

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395616</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/09/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>LOCK HAVEN REHABILITATION AND SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>22 CREE DRIVE LOCK HAVEN, PA 17745</b>		
STATE LICENSE NUMBER: <b>710802</b>				
(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 0578 SS=G	Based on an Abbreviated Survey in response to a Complaint Investigation, completed on January 9, 2025, it was determined that Lock Haven Rehabilitation and Senior Living 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.	F 0578		

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 0578  SS=G	Continued from page 1  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. (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	F 0578	1. Corrective action cannot be achieved for resident CR1  2. All residents have the potential to be affected. Facility altered "code status" form to address the residents' ability to make decisions regarding health care and documentation with resident or family and space designated to document with whom it was discussed. Advance directive/code status was reviewed with residents who have been determined to be capable of making their own health care decisions. Resident representatives have been contacted to review advanced directives/code status for those residents who are not capable of making their own health care decisions. All residents with changes needed to code status were referred to physician for further discussion and physician order changes.  3. Education will be provided to medical providers and nursing staff using a program developed by a	Completion Date: <b>01/27/2025</b> Status: <b>APPROVED</b> Date: <b>01/23/2025</b>

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F 0578  SS=G	Continued from page 2  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	well-established center of geriatric health service education, and will include a review of all the federal regulations cited along with a review of the accompanying guidelines for F-0587, and any changes to facility policies and procedures.  4.DON or designee will audit 10 resident code status for accuracy and documentation weekly x 4 then monthly x 3. Results of the audits will be reviewed with QAPI process and meetings.	

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F 0578  SS=G	Continued from page 3  Based on clinical record review and staff interview, it was determined that the facility failed to establish clear and consistent resident wishes regarding advance directives for one of six residents reviewed resulting in actual harm (Resident CR1).  Findings include:  Closed clinical record review for Resident CR1 revealed Durable Health Care Power of Attorney and Health Care Treatment Instructions (Living Will) for the resident dated July 9, 2014, in which the resident appointed a sister as his health care agent to make decisions on his behalf per terms and conditions described in the document. Further review of the document revealed the terms included the sister was authorized to obtain health information for the resident regardless whether the resident was competent or not, but only at such time the resident was determined incompetent should the agent (sister) be authorized to make health care decisions on the resident's behalf regarding health care treatment which included giving directions to initiate,	F 0578		

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F 0578  SS=G	<p>Continued from page 4</p> <p>continue, withhold, or withdraw any or all forms of life-sustaining treatment, or request that a physician responsible for his care issue a do-not-resuscitate (DNR) order, including an out-of-hospital DNR order or a POLST (Physician Orders for Life-Sustaining Treatment, a document for specific medical orders to be honored by health care workers during a medical crisis).</p> <p>In an interview with the Director of Nursing on January 9, 2025, at 11:30 AM it was revealed Resident CR1's sister who was appointed as the agent in the document above was deceased (no date provided), and there was no evidence the resident ever appointed another individual to act on his behalf should he be deemed incapable, or developed a new living will.</p> <p>Review of Resident CR1s closed record revealed the resident was listed with a diagnosis that included intellectual disabilities as an admitting diagnosis (admitted November 2, 2006), although there was no evidence in the record to indicate the resident</p>	F 0578		

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F 0578  SS=G	Continued from page 5  was not capable of making decisions affecting his care or had ever been deemed incapable during his stay at the facility. A quarterly MDS assessment (Minimum Data Set - an assessment completed at periodic intervals of time to assesses resident care needs) completed on November 12, 2024, revealed facility staff assessed the resident as having a BIMS (brief interview for mental status) score of 15, indicating the resident was cognitively intact.  A POLST was identified as part of the resident's closed clinical record dated October 11, 2021, in which the resident indicated it was his wish to receive CPR (cardio-pulmonary resuscitation, an emergency treatment that is done when someone's breathing or heartbeat has stopped). The POLST was signed by Resident CR1 and a nurse practitioner.  Review of Resident CR1's physician orders revealed the resident was ordered a "DNR" on April 3, 2023, which was discontinued on January 3, 2024, and reordered on January 12, 2024, after a	F 0578		

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F 0578  SS=G	Continued from page 6  hospital leave of absence.  A review of a physician's readmission note for Resident CR1 dated March 31, 2023, upon return from a hospital stay listed the resident as having a code status of "No Code" (no CPR), and that advance directives were discussed. The document does not indicate who the advance directives were discussed with, i.e., if it was the resident himself or family. A "Code Status" document with the same date of March 31, 2024, was identified for the resident with DNR, and DNI (do not intubate), checked off and the sheet was signed by the physician and the nurse receiving the order. There was no resident or family signature on the form or who determined the DNR/DNI for the resident.  The facility was not able to provide evidence to show Resident CR1 was ordered to have CPR administered after the resident completed the POLST indicating desired CPR on October 11, 2021, or if the order was changed from wishing to have CPR between the October 11, 2021, date and	F 0578		

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F 0578  SS=G	Continued from page 7  the order dated April 3, 2023, as the Director of Nursing indicated in an interview on January 9, 2025, that the facility changed electronic records in April 2023, and any current orders at the time were carried over to the new system, which is why the DNR order for the resident was dated April 3, 2023.  A physician's readmission note dated January 12, 2024, after the resident had another hospital leave noted the resident's code status was "No Code," and per record review his code status remains DNR/DNI. The note indicated advance directives were discussed, the patient is a DNR. Again, there was no evidence as to who advance directives were discussed with and if the resident was involved or made the decision. Another "Code Status" sheet dated January 12, 2024, was completed for Resident CR1, which checked off DNR and DNI for the resident and was signed by the physician and nurse receiving the order, but the form did not indicate any discussion with the resident.	F 0578		

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F 0578  SS=G	Continued from page 8  Resident CR1 was noted to have a change in condition beginning January 4, 2025, with nausea, progressing to emesis from January 5 - 7, 2025. A nursing note dated January 7, 2025, at 2:30 PM noted the nurse was called to the resident's room to assess the resident as he was vomiting and cool to touch but alert and speaking. It was noted the nurse was unable to get a blood pressure and the provider was consulted and the decision was made to send the resident to the emergency department. Emergency services were noted as contacted. The note then indicated the resident expired at 2:20 PM as there were no respirations or apical heartrate for one full minute and emergency personnel were updated upon arrival.  A physician's death pronouncement note dated January 8, 2025, at 12:11 PM noted the resident expired at the facility on January 7, 2025, noting the resident had worsening status in the afternoon of January 7, 2025, and emergency services were called due to transfer to the emergency department for further evaluation, but the patient was noted by	F 0578		

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F 0578  SS=G	Continued from page 9  nursing to have agonal breathing, respiratory distress, and became pulseless. It was noted no code blue was called as the patient is known DNR/DNI.  There was no evidence to indicate it was Resident CR1's decision to change from his desire to have CPR as the resident signed a POLST in October of 2021, indicated to become a DNR (no CPR) as orders reflected after that date, as there is no evidence to indicate a discussion actually occurred with the resident himself, or that the resident signed a new document indicating a desire to change his wishes. There was no evidence the resident became incapable to not make that decision during his stay at the facility.  The above information was reviewed with the Nursing Home Administrator and Director of Nursing on January 9, 2025, at 3:45 PM.  Cross Refer F684	F 0578		

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F 0578  SS=G	Continued from page 10  483.10(c)(6)(8)(g)(12)(i)-(v) Request/Refuse/Discontinue Trmnt; Formulate Adv Dir Previously cited deficiency 10/28/24  28 Pa. Code 211.5(f) Clinical records  28 Pa. Code 211.12(d)(1)(3)(5) Nursing services	F 0578		
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F 0684  SS=G	Continued from page 11  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. Corrective action cannot be achieved for resident CR1  2. All residents have the potential to be affected. Facility has implemented monitoring of nurse's documentation to identify affected residents who have had a significant change in condition thru review of nursing notes and vital sign logs. Nursing will assess residents with a significant change in condition and notify the physician of findings.  3. Education will be provided to medical providers and nursing staff using a program developed by a well-established center of geriatric health service education, and will include a review of all the federal regulations cited along with a review of the accompanying guidelines for F-0684, and any changes to facility policies and procedures.  4. DON or designee will audit 10 residents with change in condition for proper assessment, intervention, notification and documentation	Completion Date: <b>01/27/2025</b> Status: <b>APPROVED</b> Date: <b>01/23/2025</b>

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F 0684  SS=G	Continued from page 12	F 0684	weekly x 4 the monthly x 3. Results of audit will be reviewed with QAPI process and meetings.	

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F 0684  SS=G	Continued from page 13  Based on closed clinical record review and staff interview, it was determined that the facility failed to provide the highest practicable care for a resident's change in condition that resulted in death for one of six residents reviewed causing actual harm (Resident CR1).  Findings include:  Closed clinical record review for Resident CR1 revealed that the resident had been a long-term resident of the facility with an admission date of November 2, 2006.  Review of Resident CR1's closed clinical record revealed a nursing note dated January 4, 2024, at 8:25 PM noting the resident had complaints of nausea and not feeling well. A nursing note followed dated January 5, 2025, at 2:38 AM noting no further emesis, and a clear liquid tray was ordered for breakfast.  There was no further documentation identified	F 0684		

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F 0684  SS=G	Continued from page 14  between the notes identified above between the evening of January 4, 2025, through the night to January 5, 2025, regarding the number of times emesis occurred or any other details.  A review of meal intakes for Resident CR1 for January 5, 2025, revealed the resident was documented as only consuming 1-26 percent of breakfast and lunch and had refused dinner on that day. Review of meal intakes for the resident prior to January 5, 2025, back to January 1, 2025, revealed the resident had normally consumed at least 51% of meals and mostly 76-100 percent of meals. Resident CR1's meal intakes for January 6, 2025, breakfast continued to be low for the resident at 0-25 percent, with lunch slightly better at 26-50 percent and dinner 51-75 percent.  Resident CR1 was also documented on his bowel record of having a loose/diarrhea bowel movement on the evening of January 5, 2025. The resident was documented as having normal stools almost daily for several days leading up to January 5, 2025.	F 0684		

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NAME OF PROVIDER OR SUPPLIER: <b>LOCK HAVEN REHABILITATION AND SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>22 CREE DRIVE LOCK HAVEN, PA 17745</b>		
STATE LICENSE NUMBER: <b>710802</b>				
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F 0684  SS=G	Continued from page 15  There were no further nursing notes for Resident CR1 for January 5, 2025, reflecting the decrease in meal intakes, whether his nausea had subsided, if there was any further emesis during the day of January 5, 2025, or that the resident had a loose/diarrhea bowel movement since nausea and vomiting has been recently documented.  The next nursing note for the resident was dated January 6, 2025, at 2:13 PM, which noted the resident had emesis twice during the shift with coffee ground appearance, very foul odor, and the resident complaining overall of not feeling well. It was noted the registered nurse supervisor was notified and observed the emesis, and the resident would be monitored for increased emesis and vital sign changes.  A late entry note documented by the registered nurse on January 7,2025, at 9:54 AM for January 6, 2025, at 2:51 PM noted the resident was having multiple emesis during the shift, it was liquid brown	F 0684		

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F 0684  SS=G	Continued from page 16  in color, there was no concern for gastrointestinal (GI) bleeding, and the emesis had no coffee brown texture noted upon assessment. The note indicated GI illness was circulating around the building and the resident's provider was aware with Zofran (an anti-nausea medication) ordered and fluids encouraged.  A review of Resident CR1's orders revealed Zofran was ordered on January 6, 2025, at 10:00 PM to be administered every eight hours for nausea/vomiting for three days.  An order for the resident to have vital sign checks each shift was also identified as ordered on January 6, 2025, at 11:00 PM.  Further review of Resident CR1's bowel records for January 6, 2025, also revealed loose stools/diarrhea were documented for that day.  Nursing documentation dated January 6, 2025, at 8:05 PM noted the resident refused an evening	F 0684		

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F 0684  SS=G	Continued from page 17  snack due to nausea and vomiting.  A nursing note dated January 6, 2025, at 10:22 PM noted the resident had two extra-large emesis during the shift of dark brown liquid noting the resident consumes a chocolate nutritional supplement, and the Zofran was given.  Resident CR1's bowel records also indicated the resident had a loose/diarrhea stool documented the early morning hours of January 7, 2025.  A review of resident CR1's vital signs on January 7, 2025, revealed the resident's blood pressure obtained at 8:49 AM as 87/49 mmHg (millimeters of mercury) with a warning indicating the Diastolic (bottom number) was low below 60, and the Systolic (top number) was low below 90.  Review of Resident CR1's January 2025, medication administration record revealed a medication Lisinopril (medication used to treat high blood pressure) was ordered for the resident daily in	F 0684		

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F 0684  SS=G	Continued from page 18  the morning and is to be held for a Systolic blood pressure less than 110 mmHg. The Lisinopril was documented as not administered due to vitals outside parameters for administration. A correlated administration note for January 7, 2025, at 10:38 AM noted the medication order as it appears on the medication administration record to hold for a Systolic blood pressure of less than 110 mmHg.  An administration note also followed for Resident CR1 at 10:39 AM on January 7, 2025, noting the resident's sliding scale insulin was not administered as the resident is vomiting and refusing meals. The resident's routine insulin was also noted in an administration note that followed at 10:41 AM that it was not administered as the resident was refusing meals, and an administration note at 12:03 PM that the resident's nutritional supplement was refused as the resident was vomiting.  A nursing note dated January 7, 2025, at 12:58 PM indicated Resident CR1 was assessed by the provider on that day for nausea and vomiting and	F 0684		

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F 0684  SS=G	Continued from page 19  the resident continued to receive Zofran every eight hours for three days, labs were to be completed the next day, and clear liquids were to be given for 24 hours.  A review of Resident CR1's physician orders revealed the following orders on January 7, 2025: 7:00 AM encourage 120 milliliters of fluid every shift 7:00 AM clear liquids for 24 hours 12:45 PM KUB (an Xray/scan of the urinary system) 12:45 PM CBC, BMP, and LFT's (diagnostic testing of complete blood count, basic metabolic panel, and liver function testing)  A review of physician assistant (PA) documentation for January 7, 2025, for an encounter with Resident CR1 on January 7, 2025, revealed the resident was noted as seen for evaluation of nausea and vomiting and the PA was asked to see the resident after having developed symptoms of nausea and vomiting "yesterday," (January 6, 2025, even though the nausea and vomiting started on January 4, 2025),	F 0684		

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F 0684  SS=G	Continued from page 20  and upon evaluation had vomited once on January 7, 2025, prior to the visit. The resident indicated to the PA that his bowels were moving normally, and he did not have a fever. It was noted staff reported the resident had coffee ground emesis on January 6, 2025, however, the registered nurse reported it was slightly brown in color but did not feel it was coffee ground emesis. The PA noted the resident's blood sugar was over 200 for the day and his blood pressure from "1/6" was 132/69 mmHg. The encounter note indicated the PA reviewed the most recent facility's vitals for the resident and due to the discrepancy reports on the coffee ground emesis would check the CBC, BMP, LFT's, continue the Zofran, clear liquid diet, check KUB given slightly hypoactive bowel sounds, and recheck on January 8, after KUB was reviewed.  The time of the PA's visit was not indicated on the encounter visit report although per interview with the Director of Nursing on January 9, 2025, at 3:45 PM indicated the PA reported she had visited the resident around 11:00 AM on January 7, 2025.	F 0684		

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F 0684  SS=G	<p>Continued from page 21</p> <p>The note was electronically signed by the PA on January 7, 2025, at 2:49 PM.</p> <p>A nursing note dated January 7, 2025, at 2:30 PM noted the nurse was called to Resident CR1's room as the resident was again vomiting and cool to touch. He was alert and speaking. The resident's blood sugar was noted as high at 476 mg/dL, and the provider was consulted, and the decision was made to send the resident to the emergency department for further evaluation. It was noted emergency medical services was called, and the resident expired at 2:20 PM, noting emergency medical services was updated upon arrival.</p> <p>An additional note from the PA with an encounter date of January 7, 2025, electronically signed by the PA on January 8, 2025, at 12:41 PM, noted a few hours after the PA had seen Resident CR1, the registered nurse came to the PA's office indicating the resident had several more episodes of vomiting since she has seen him and seemed to be declining. The registered nurse reported the resident's color</p>	F 0684		

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F 0684  SS=G	Continued from page 22  did not look good and the resident seemed diaphoretic, also reporting his blood pressure was low. The registered nurse reported that there were a few spots of bright red blood on the resident's sheet but on assessment concluded it to be from a sacral wound. The PA advised to call emergency medical services and have the resident transferred to the emergency department. The PA noted the registered nurse then called her moments later and reported the resident was not responsive and had signs of respiratory distress, the nurse confirmed the resident did have a pulse and the resident's code status was reviewed and confirmed the resident was a do not resuscitate/do not intubate. The nurse was advised if the resident still had a pulse to call 911. It was noted the nurse called again a few moments later and reported 911 had been called; however, the resident was now pulseless and ceased to breathe. Emergency staff arrived just after they hung up the phone, and the nurse pronounced the resident.  A physician's note dated January 8, 2025, at 12:11	F 0684		

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F 0684  SS=G	Continued from page 23  PM as a death pronouncement noted the resident's date of expiration was January 7, 2025, with a cause of death as aspiration pneumonia, acute hypoxic respiratory failure, with secondary diagnosis listed of diabetes type 2, peripheral vascular disease, ventral hernia, neurogenic bladder, major depressive disorder, and intellectual disability. The note only referenced on January 6, 2025, the resident was noted to have nausea and vomiting, and a GI virus had been affecting other residents in the facility. It noted symptoms continued January 7, 2025, and the resident was evaluated by the medical team and noted to be at baseline mental state, stating he was feeling nauseous and tired. It was noted there had been some concerns of coffee ground emesis but on further evaluation of emesis by nursing was not found to be the case, more consistent with bilious/stomach acid. It was noted later that afternoon the resident had a worsening of status, emergency services were called for transfer to the emergency department, and unfortunately while they were enroute the resident was noted to have agonal breathing, respiratory distress, became	F 0684		

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F 0684  SS=G	Continued from page 24  pulseless, and no code blue (emergency alert for a patient in cardiac arrest) was called as the patient was a known do not resuscitate/do not intubate.  There was no evidence the PA or the resident's physician was made aware Resident CR1's nausea and vomiting had actually started as documented late on January 4 into the early morning hours of January 5, 2025, as the PA referenced in the note as symptoms started on January 6, 2025, per staff, or that the either was aware the resident had loose stools identified in bowel records also beginning January 5, 2025, and significantly decreased intakes of meals due to nausea and vomiting beginning January 5, 2025, not one day before on January 6.  The PA's note did not reflect being made aware of the resident's significant decrease in blood pressure as it was obtained on January 7, 2025, in the morning at 8:49 AM as the PA's note reflected the resident's blood pressure from the day before (January 6, 2025) in normal range in the visit on January 7, 2025. The PA did not reference being	F 0684		

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F 0684  SS=G	Continued from page 25  made aware of any low blood pressure until the later encounter with the registered nurse on January 7, 2025, as noted above when the resident rapidly declined in the afternoon.  Facility staff were not able to provide any evidence to the surveyor to indicate Resident CR1's providers were made aware the resident's change in condition began late on January 4, greater than 24 hours prior, and not January 6, 2025, as indicated in provider reports. Additional diagnostics were not ordered until January 7, 2025, after the PA visited the resident.  There was no evidence of any follow up to the resident's condition on January 5, 2025, as emesis was noted in the very early morning hours, the resident had loose stools documented, and the resident's meal intakes reflected significant decline for the day with refusal of dinner, until emesis was documented on January 6, 2025.  Resident CR1 expired on January 7, 2025, at 2:20	F 0684		

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F 0684  SS=G	Continued from page 26  PM prior to any of the ordered diagnostic testing being completed.  The above information was reviewed with the Nursing Home Administrator and Director of Nursing on January 9, 2025, at 3:45 PM.  Cross Refer F578  483.25 Quality of Care Previously cited deficiency 10/18/24  28 Pa. Code 211.12(d)(1)(3)(5) Nursing services	F 0684		
F 0755  SS=D		F 0755		

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F 0755  SS=D	Continued from page 27  483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-  §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.  §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and  §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 0755	1. Corrective action cannot be achieved for resident CR1. Resident 2 was provided ordered medication and provider was notified of missed dose with no orders to change plan of care. Pain assessment was completed and reflected no increase in pain as a result of missed dose.  2. All residents have the potential to be affected. Facility will monitor MAR/TAR for medication designated as "not administered" for the reason of not available and either obtain medication through alternate pharmacy, OTC vendor, or notify provider for alternate medication and/or directive. An inventory of over-the-counter medications to be obtained and compared to facility need. Supplies to be ordered to meet facility need. Additional medications to include frequently used insulins were ordered for emergency backup usage.  3. Education will be provided to medical providers and nursing staff using a program developed by a	Completion Date: <b>01/27/2025</b> Status: <b>APPROVED</b> Date: <b>01/23/2025</b>

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F 0755  SS=D	Continued from page 28  This REQUIREMENT is not met as evidenced by:	F 0755	well-established center of geriatric health service education, and will include a review of all the federal regulations cited along with a review of the accompanying guidelines for F-0755, and any changes to facility policies and procedures.  4.DON or designee will monitor MAR/TAR for documentation of meds not available for 10 residents weekly x 4 weeks the monthly x 3 months. Results of audit will be reviewed with QAPI process and meetings.	

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NAME OF PROVIDER OR SUPPLIER: <b>LOCK HAVEN REHABILITATION AND SENIOR LIVING</b>  STATE LICENSE NUMBER: <b>710802</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>22 CREE DRIVE LOCK HAVEN, PA 17745</b>		
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F 0755  SS=D	Continued from page 29  Based on staff interview and clinical record review, it was determined that the facility failed to ensure that a medication was available in a timely manner for two of four residents reviewed for medication availability concerns (Residents CR1 and 2).  Findings include:  Closed clinical record review for Resident CR1 revealed a physician's order dated August 7, 2024, for the resident to be administered insulin glargine (a long-acting insulin medication used to control blood sugar levels) to be administered/injected via an insulin pen 30 units two times a day for a diagnosis of diabetes (a disease effecting the body's ability to control blood sugar levels).  Resident CR1 was also ordered blood sugar checks before meals and at bedtime for use of sliding scale insulin.  Review of Resident CR1's medication administration record for January 2024, revealed Resident CR1's	F 0755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395616</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/09/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>LOCK HAVEN REHABILITATION AND SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>22 CREE DRIVE LOCK HAVEN, PA 17745</b>		
STATE LICENSE NUMBER: <b>710802</b>				
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F 0755  SS=D	Continued from page 30  evening dose of routine insulin glargine noted above for January 3, 2025, was identified as not administered.  A corresponding medication administration record note dated January 3, 2025, at 8:26 PM noted the insulin was not administered as it was "unavailable."  Review of Resident CR1's vital sign blood sugar check on January 3, 2025, at 8:23 PM revealed the resident's blood sugar was documented as 227 milligrams (mg)/deciliter (dL), which was flagged as a high level as it exceeded 99 mg/dL in the vital check system.  In an interview with the Director of Nursing on January 9, 2025, at 1:22 PM it was revealed the insulin glargine was marked unavailable due to not arriving from the pharmacy in time for administration.  There was no evidence any facility staff contacted Resident CR1's physician regarding not being able	F 0755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395616</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/09/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>LOCK HAVEN REHABILITATION AND SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>22 CREE DRIVE LOCK HAVEN, PA 17745</b>		
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F 0755  SS=D	Continued from page 31  to administer the resident's evening dose of insulin due to unavailability on January 3, 2025, and the resident's blood sugar level was high at 227 mg/dL. There was no evidence the resident received any alternative to the missed dose of the insulin glargine.  A nursing note dated January 4, 2025, at 4:59 AM (the next morning) noted the resident's blood sugar level had significantly increased and was 449 mg/dL and the on-call physician was notified and ordered a one-time dose of rapid/fast acting insulin to be administered to the resident. A recheck of the resident's blood sugar level at 7:46 AM was decreased to 95 mg/dL.  Clinical record review for Resident 2 revealed a physician's order dated September 11, 2024, for the resident to have a lidocaine external patch (pain reliever) applied to the right hip topically daily in the morning for pain.  Review of Resident 2's medication administration record for January 2025, revealed the resident was	F 0755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395616</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/09/2025</b>	
NAME OF PROVIDER OR SUPPLIER: <b>LOCK HAVEN REHABILITATION AND SENIOR LIVING</b>  STATE LICENSE NUMBER: <b>710802</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>22 CREE DRIVE LOCK HAVEN, PA 17745</b>		
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F 0755  SS=D	Continued from page 32  marked as not having the lidocaine patch administered on the morning of January 7, 2025.  A corresponding administration note for Resident 2, dated January 7, 2025, at 8:20 AM noted the lidocaine patch was "on order."  Interview with the Director of Nursing on January 9, 2025, at 3:45 PM revealed the patch was not available to be administered to the resident.  The above findings were reviewed with the Nursing Home Administrator and Director of Nursing on January 9, 2025, at 3:45 PM.  28 Pa. Code 211.9(a)(1)(k) Pharmacy services  28 Pa. Code 211.10(c) Resident care policies  28 Pa. Code 211.12 (d)(1)(3) Nursing services	F 0755		



# Certified End Page

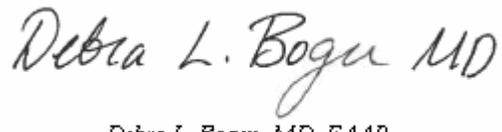
**LOCK HAVEN REHABILITATION AND SENIOR LIVING**

**STATE LICENSE NUMBER: 710802**

**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