

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395677</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/19/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>SARAH A. TODD MEMORIAL HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1000 WEST SOUTH STREET CARLISLE, PA 17013</b>		
STATE LICENSE NUMBER: <b>711402</b>				
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F 0000	INITIAL COMMENT	F 0000		
F 0557 SS=D	Based on a Medicare/Medicaid Recertification, State Licensure, and Civil Rights survey which ended on December 19, 2024, it was determined that Sarah A. Todd Memorial Home 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, and Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0557		

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 0557  SS=D	Continued from page 1  483.10(e)(2) Respect, Dignity/Right to have Prsnl Property  §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:  §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.  This REQUIREMENT is not met as evidenced by:	F 0557	Employee 1 was educated on the importance of administering medication in a private area and not a common area. The residents were not negatively impacted by this deficient practice. Other residents were not noted to have had similar situations.  All residents who are receiving medication are receiving them either in a private, non-common area or will be asked prior to receiving the medication/treatment if the location is satisfactory to the resident.  All licensed nurses will be educated on the importance of dignity and respect and administering medications in a private area.  Audits will be completed weekly on 2 residents by direct observation for one quarter to ensure compliance. After that, audits will be completed by direct observation bi-weekly on 2 residents for a month to ensure compliance. The results of these audits will be reported to the Quality	Completion Date: <b>01/31/2025</b> Status: <b>APPROVED</b> Date: <b>12/30/2024</b>

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F 0557  SS=D	Continued from page 2	F 0557	Assurance and Performance Improvement Committee.  Corrective action will be completed by 1/31/25.	

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F 0557  SS=D	<p>Continued from page 3</p> <p>Based on observations, clinical record review, facility policy review, and staff interview, it was determined that the facility failed to provide medications in a manner that respected the residents' dignity for two of 10 residents observed for medication administration (Residents 23 and 53).</p> <p>Findings include:</p> <p>Review of Facility policy, titled "Dignity and Respect in Personal Property (F557)", revision date December 2022, revealed the policy statement was, "Residents have the right to be treated with respect and dignity ..."</p> <p>Review of Resident 23's clinical record revealed diagnoses that included dementia with Lewy bodies and diabetes mellitus type II.</p> <p>During medication observations on December 18, 2024, at approximately 9:20 AM, Employee 1 was observed preparing two insulin pens for administration for Resident 23. Employee 1 was</p>	F 0557		

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F 0557  SS=D	Continued from page 4  observed administering the medication (one in each upper arm), while the Resident was seated in the unit's common area with multiple residents present in the room.  Review of Resident 53's clinical record revealed diagnoses of dementia (progressive, irreversible degenerative disease of the brain that results in decreased contact with reality and decreased ability to perform activities of daily living) and diabetes mellitus type II (decreased ability of the body to utilize insulin for the transport of glucose from the blood stream into the cells for nourishment).  During medication observation on December 18, 2024, at approximately 9:17 AM, Employee 1 was observed preparing and administering Resident 53's insulin injection into Resident 53's left lower abdomen after lifting Resident 53's shirt to access the area. Employee 1 administered the insulin injection in the unit's common area with multiple residents present in the room.	F 0557		

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F 0557  SS=D	Continued from page 5  During a staff interview on December 19, 2024, at approximately 10:30 AM, Nursing Home Administrator revealed it was the facility's expectation the employees provide injections in the Residents' room to afford privacy and dignity for the residents.  28 Pa code 211.12(d)(1)(5) Nursing Services	F 0557		
F 0812  SS=E		F 0812		

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F 0812  SS=E	Continued from page 6  483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.  This REQUIREMENT is not met as evidenced by:	F 0812	The dishwasher temps in both areas will be recorded and monitored for minimum acceptable temperatures.  Dietary staff will notify their supervisor. The supervisor will investigate and make necessary adjustments or call maintenance, if necessary.  The dietary staff, including the dietary manager, will be educated on the importance of monitoring the dishwasher temperatures and reporting discrepancies, per policy.  Audits will be done by the Dietary Director or designee to ensure temperature logs are complete 3 meals a week for one quarter to ensure compliance. After that, audits will be completed for two meals a week for a month to ensure compliance. The results of these audits will be reported to the Quality Assurance and Performance Improvement Committee. If any temperatures are missing or are not in acceptable ranges, the dietary	Completion Date: <b>01/31/2025</b> Status: <b>APPROVED</b> Date: <b>12/30/2024</b>

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F 0812  SS=E	Continued from page 7	F 0812	supervisor on duty or designee will investigate and make necessary adjustments or call maintenance. Supervisor or designee will document action taken.  Corrective action will be completed on 1/31/25.	

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F 0812  SS=E	Continued from page 8  Based on review of select facility documentation and staff interviews, it was determined that the facility failed to utilize and monitor equipment in accordance with professional standards for food service safety in the main kitchen and one of three dining areas (Lindsey Unit).  Findings include:  Review of document, titled "Dish Machine Temperature Log" for the main kitchen from April 2024 to present, read, in part, "Minimum wash temperature- 150 degrees F (Fahrenheit unit of measure); minimum rinse temperature 180 degrees F. Action Plan: If temperatures are not within acceptable ranges- Circle temperature and notify supervisor. Supervisor will investigate and make necessary adjustments or call maintenance. Supervisor will make note of action taken."  Review of the April 2024 Dish Machine Temperature Log for the main kitchen, revealed wash and rinse cycle temperatures failed to be	F 0812		

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F 0812  SS=E	Continued from page 9  recorded on April 5, 20, and 21, during breakfast and lunch; and April 15, 26, and 27 during dinner.  Further review of the April 2024 Dish Machine Temperature Log for the main kitchen, revealed the wash cycle temperature was below the minimum acceptable temperature on April 2 at lunch. No corrective action was noted.  Review of the May 2024 Dish Machine Temperature Log for the main kitchen, revealed wash and rinse cycle temperatures failed to be recorded on May 23 through 25 at dinner.  Review of the August 2024 Dish Machine Temperature Log for the main kitchen, revealed wash and rinse cycle temperatures failed to be recorded on August 4 and 18 at breakfast; August 3, 17, 18, and 21 at lunch; and August 1, 3, 4, 17-20, and 22 at dinner.  Further review of the August 2024 Dish Machine Temperature Log for the main kitchen, revealed the	F 0812		

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F 0812  SS=E	Continued from page 10  wash cycle temperature was below the minimum acceptable temperature on August 20, 22-25, and 28-30 at breakfast; August 19, 20, 22-25, 29 and 30 at lunch; and August 24 and 25 at dinner. No corrective action was noted.  Review of the September 2024 Dish Machine Temperature Log for the main kitchen, revealed the wash cycle temperature was below the minimum acceptable temperature on September 1-5 at breakfast; September 1-5 and 10 at lunch; and September 2 at dinner. No corrective action was noted.  Review of the October 2024 Dish Machine Temperature Log for the main kitchen, revealed wash and rinse cycle temperatures failed to be recorded on October 2, 3, 12, 13, and 15 at breakfast and lunch.  Review of documents, titled "Sarah Todd Lindsey Dish Machine Temperatures", from May 2024 to present, read, in part, "If temperatures fall below	F 0812		

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F 0812  SS=E	<p>Continued from page 11</p> <p>145 degrees F for wash and 180 for rinse, notify the director of dining services or kitchen supervisor."</p> <p>Review of the May 2024 Lindsey Unit Dish Machine Temperature Log revealed wash and rinse cycle temperatures failed to be recorded on May 1 at dinner; and a final rinse temperature failed to be recorded on May 23 at dinner.</p> <p>Further review of the May 2024 Lindsey Unit Dish Machine Temperature Log revealed the wash cycle temperature was below the minimum acceptable temperature on May 11, 19, 25, and 26 at breakfast; May 1, 11, 17, 18, 25, 26, 29, and 30 at lunch; and May 2, 11, 22, 25, 26 at dinner. No corrective action was noted.</p> <p>Review of the June 2024 Lindsey Unit Dish Machine Temperature Log revealed wash and rinse cycle temperatures failed to be recorded on June 29 at dinner.</p> <p>Further review of the June 2024 Lindsey Unit Dish</p>	F 0812		

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F 0812  SS=E	<p>Continued from page 12</p> <p>Machine Temperature Log revealed the wash cycle temperature was below the minimum acceptable temperature on June 5-7, 11, 14, and 15 at breakfast; June 1, 2, 9, 15, and 17 at lunch; and June 5, 8, 21, and 26 at dinner. No corrective action was noted.</p> <p>Review of the July 2024 Lindsey Unit Dish Machine Temperature Log revealed the wash cycle temperature was below the minimum acceptable temperature on July 7, 16, 21, and 27 at breakfast; July 11, 12, 21, and 31 at lunch; and July 4, 15, 21, 24, 25, and 27-31 at dinner. No corrective action was noted.</p> <p>Review of the August 2024 Lindsey Unit Dish Machine Temperature Log revealed the wash cycle temperature was below the minimum acceptable temperature on August 9 and 15 at breakfast; and August 3-5, 15, 16, 20-24, and 31 at dinner. No corrective action was noted.</p> <p>Further review of the August 2024 Lindsey Unit</p>	F 0812		

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F 0812  SS=E	Continued from page 13  Dish Machine Temperature Log revealed the rinse cycle temperature was below the minimum acceptable temperature on August 2, 6, 9, 15, 22, and 29 at breakfast; August 5, 9, 15, 16, and 18 at lunch; and August 22 at dinner. No corrective action was noted.  Review of the September 2024 Lindsey Unit Dish Machine Temperature Log revealed the wash cycle temperature was below the minimum acceptable temperature on September 21 at breakfast; September 19 at lunch; and September 4, 6, 18, and 20 at dinner. No corrective action was noted.  Further review of the September 2024 Lindsey Unit Dish Machine Temperature Log revealed the rinse cycle temperature was below the minimum acceptable temperature on September 11, 21, and 22 breakfast; and September 1, 2, and 4 at lunch; no corrective action was noted. In addition, no wash or rinse temperatures were recorded on September 26 at breakfast, lunch, or dinner.	F 0812		

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F 0812  SS=E	Continued from page 14  Interview with Employee 3 (Dietary Manager) on December 17, 2024, at 12:23 PM, revealed he provides staff education when temperatures are not recorded, and education to staff in the Lindsey dining area to allow the dish machine to heat up to proper temperature prior to use.  During an interview with the Nursing Home Administrator on December 18, 2024, at 1:05 PM, she revealed her expectation for kitchen equipment to be utilized and monitored in accordance with professional standards.  28 Pa. Code 211.6(f) Dietary services 28 Pa. Code 201.18(b)(3) Management	F 0812		
F 0880  SS=D		F 0880		

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F 0880  SS=D	Continued from page 15  483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F 0880	The residents suffered no ill effects from this deficient practice. The rubber tips of the insulin pens will be cleansed prior to Resident 53, Resident 23, and Resident 18's insulin injections.  All residents who receive insulin injections will have the rubber tip cleansed prior to use.  Licensed nurses will be educated on the insulin pen policy/procedure.  Audits will be completed by direct observation on 3 residents per week for one quarter to ensure that the rubber tips are properly cleansed prior to the insulin injections. After that the audits will be completed on one resident per week for a month to ensure compliance. Results of these audits will be reported to the Quality Assurance and Performance Improvement Committee.  Corrective action will be completed by 1/31/25.	Completion Date: <b>01/13/2025</b> Status: <b>APPROVED</b> Date: <b>12/30/2024</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395677</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/19/2024</b>	
NAME OF PROVIDER OR SUPPLIER: <b>SARAH A. TODD MEMORIAL HOME</b>  STATE LICENSE NUMBER: <b>711402</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1000 WEST SOUTH STREET CARLISLE, PA 17013</b>		
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F 0880  SS=D	Continued from page 16  (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.  §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.  §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.  §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.  This REQUIREMENT is not met as evidenced by:	F 0880		

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F 0880  SS=D	Continued from page 17	F 0880		

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F 0880  SS=D	Continued from page 18  Based on observations, staff interview, and manufacturer guidance reviews, it was determined that the facility failed to follow infection control procedures for three of 10 residents observed for medication administration (Residents 18, 23, and 53).  Findings include:  Review of the manufacturer's usage information for Basaglar Kwipen, Lantus Solostar, Novolog Flexpen, and Insulin Aspart Flexpen (insulins contained in a multidose pen dispensing unit), revealed that directions included swabbing the rubber tip of the pen (area that is punctured by an insulin administering needle) prior to attaching the insulin needle to help prevent infection.  During medication administration observation on December 18, 2024, at approximately 9:17 AM, Employee 1 was observed preparing Basaglar Kwipen for Resident 53. Upon removing the cap of the multi-dose pen dispensing unit, Employee 1	F 0880		

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F 0880  SS=D	Continued from page 19  failed to cleanse the rubber tip with an alcohol swab prior to attaching the insulin needle. Employee 1 was subsequently observed injecting the insulin into Resident 53.  During medication administration observation on December 18, 2024, at approximately 9:20 AM, Employee 1 was observed preparing Lantus Solostar and Novolog Flexpen for Resident 23. Upon removing the cap of the multi-dose pen dispensing units, Employee 1 failed to cleanse rubber tip of the pens prior to attaching the insulin needles. Employee 1 was subsequently observed injecting the insulin into Resident 23.  During medication administration observations on December 18, 2024, at approximately 11:13 AM, Employee 2 was observed preparing Insulin Aspart Flexpen for Resident 18. Upon removing the cap of the multi-dose pen dispensing unit, Employee 2 failed to cleanse the rubber tip of the pen prior to attaching the insulin needle. Employee 2 was subsequently observed injecting the insulin into	F 0880		

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F 0880  SS=D	Continued from page 20  Resident 18.  During a staff interview on December 19, 2024, at approximately 10:30 AM, Nursing Home Administrator revealed it was the facility's expectation that employees cleanse the rubber tips of the insulin pens prior to attaching the insulin needles.  28 Pa code 211.12(d)(1)(5) Nursing services	F 0880		



# Certified End Page

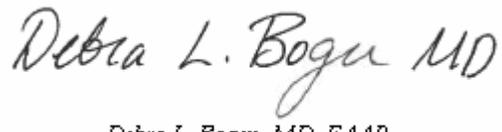
**SARAH A. TODD MEMORIAL HOME**

**STATE LICENSE NUMBER: 711402**

**SURVEY EXIT DATE: 12/19/2024**

**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