed on December 20, 2024, it was determined that Lebanon Skilled Nursing and Rehabilitation 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 as they relate to the Health portion of the survey.</p>	F 0000		
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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		F 0655		
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F 0655 SS=D	Continued from page 2 483.21(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	Preparation and submission of this plan of correction is required by state and federal law. This plan of correction does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding. 1. Residents #2, 3, and 4 have been given copies of their individual care plans. 2. All new admissions will receive a summary of their baseline care plan. An audit of all new admissions in the last two weeks will be conducted to ensure that a summary of the baseline care plan was received by the resident and/or responsible party. 3. The interdisciplinary team will be re-educated on the center's Person-Centered Care Plan Policy. 4. A weekly audit for 4 weeks of all new admissions and then biweekly for 2 months of random new admissions will be conducted to	Completion Date: 01/29/2025 Status: APPROVED Date: 01/03/2025

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F 0655 SS=D	Continued from page 3 (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	verify that residents/responsible parties are given a summary of their baseline care plan. Results of the audits will be presented to the center's QAPI Committee for review and follow up actions as recommended.	

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F 0655 SS=D	Continued from page 4 Based on clinical record review and policy review, it was determined that the facility failed to ensure that the baseline care plan summary was provided to the resident or representative for three of six sampled residents. (Residents 2, 3, 4) Findings include: Review of the facility's policy entitled, "Person-Centered Care Plan," dated January 25, 2024, revealed that a baseline plan of care was to be developed within 48 hours of admission. The baseline care plan was to include healthcare information necessary to properly care for a resident and must include initial goals based on admission orders, physician orders, dietary orders, therapy orders, social services, and pre-admission screening resident review, if applicable. The baseline care plan was to be updated as needed to meet the resident's needs until the comprehensive care plan was developed. The resident and/or representative were to be provided a written summary of the baseline care plan.	F 0655		

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F 0655 SS=D	<p>Continued from page 5</p> <p>Clinical record review revealed that Resident 2 was admitted to the facility on November 19, 2024. The baseline care plan was developed on November 20, 2024. There was a lack of evidence to support that the facility provided the resident and/or representative with a summary of the baseline care plan that included all the required components.</p> <p>Clinical record review revealed that Resident 3 was admitted to the facility on December 17, 2024. The baseline care plan was developed on December 18, 2024. There was a lack of evidence to support that the facility provided the resident and/or representative with a summary of the baseline care plan that included all the required components.</p> <p>Clinical record review revealed that Resident 4 was admitted to the facility on December 3, 2024. The baseline care plan was developed on December 4, 2024. There was a lack of evidence to support that the facility provided the resident and/or representative with a summary of the baseline care</p>	F 0655		

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F 0655 SS=D	Continued from page 6 plan that included all the required components. In an interview conducted on December 20, 2024, at 2:00 p.m., the Administrator confirmed there were no evidence the baseline care plan summary was provided to the residents and/or representatives. 28 Pa. Code 201.18 (b)(1) Management.	F 0655		
F 0657 SS=D		F 0657		

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F 0657 SS=D	Continued from page 7 483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by:	F 0657	1. Interdisciplinary care plan meetings have been scheduled for Residents #1, 5 and 6 to review their individual care plans. 2. After completion of the resident's comprehensive and quarterly MDS, residents are to receive notification of their scheduled interdisciplinary care plan meeting to review their individual care plan. An audit of the last 2 weeks will be conducted to determine if residents/responsible parties received notification of the resident's interdisciplinary care plan meeting. 3. The interdisciplinary team will be re-educated on the center's Person Centered Care Plan Policy. 4. A weekly audit of 8 random residents for 4 weeks and then biweekly for 2 months will be conducted to verify that residents and/or responsible parties are receiving notification of the resident's scheduled interdisciplinary care plan meeting.	Completion Date: 01/29/2025 Status: APPROVED Date: 01/03/2025

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F 0657 SS=D	Continued from page 8	F 0657	Results of the audits will be presented to the center's QAPI Committee for review and follow up actions as recommended.	

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F 0657 SS=D	Continued from page 9 Based on clinical record review and staff interview, it was determined that the facility failed to review the care plan within seven days after the completion of the comprehensive assessment for three of six sampled residents. (Residents 1, 5, 6) Findings include: Clinical record review revealed that Resident 1 was admitted on March 16, 2024, and had diagnoses that included spinal stenosis (abnormal narrowing of the spinal canal), heart failure, and diabetes. The Quarterly Minimum Data Set (MDS) assessment was completed on November 3, 2024. There was a lack of documentation to support that the facility had conducted an interdisciplinary care plan meeting to review the care plan. Clinical record review revealed that Resident 5 was admitted on July 24, 2024, and had diagnoses that included heart failure and diabetes. The Quarterly MDS assessment was completed on November 20, 2024. There was a lack of documentation to	F 0657		

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F 0657 SS=D	Continued from page 10 support that the facility had conducted an interdisciplinary care plan meeting to review the care plan. Clinical record review revealed that Resident 6 was admitted on February 4, 2023, and had diagnoses that included hemiplegia and hemiparesis (weakness on one side of the body). The Quarterly MDS assessment was completed on November 20, 2024. There was a lack of documentation to support that the facility had conducted an interdisciplinary care plan meeting to review the care plan. In an interview on December 20, 2024, at 2:00 p.m., the Administrator confirmed that there was no documentation that interdisciplinary care conferences were conducted to review the care plans for Residents 1, 5, and 6. 28 Pa. Code 201.18 (b)(3) Management.	F 0657		

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F 0684 SS=D	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	1. The Oxycodone for Resident # 1 has been discontinued. 2. Physician orders are to be implemented and followed as ordered by the physicians for all residents. An audit of new narcotic orders for the last 2 weeks will be conducted to ensure that physician orders are in place and followed as ordered by the physician. 3. The licensed nurses will be re-educated on physician orders regarding narcotic medications. 4. A weekly audit of all new narcotic orders will be conducted for 4 weeks then a biweekly audit of new narcotic orders for 8 random residents will be conducted for 2 months to ensure that physician orders are in place and followed as ordered by the physician. Results of the audits will be presented to the center's QAPI Committee for review and follow up actions as recommended.	Completion Date: 01/29/2025 Status: APPROVED Date: 01/03/2025

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F 0684 SS=D	Continued from page 12 Based on clinical record review and staff interview, it was determined that the facility failed to ensure that physician's order were implemented for one of six sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included spinal stenosis (abnormal narrowing of the spinal canal), heart failure, and diabetes. A physician's order dated December 4, 2024, directed staff to administer morphine ER (pain medication) twice a day. Nursing documentation dated December 5, 2024, revealed the pharmacy did not have morphine available. On December 9, 2024, the physician ordered oxycodone HCl ER (a medication for severe pain) every 12 hours-discontinue when morphine ER arrives, as a temporary replacement for morphine. Review of Resident 1's Medication Administration Record revealed that staff did not administer the oxycodone HCl ER on December 9, 2024, at 9:00 p.m. In addition, upon receiving the morphine ER	F 0684		

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F 0684 SS=D	Continued from page 13 on December 18, 2024, staff did not discontinue the oxycodone HCl ER. In an interview on December 20, 2024, at 2:00 p.m., the Administrator confirmed the pain medication was not administered on December 9, 2024, and the resident continued to receive the oxycodone HCl ER while receiving the morphine. 28 Pa. Code 211.12(d)(1)(5) Nursing services.	F 0684		



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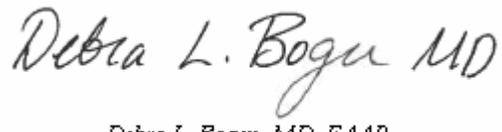
LEBANON SKILLED NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 905002

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