

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395610	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/02/2024
NAME OF PROVIDER OR SUPPLIER: RICHLAND NURSING AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE: 349 VO TECH DRIVE JOHNSTOWN, PA 15904		
STATE LICENSE NUMBER: 440702				
(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 0580 SS=D	Based on a complaint survey completed on December 2, 2024, it was determined that Richland 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 0580		

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 0580 SS=D	Continued from page 1 483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this	F 0580	1. Resident 1 was notified of changes, and it was documented in point click care which is an electronic medical record keeping system utilized by the nursing home. 2. Education to licensed staff including agency to be completed on notification and documentation. 3. Audits will be conducted daily X 5, then weekly X 4 until compliance is met. 4. Results will be reviewed at the Quality Assurance Performance Improvement Meeting.	Completion Date: 12/18/2024 Status: APPROVED Date: 12/13/2024

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F 0580 SS=D	Continued from page 2 section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:	F 0580		

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F 0580 SS=D	Continued from page 3 Based on review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the resident or the resident's representative was notified about a transfer to the hospital and changes in medication orders for one of four residents reviewed (Resident 1). Findings include: The facility's policy regarding residents' rights, dated November 21, 2024, revealed that the facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative when there is a need to alter treatment significantly or when there is a decision to transfer the resident from the facility. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated August 1, 2024,	F 0580		

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F 0580 SS=D	Continued from page 4 revealed that the resident had moderate cognitive impairment, required assistance from staff for daily care needs, and had diagnoses that included epilepsy (chronic brain disorder that causes seizures) and gastrointestinal stromal tumor (type of cancer that begins in the digestive system). A nursing note for Resident 1, dated November 9, 2024, at 3:18 p.m., revealed that the resident was acting different and was not responding to staff. The resident was transported to the hospital for evaluation. A nurse's note, dated November 9, 2024, at 3:18 p.m., revealed that Resident 1 was admitted to the hospital with a diagnosis of status epilepticus (prolonged seizure). There was no documented evidence that a representative for the resident was notified of the resident's transfer to the hospital. Physician's orders for Resident 1, dated November 24, 2024, included an order for the resident to receive 500 milligrams (mg) of Keppra (medication used to control seizures) two times a day.	F 0580		

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F 0580 SS=D	Continued from page 5 Physician's orders, dated November 26, 2024, included an order for the resident to receive 20 mg of Pantoprazole (medication used to treat heartburn and certain other conditions caused by too much acid in the stomach) at bedtime. There was no documented evidence that Resident 1 or a representative of Resident 1 was notified about the above-mentioned medication changes. Interview with the Director of Nursing on December 2, 2024, at 2:51 p.m. confirmed that neither Resident 1 nor a representative for Resident 1 was notified about the changes in the above-mentioned medications, and that a resident representative was not notified of the resident's transfer to the hospital on November 9, 2024. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.	F 0580		



Certified End Page

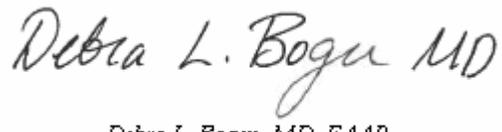
RICHLAND NURSING AND REHAB

STATE LICENSE NUMBER: 440702

SURVEY EXIT DATE: 12/02/2024

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