

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395550	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/20/2024
NAME OF PROVIDER OR SUPPLIER: DR. ARTHUR CLIFTON MCKINLEY HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825		
STATE LICENSE NUMBER: 421402				
(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 0575	483.10(g)(5)(i)(ii) Required Postings	F 0575		
SS=A	§483.10(g)(5) The facility must post, in a form and manner accessible and understandable to residents, resident representatives: (i) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state		I hereby acknowledge the CMS 2567-A, issued to DR. ARTHUR CLIFTON MCKINLEY HEALTH CENTER for the survey ending 12/20/2024, AND attest that all deficiencies listed on the form will be corrected in a timely manner.	Completion Date: 02/10/2025 Status: APPROVED Date: 01/14/2025

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 0575 SS=A	Continued from page 1 law provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit; and (ii) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulation, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, and non-compliance with the advanced directives requirements (42 CFR part 489 subpart I) and requests for information regarding returning to the community. This REQUIREMENT is not met as evidenced by:	F 0575		

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F 0575 SS=A	Continued from page 2 Based on observations and staff interview, it was determined that the facility failed to post contact information for the State Survey Agency as required for the nursing units on two of two floors accessible to residents. (Ground and First floors) Findings include: Observations conducted on December 19, 2024, at 10:15 a.m. on each nursing floor of the facility revealed that the facility did not have the State Survey Agency-Pennsylvania Department of Health contact information available and accessible to residents on either the Ground or First floor nursing units. During an interview on December 19, 2024, at 12:35 p.m. the Director of Nursing confirmed that the State Survey Agency-Pennsylvania Department of Health contact information was not posted in areas available to residents and visitors.	F 0575		

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F 0575 SS=A	Continued from page 3 28 Pa. Code 201.14(a)Responsibility of licensee 28 Pa. Code 201.18(e)(1) Management	F 0575		
F 0577 SS=A	483.10(g)(10)(11) Right to Survey Results/Advocate Agency Info §483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. §483.10(g)(11) The facility must-- (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and (iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public. (iv) The facility shall not make available identifying information about complainants or residents.	F 0577	I hereby acknowledge the CMS 2567-A, issued to DR. ARTHUR CLIFTON MCKINLEY HEALTH CENTER for the survey ending 12/20/2024, AND attest that all deficiencies listed on the form will be corrected in a timely manner.	Completion Date: 02/10/2025 Status: APPROVED Date: 01/14/2025

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F 0577 SS=A	Continued from page 5 Based on observations and staff interview, it was determined that the facility failed to ensure that the most recent Department of Health Survey results were in a place readily accessible to residents and visitors for two or two nursing units. (Ground and First floors) Findings include: Observations conducted on December 19, 2024, at 10:15 a.m. on the nursing units of each floor of the facility revealed that the State Department of Health Survey binders lacked information/results from the two most recent State Surveys of January 12, 2024, and February 29, 2024, for residents and visitors to examine. During an interview on December 19, 2024, at approximately 1:15 p.m. the Director of Nursing confirmed that the State Survey binders did not have the two most recent State Department of Health Survey results for residents and visitors to access and examine.	F 0577		

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F 0577 SS=A	Continued from page 6 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(e)(1) Management	F 0577		
F 0578 SS=D	483.10(c)(6)(8)(g)(12)(i)-(v) Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.	F 0578	1-Proper order for R26's code status was obtained and written on 12-19-24 2-Facility reviewed all orders for all code status and any other issues were corrected on 12-19-24 3-Education will be provided to nursing staff regarding obtaining the proper orders for code status. 4-Audits will be completed by Director of nursing or designee with all admits and any code status changes as the admits enter the building or code statuses are changed to ensure that facility has obtained the proper order for that code status. 5-Process will be monitored in QAPI meeting to ensure this process is sustained.	Completion Date: 02/10/2025 Status: APPROVED Date: 01/14/2025

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F 0578 SS=D	Continued from page 7 (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by:	F 0578		

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F 0578 SS=D	Continued from page 8 Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to ensure a physician's order was completed to indicate the code status as Full Code (CPR[cardiopulmonary resuscitation]/Attempt Resuscitation) or Do Not Resuscitate (DNR/Do Not Attempt Resuscitation-Allow Natural Death) for one of 18 residents reviewed (Resident R26). Findings include: No facility policy was provided regarding a physician's order in the electronic medical record (EMR) for a resident. Resident R26's clinical record revealed an admission date of 5/16/23, with diagnoses that included chronic respiratory failure with hypoxia (a condition where the lungs are unable to provide oxygen to the body), cardiac heart failure (a chronic condition in which the heart doesn't pump blood as well as it should), diabetes mellitus type one (a condition	F 0578		

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F 0578 SS=D	Continued from page 9 where the pancreas makes little or no insulin to carry the blood sugar into the cells of the body resulting in high blood sugars), and constipation. Resident R26's EMR lacked a physician's order to indicate a code status as either a Full Code or DNR. During an interview on 12/19/24, at 11:10 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed that he/she would refer to the EMR where all the physician's orders could be readily accessed when a resident had a change in condition and the code status would need to be referenced. LPN Employee E1 further confirmed that R26's EMR lacked a physician's order for code status, but the header of the resident's EMR stated as "DNI" which LPN Employee E1 indicated was a "Do not initiate." During an interview on 12/19/24, at 11:30 a.m. the Director of Nursing confirmed that Resident R26's EMR lacked a physician's order to indicate a code	F 0578		

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F 0578 SS=D	Continued from page 10 status as Full Code or DNR. 28 Pa. Code 201.18 (b)(1) Management 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 201.29(a) Resident rights 28 Pa. Code 211.5(f)(i) Medical records 28 Pa. Code 211.10(a) Resident care policies	F 0578		
F 0758 SS=D		F 0758		

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F 0758 SS=D	Continued from page 11 483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and	F 0758	1-Facility assessed resident 24 and no ill side effects noted 2-Facility will review all residents with PRN psychotropic medication orders to ensure orders contain directions for non-pharmacological approaches are in place by 2-10-25. 3-Education will be provide to nursing staff regarding attempting and charting non-pharmacological approaches prior to giving any prn psychotropic medication by 2-10-25 4-Audits will be completed by Director of nursing or designee on all prn psychotropic meds given weekly for 4 weeks to ensure that non-pharmacological approaches are attempted and documented prior to medication being given. After audits complete, charting will be reviewed with morning meeting for ongoing compliance 5- Process will be monitored in Quality Assurance and Improvement meeting to ensure this process is sustained.	Completion Date: 02/10/2025 Status: APPROVED Date: 01/14/2025

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F 0758 SS=D	Continued from page 12 §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:	F 0758		
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F 0758 SS=D	Continued from page 13 Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to provide evidence that non-pharmacological interventions (interventions attempted to calm a resident other than medication) were attempted prior to the administration of a PRN (as needed) psychotropic (affecting the mind) medication for one of five residents reviewed for unnecessary medications (Resident R24). Findings include: A facility policy entitled "Behavioral Assessment, Intervention, and Monitoring" dated 11/02/24, indicated that non-pharmacological approaches will be used to the extent possible to avoid or reduce the use of antipsychotic medications to manage behavioral symptoms and that other approaches and interventions will be tried prior to the use of antipsychotics medications. Resident R24's clinical record revealed an admission date of 5/07/22, with diagnoses that included	F 0758		

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F 0758 SS=D	Continued from page 14 Chronic Obstructive Pulmonary Disease (COPD - a condition that prevents airflow to the lungs resulting in difficulty breathing), Anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), and Depression (characterized by persistent feeling of sadness loss of interest in activities once enjoyed). Resident R24's clinical record revealed a physician's order dated 11/12/24, with a discontinuation date of 11/20/24, that identified to administer Lorazepam (anti-anxiety medication) 0.5 milligrams (mg) by mouth twice daily PRN for anxiety. A physician's order dated 11/20/24, with a discontinuation date of 12/04/24, identified to administer Lorazepam 0.5 mg po twice daily PRN for anxiety. A physician's order dated 12/06/24, with a discontinuation date of 12/19/24, identified to administer Lorazepam 0.5 mg po twice daily PRN for anxiety. Resident R24's November 2024 Medication Administration Record (MAR) revealed that the PRN Lorazepam was used seven times (11/12/24,	F 0758		

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F 0758 SS=D	Continued from page 15 11/23/24, 11/16/24, 11/18/24, 11/20/24, 11/17/24, and 11/18/24). Review of the November MAR and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions being attempted prior to the administration of the PRN Lorazepam seven of the seven times it was used. Resident R24's December 2024 MAR revealed that the PRN Lorazepam was used nine times (12/03/24, 12/06/24, 12/07/24, 12/09/24, 12/10/24, 12/15/24,12/16/24, 12/17/24, and 12/18/24). Review of the December MAR and clinical record progress notes revealed that there was no evidence of non-pharmacological interventions being attempted prior to the administration of the PRN Lorazepam nine of the nine times it was used. During an interview of 12/19/24, at 1:45 p.m. the Director of Nursing confirmed that Resident R24's clinical record lacked evidence that non-pharmacological interventions were being	F 0758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395550	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/20/2024
NAME OF PROVIDER OR SUPPLIER: DR. ARTHUR CLIFTON MCKINLEY HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825		
STATE LICENSE NUMBER: 421402				
(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 0758 SS=D	Continued from page 16 attempted prior to the administration of a PRN anti-anxiety medication for each time it was administered. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services	F 0758		
F 0761 SS=D		F 0761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395550	(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: DR. ARTHUR CLIFTON MCKINLEY HEALTH CENTER STATE LICENSE NUMBER: 421402	STREET ADDRESS, CITY, STATE, ZIP CODE: 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825
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F 0761 SS=D	Continued from page 17 483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 0761	1-Expired TB solution was discarded in the appropriate container on 12-18-24 2-Facility checked all medication refrigerators on 12-18-24 for any other expired meds and none were found. 3-Education will be provided to the licensed nursing staff regarding monitoring open medication for expiration dates 4. Audits will be completed by Director of Nursing or designee weekly x 4 weeks of all medication refrigerators for expired medications. Refrigerators will then be checked monthly by RN supervisors for expired meds. 5-Process will be monitored in Quality Assurance and Improvement meeting to ensure this process is sustained.	Completion Date: 02/10/2025 Status: APPROVED Date: 01/14/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395550	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/20/2024
NAME OF PROVIDER OR SUPPLIER: DR. ARTHUR CLIFTON MCKINLEY HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825		
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F 0761 SS=D	Continued from page 18 Based on review of facility policy and manufacturer's instructions, observation, and staff interview, it was determined that the facility failed to ensure that medications were discarded in a timely manner for one of two medication rooms observed (1st floor medication room) Findings include: A facility policy entitled "Medication Labeling and Storage" dated 11/02/24, indicated that multi-dose vials that have been opened or accessed (example - needle punctured) are dated and discarded within 28-days unless the manufacturer specifies a shorter or longer date for the open vial. Manufacturer's recommendations for Tubersol PPD (solution used to test for tuberculosis) indicated that vials which are entered and in use for 30-days should be discarded. Observation of drug storage on 12/18/24, at approximately 10:01 a.m. in 1st floor medication	F 0761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395550	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/20/2024
NAME OF PROVIDER OR SUPPLIER: DR. ARTHUR CLIFTON MCKINLEY HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825		
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F 0761 SS=D	Continued from page 19 storage room refrigerator revealed an opened vial of Tubersol PPD with and an open date of 11/15/2024, making the discard date 12/15/24. During an interview at the time of observation, Licensed Practical Nurse Employee E1 confirmed that the open Tubersol PPD vial was past 30-days and should have been discarded. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.9(a)(1) Pharmacy services 28 Pa. Code 211.12(d)(1) Nursing services	F 0761		



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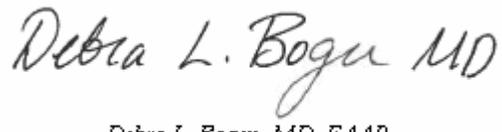
DR. ARTHUR CLIFTON MCKINLEY HEALTH CENTER

STATE LICENSE NUMBER: 421402

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