

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395770	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/11/2025
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NAME OF PROVIDER OR SUPPLIER: CEDAR HAVEN HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 590 SOUTH 5TH AVENUE LEBANON, PA 17042
STATE LICENSE NUMBER: 290702	

(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 an Abbreviated survey in response to a complaint completed on February 11, 2025, it was determined that Cedar Haven Healthcare Center 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 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's provider and family notified. Meeting with RP was held and status updates provided. 2. Reviewed all residents who were transferred to hospital in last 30 days for notification of RP and provider. 3. Re-educate licensed nurses on the importance of promptly notifying the physician and responsible party regarding any significant change in a resident's condition. 4. Perform weekly audits for the next four weeks of residents transferred out of facility with changes in condition to ensure compliance with notification procedures. 5. DON/designee will report audit findings at next 2 QAPIs for review and recommendations.	Completion Date: 02/28/2025 Status: APPROVED Date: 02/23/2025

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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 clinical record review, facility documentation review, and staff interview, it was determined that the facility failed to notify resident's physician and responsible party of change in condition for one of eight sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included Parkinson's disease and dementia. On February 1, 2025, at 1:48 p.m., a nurse noted that Resident 1 was not acting herself, she had dropped a cup off her table in the morning, had trouble grasping the cup and did not respond to when asked how she was feeling. At 5:03 p.m., the nurse noted that Resident 1 continued to seem off for the shift. At 6:34 p.m., the nurse documented that Resident 1 was unable to eat supper, was unable to chew and needed encouragement to swallow. The nurse placed an order for a speech therapy screen. On February 2, 2025, at 6:17 a.m., the nurse documented that Resident 1 continued to	F 0580		

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F 0580 SS=D	Continued from page 4 have weakness and was still not talking. At 11:52 a.m., Resident 1's family alerted the nurse that the resident had a change in mental status and requested the resident be sent to the emergency room to be evaluated. At 12:13 p.m., the nurse documented that Resident 1 was alert but unresponsive, unable to move her arms or legs, unable to perform hand grasps, and nonverbal. There was no evidence to support that the physician or responsible party were notified of the resident's change in condition until 12:13 p.m. on February 2, 2025. The physician instructed staff to send the resident to the hospital to be evaluated. The resident was transferred to the hospital at approximately 12:35 p.m. In an interview on February 11, 2025, at 2:25 p.m., the Director of Nursing confirmed that the resident's responsible party and physician should have been notified of the resident's change in condition. 28 Pa. Code 211.12(d)(1)(5) Nursing services.	F 0580		

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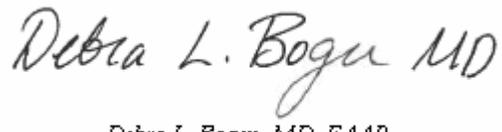
CEDAR HAVEN HEALTHCARE CENTER

STATE LICENSE NUMBER: 290702

SURVEY EXIT DATE: 02/11/2025

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