STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395606	A. BLDG: 00 B. WING:	12/30/2024

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
JOHN J KANE REGIONAL CENTER- ROSS TOWNSHIP STATE LICENSE NUMBER: **365002**	**110 MCINTYRE ROAD** **PITTSBURGH, PA 15237**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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		

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 0000	Continued from page 1 Based on four Complaint surveys completed on December 30, 2024, it was determined that John J Kane Regional Center - Ross Township, 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 0000		

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F 0600 SS=D		F 0600		

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F 0600 SS=D	Continued from page 3 483.12(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	This plan of correction constitutes my written allegation of compliance for the deficiencies in which the facility was cited for. However, the submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet the requirements established by state and federal law. - Immediately during complain survey, ERS submitted for Neglect on 12/18/2024. - All medication errors will be screened for abuse/neglect and reported if it meets criteria to ERS. - Electronic Medical Record feature activated for alert for all residents, related to resident allergies to specific medications, to populate red/pink screen alerting RN/LPN to allergy. - Licensed nursing staff will receive education on N-M-05 Medication Administration General Guidelines and N-M-300 Medication Documentation and N-M-150 Medication Error Reporting,	Completion Date: **02/10/2025** Status: **APPROVED** Date: **01/21/2025**

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F 0600 SS=D	Continued from page 4	F 0600	Analysis and Correction (MERF). - DON/ADON/Designee to audit all medication errors for abuse/neglect weekly x4 and bi-weekly x2. - Results of audit will be reviewed and evaluated at QAPI meeting.	

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F 0600 SS=D	Continued from page 5 Based on review of facility policy, clinical record review and staff interview it was determined that the facility failed to protect a resident from neglect for one of five residents reviewed (Resident R1). Findings include: Review of facility policy Abuse- Resident and Reasonable Suspicion of Crime" dated 1/8/24, indicated: " Definitions: Neglect - the failure of the facility, the staff, or service providers to provide goods and services to a resident that are necessary to avoid or may result in physical harm, pain, or emotional distress. Neglect may be the result of a pattern of failures or may be the result of one or more failures involving one resident and one staff person. " Resident R1 was admitted to the facility on 6/15/23. Review of Resident R1 clinical record MDS (minimum data set - a periodic assessment of resident needs) dated 10/23/24, indicated diagnosis	F 0600		

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F 0600 SS=D	Continued from page 6 of unspecified dementia (a general term for memory, language, problem -solving, and other thinking abilities that are sever enough to interfere with daily living) hypertension (is when the pressure in your blood vessels is too high), and renal insufficiency (kidneys functioning poorly). Review of Resident R1 physician orders indicated the following: Allergies: hydralazine, naproxen, Penicillin's (PCN) Further review of the physician orders indicated the following: hydralazine tablet; 10 mg; amt: 1 tab; oral Special Instructions: administer for SBP >180 Every 6 Hours - PRN; PRN 1, PRN 2, PRN 3, PRN 4 12/08/2024 - 12/08/2024 (DC Date) Review of Resident R1 progress notes dated 12/8/24, 5:55 a.m. indicated: "Pt presenting with dark coffee ground emesis x2 VS 97.8, 125, 18,	F 0600		

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F 0600 SS=D	Continued from page 7 255/137. PRN Zofran administered per order. Call place to physician. Awaiting return phone call. HOB elevated. Aspiration precautions maintained. Will continue to monitor." Progress note dated 12/08/24, 6:08 a.m. "V/O obtained Physician Hydralazine 10mg poq 6H PRN for SBP >180. Protonix 40mg, PO Q a.m. placed in in NAFM Dr book for follow up Monday morning." Review of December MAR 12/8/24, Hydralazine 10mg, at 6:48 a.m. BP before 255/135 PRN result E. Review of clinical record "Vital report" dated 12/8/24, 10:00 a.m. indicated Blood Pressure 220/130mmHg, respirations 22 per minute, pulse 130 per minute. Progress note dated 12/8/24, at 10:20 a.m. "Pharmacy called the floor and notified RN that resident has allergy to hydralazine MD on call was	F 0600		

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F 0600 SS=D	Continued from page 8 paged and supervisor was notified. Resident was evaluated. " Progress note dated 12/8/24, at 10:51 a.m. " Resident was re-evaluated and follow up for hypertensive episode and coffee ground vomitus on previous shift. Residents BP obtained manually VS as follows: 98.6, 220/130, SA O2 92%, ra. MD on call notified and he wanted the family contacted and to determine the family decision, the family was contacted spoke to daughter, and she inquired along with granddaughter who was on the line if she was medicated for high blood pressure, and they were notified that she received hydralazine and allergy status. They wanted the resident sent to hospital." Review of Resident R1 clinical record indicated Resident was admitted to the hospital on 12/8/24. During an interview on 12/19/24, at 6:17 a.m. Registered Nurse (RN) Employee E1 indicated they were the nurse manager for the building that evening, and was called by the nurse on the unit, due to	F 0600		

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F 0600 SS=D	Continued from page 9 concerns of High Blood Pressure. Employee E1 called physician, and received Verbal Order to give hydralazine 10mg every 6 hours PRN (as needed) for Blood Pressure over 180. RN Employee E1 got medication and gave medication to Resident R1. RN Employee E1 confirmed that she had access to Resident R1 clinical record which was inclusive of the allergy to hydralazine, but missed seeing the allergy in the clinical record. During an interview on 12/18/24, at 9:29 a.m. Nursing Home Administrator confirmed that the RN Employee E1 gave medication to Resident R1, that was documented in the clinical record as being allergic to and the facility failed to protect Resident R1 from neglect. 28 Pa. Code 201.14(a)Responsibility of licensee. 28 Pa. Code 201.18(b)(1)e(1)Management.	F 0600		
F 0609 SS=D		F 0609		

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F 0609 SS=D	Continued from page 10 483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §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 0609	- Immediately during complain survey, ERS submitted for Neglect on 12/18/2024. - All allegations of abuse and neglect will be reported in the required parameters. - DON/ADON will be re-educated on policy A-A-05- Abuse – Resident and Reasonable Suspicion of a crime and timely reporting requirements. - All staff will receive education regarding policy A-A-05 and timely reporting requirements. - DON/ADON/Designee will audit all medication errors for abuse/neglect and timeliness of reporting weekly x4 and biweekly x2. - Results of audit will be reviewed and evaluated at QAPI meeting.	Completion Date: **02/10/2025** Status: **APPROVED** Date: **01/21/2025**

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F 0609 SS=D	Continued from page 11 Based on review of facility policy, clinical record review and staff interview, it was determined that the facility failed to report timely an incident of neglect for one of five residents (Resident R1). Findings include: Review of facility policy "Abuse Resident and Reasonable Suspicion of a Crime", dated 1/8/24, indicated " Response and Reporting: Alleged violations, whether or not confirmed, must be reported to the Administrator, Department of Health ... Timing of Reporting: If the events cause the suspicion: a. Results in bodily injury (see definition) the individual shall report the suspicion immediately, but not later than 2 hours after forming the suspicion, and b. Do not result in serious bodily injury, the individual shall report the suspicion not later than 24 hours after forming the suspicion. Resident R1 was admitted to the facility on 6/15/23.	F 0609		

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F 0609 SS=D	Continued from page 12 Review of Resident R1 clinical record MDS (minimum data set - a periodic assessment of resident needs) dated 10/23/24, indicated diagnosis of unspecified dementia (general term for memory, language, problem -solving, and other thinking abilities that are sever enough to interfere with daily living) hypertension (is when the pressure in your blood vessels is too high), and renal insufficiency (kidneys functioning poorly). Review of facility documentation submitted to the State Office dated 12/18/24, indicated: "Resident R1 presented with dark coffee ground emesis x2 on 12/8/2024, at 5:55am. Vital signs were 97.8, 125, 18, 255/137. Nursing Supervisor called On Call Physician and obtained v/o for hydralazine 10mg PO Q 6H PRN for SBP > 180. Protonix 40mg PO QAM. Supervisor also placed note in book for MD to follow up Monday morning. Pharmacy called unit in AM on 12/8/2024 and stated Resident had listed allergy to hydralazine."	F 0609		

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F 0609 SS=D	Continued from page 13 Documentation showed facility submitted incident to field office 10 days after the incident took place. During an interview on 12/18/24, at 2:20 p.m. Nursing Home Administrator and director of Nursing confirmed that the above incident was reported late to the State office and the facility failed to report timely an incident of neglect. 28 Pa. Code: 201.14(a)Responsibility of Management. 28 Pa. Code: 201.18e(1)Management.	F 0609		
F 0656 SS=D		F 0656		

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F 0656 SS=D	Continued from page 14 483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future	F 0656	- Resident R1's care plan was immediately updated upon return from hospital. - All like residents, with Hypertension and Dementia, that interferes with daily living, will have care plan(s) and orders to prevent or lessen the risk of negative outcomes as it relates to the diagnoses and adverse behaviors. - All staff will receive education on policy N-A-01 All Policy and Procedures: General Guidelines, N-A-40 Assessment-MDS/RAI and Care Planning and N-A-44 Assessment-Comprehensive Person-Centered Care Planning. - DON/ADON/Designee to audit all current care plans to ensure proper interventions all residents as it relates to Hypertension and Dementia, potential interference with activities of daily living and med refusals, and able to document use of interventions in EMR weekly x4 and bi-weekly x2. - Results of audit will be reviewed and evaluated at QAPI meeting.	Completion Date: **02/10/2025** Status: **APPROVED** Date: **01/21/2025**

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F 0656 SS=D	Continued from page 15 discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:	F 0656		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 0656 SS=D	Continued from page 16 Based on review of facility documentation, clinical record review and staff interview it was determined that the facility failed to follow a care plan and failed to develop a care plan for one of four residents (Resident R1). Findings include: Review of facility policy "All Policy and Procedures : General Guidelines" dated 1/3/24, indicated " Staff must document all care and services provided to the resident. Documentation should - d. Include identification, evaluation, intervention, and attempts to made to implement and revise the plan of care to address the changing needs of the resident." Resident R1 was admitted to the facility on 6/15/23. Review of Resident R1 clinical record MDS (minimum data set - a periodic assessment of resident needs) dated 10/23/24, indicated diagnosis of unspecified dementia (a general term for memory, language, problem -solving, and other	F 0656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395606	A. BLDG: 00 B. WING:	12/30/2024

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F 0656 SS=D	Continued from page 17 thinking abilities that are sever enough to interfere with daily living) hypertension (is when the pressure in your blood vessels is too high), and renal insufficiency (kidneys functioning poorly). Review of facility documentation dated 12/8/24, submitted to the State Regional Office indicated that Resident R1 was "sent to the ER this morning with elevated blood pressure, increased pulse, heme test positive emesis ". Review of Resident R1 clinical record indicated the following: Physician order: Clonidine patch weekly; 0.3mg/24hr Amount to administer:1 patch; transdermal. Review of Resident R1 November MAR (medication administration record - a record documenting residents medication) indicated the following: November 8, 2024 patch applied to "lua".	F 0656		

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F 0656 SS=D	Continued from page 18 November 15, 2024 patch applied to "right shoulder". November 22nd and 29th 2024, both blank with indication resident refused. Review of Resident R1 December MAR indicated the following: December 6th 2024, blank no reason for blank indicated. Review of the clinical record for Resident R1 failed to indicate a care plan for high blood pressure - with it being mentioned only in the care plan for nutrition. Review of Resident R1 clinical record indicated a care plan for - identified adverse behaviors 1. As evidence by resisting care behavioral symptoms approach and reapproach resident when they refuse care.	F 0656		

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F 0656 SS=D	Continued from page 19 Further review of Resident R1 clinical record failed to include documentation from staff of implementation of care plan for behaviors with refusal to apply patch. During an interview on 12/18/24, at 2:21 p.m. Nursing Home Administrator (NHA) confirmed, that the a care plan was in place for Resident R1 regarding behaviors of refusal and the facility staff did not follow this for receiving her patch. During another interview on 12/23/24, at 2:25 p.m. NHA and Director of Nursing confirmed that there was no care plan for High Blood Pressure, and the facility failed to follow a care plan and develop a care plan for Resident R1. 28 Pa. Code 211.11(a)c(d)Resident care plan.	F 0656		
F 0684 SS=D		F 0684		

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F 0684 SS=D	Continued from page 20 483.25 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	- Initial audit was performed by DON/ADONs of all medication patches. - Initial education was provided to all licensed staff on policy N-M-05 Medication Administration General Guidelines and N-M-115 Medication Administration Transdermal. - All licensed nursing staff will be educated on N-M-05 Medication Administration General Guidelines, N-M-115 Medication Administration Transdermal and N-M-150 Medication Error Reporting, Analysis and Correction (MERF). - DON/ADON/Designee to audit medication patches weekly x4 and bi-weekly x2. - Results of audit will be reviewed and evaluated at QAPI meeting.	Completion Date: **02/10/2025** Status: **APPROVED** Date: **01/21/2025**

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F 0684 SS=D	Continued from page 21 Based on review of facility policy, clinical record, family and staff interview, it was determined that the facility failed to follow the physician order, with missed medication, resulting in a hospitalization for one of four residents (Resident R1). Findings include: Review of facility policy " All Policy and Procedure: General Guideline" dated 1/3/24, indicated " Provide the necessary care and services to each resident to attain or maintain his or her practicable, physical mental, and psychosocial well-being in accordance with their comprehensive person centered care plan that is culturally -competent and trauma informed. Abide by rules and regulations and standards of practice. Ensure that resident obtains optimal improvement or does not deteriorate within the limits of a residents right to refuse treatment, goals of care, and within the limits of recognized pathology and the normal aging process.	F 0684		

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F 0684 SS=D	Continued from page 22 Review of facility policy "Medication Administration General Guidelines" dated 1/3/24, indicated " It is the policy of Kane Community Living Center is to safely administer medications to residents as prescribed by the practitioner and in accordance with current standards of practice and regulatory requirements." Review of medication information for indicated: Clonidine should not be stopped without speaking with your physician. Resident R1 was admitted to the facility on 6/15/23. Review of Resident R1 clinical record MDS (minimum data set - a periodic assessment of resident needs) dated 10/23/24, indicated diagnosis of unspecified dementia (a general term for memory, language, problem -solving, and other thinking abilities that are sever enough to interfere with daily living) hypertension (is when the pressure in your blood vessels is too high), and renal	F 0684		

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F 0684 SS=D	Continued from page 23 insufficiency (kidneys functioning poorly). Review of facility documentation dated 12/8/24, submitted to the State Regional Office indicated that Resident R1 was "sent to the ER this morning with elevated blood pressure, increased pulse, heme test positive emesis ". Review of Resident R1 clinical record indicated the following: Physician order: Clonidine patch weekly; 0.3mg/24hr Amount to administer:1 patch; transdermal Review of Resident R1: November MAR (medication administration record - a record documenting residents medication) indicated the following: November 8, 2024 patch applied to "lua". November 15, 2024 patch applied to "right shoulder".	F 0684		

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F 0684 SS=D	Continued from page 24 November 22nd and 29th 2024, both blank with indication resident refused. Review of Resident R1 December MAR indicated the following: December 6th 2024, blank no reason for blank indicated. Review of Resident R1 progress notes dated 12/8/24, 5:55 a.m. indicated: "Pt presenting with dark coffee ground emesis x2 VS 97.8, 125, 18, 255/137. PRN Zofran administered per order. Call place to physician. Awaiting return phone call. HOB elevated. Aspiration precautions maintained. Will continue to monitor." Progress note dated 12/08/24, 6:08 a.m. "V/O obtained Physician Hydralazine 10mg poq 6H PRN for SBP >180. Protonix 40mg, PO Q a.m. placed in in NAFM Dr book for follow up Monday morning."	F 0684		

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F 0684 SS=D	Continued from page 25 Review of December MAR 12/8/24, Hydralazine 10mg, at 6:48 a.m. BP before 255/135 PRN result E. Review of clinical record "Vital report" dated 12/8/24, 10:00 a.m. indicated Blood Pressure 220/130mmHg, respirations 22 per minute, pulse 130 per minute. Progress note dated 12/8/24, at 10:20 a.m. "Pharmacy called the floor and notified RN that resident has allergy to hydralazine MD on call was paged and supervisor was notified. Resident was evaluated. " Progress note dated 12/8/24, at 10:51 a.m. " Resident was re-evaluated and follow up for hypertensive episode and coffee ground vomitus on previous shift. Residents BP obtained manually VS as follows: 98.6, 220/130, SA O2 92%, ra. MD on call notified and he wanted the family contacted and to determine the family decision, the family was	F 0684		

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F 0684 SS=D	Continued from page 26 contacted spoke to daughter, and she inquired along with granddaughter who was on the line if she was medicated for high blood pressure, and they were notified that she received hydralazine and allergy status. They wanted the resident sent to hospital." Review of facility documentation, dated 12/8/24, indicated Resident R1's family member called facility (from the hospital with Resident R1) and asked when the last time Resident R1 patch was changed, the physicians discovered one patch and it was dated 11/8/24. Review of Resident R1 hospital documentation indicated the following: "Today's date 12/9/24, My Daily Plan of Care My Reason for being here is: Clonidine withdrawal/Uncontrolled HTN, constipation My allergies are: hydralazine; penicillin's, adhesive tape Vital signs reviewed. Patient hypertensive 226/139 and tachycardic 119	F 0684		

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F 0684 SS=D	Continued from page 27 Resident presenting to the ED after episode of vomiting felt to be Hematemesis. This occurred last evening. Felt to be constipated, they gave her a bunch of stool softeners last night and ultimately vomited. No reports of whether or not she actually had a bowel movement. This morning blood pressure was noted to be very hypertensive, was given a dose of hydralazine which unfortunately the Resident is allergic to. Because of the elevated blood pressure as well as the vomiting resident was sent here to the ED, on my initial exam resident is significantly hypertensive with blood pressure in the 250s, also tachycardic in the 1 teens. It was not noted until later that there was an old clonidine patch on which would explain why she is significantly hypertensive and very resistant to my ongoing therapy in addition to tachycardic. I do suspect the resident is in clonidine withdrawal because of the lack of clonidine in the last 4 weeks." Impression: Hypertensive urgency/clonidine withdrawal.	F 0684		

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F 0684 SS=D	Continued from page 28 During an interview on 12/17/24, at Resident Family Member R1 indicated, that she was notified of Resident R1's high blood pressure when the facility called to see if the family wanted Resident R1 sent to the hospital. RFM 1 indicated that she met her family member at the hospital and the hospital staff made her aware; of a old clonidine patch, and she observed a clonidine patch on Resident R1 dated 11/8/24. That Resident R1 has an allergy to hydralazine, and when she was at the hospital with her family member, she was lethargic and did not seem to be communicating as well as usual. During an interview on 12/18/24, at 2:25 p.m. Nursing Home Administrator and ADON (Associate Director of Nursing) confirmed that the facility failed to follow the physician order, and failed to provide a clonidine patch as prescribed for Resident R1, and failed to identify the physician order not being followed until alterted by hospital for admission to the hospital for hypertension. 28 Pa. Code: 201.18(b)(1)Management.	F 0684		

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F 0684 SS=D	Continued from page 29 28 Pa. Code: 211.10c(d)Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(3)(5)Nursing services.	F 0684		

Certified End Page

JOHN J KANE REGIONAL CENTER- ROSS TOWNSHIP

STATE LICENSE NUMBER: 365002

SURVEY EXIT DATE: 12/30/2024

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
Debra L. Bogen, MD, FAAP
Secretary of Health

Pennsylvania
Department of Health

THIS IS A CERTIFICATION PAGE

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