

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395790	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: SENECA PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE: 5360 SALTSBURG ROAD VERONA, PA 15147		
STATE LICENSE NUMBER: 453302				
(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 0622 SS=D	Based on an Abbreviated Survey in response to two complaints, and an Infection Control survey completed on January 28, 2025, it was determined that Seneca Place 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 0622		

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 0622 SS=D	Continued from page 1 483.15(c)(1)(i)(ii)(2)(i)-(iii) Transfer and Discharge Requirements §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident	F 0622	1. Residents R1 returned to the facility on 1/15/25 and discharged home with family on 2/3/25 and R2 returned to the facility on 1/27/25. 2. A one-week retroactive review of all facility-initiated transfers will be followed-up by telephone to ensure that all necessary resident information was communicated to the receiving health care provider and provide any information if necessary. 3. The NHA or designee will educate all licensed nursing staff and social services staff on the necessary information requirement found at F622 for transfers to a receiving health care provider. 4. The NHA or designee will audit all facility-to-facility transfers to ensure all resident information requirements were met daily x3, then five resident facility-to-facility transfers weekly x8. Results will be reviewed through QAPI for further recommendation.	Completion Date: 03/03/2025 Status: APPROVED Date: 02/13/2025

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F 0622 SS=D	Continued from page 2 while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose. §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i) (A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and	F 0622		

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F 0622 SS=D	Continued from page 3 (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. This REQUIREMENT is not met as evidenced by:	F 0622		

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F 0622 SS=D	Continued from page 4 Based on clinical record review and staff interview, it was determined that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider for two of two residents sampled with facility-initiated transfers (Residents R1, and R2). The findings include: Review of facility policy "Transfer Form" dated 5/12/24, indicated that the facility provides a completed and accurate transfer form to a resident transferred or discharged from our facility. A copy of the transfer form will be filed in the resident 's medical record. Review of Resident R1's clinical record indicated the resident was admitted to the facility on 1/13/25. Review of Resident R1's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 1/19/25, indicated diagnoses of high blood pressure, diabetes (a metabolic disorder in which the body	F 0622		

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F 0622 SS=D	Continued from page 5 has high sugar levels for prolonged periods of time), and cerebral infarction (necrotic tissue in the brain resulting loss of blood and oxygen to the brain). Review of Resident R1's clinical record revealed that the resident was transferred to the hospital on 1/14/25. Review of Resident R1's clinical record revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transferred and expected to return, which included the resident's care plan goals, advanced directive information, specific instructions for ongoing care, resident representative information, and all information necessary to meet the resident's specific needs at the receiving facility. Review of Resident R2's clinical record indicated the resident was admitted to the facility on 10/23/23.	F 0622		

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F 0622 SS=D	<p>Continued from page 6</p> <p>Review of Resident R2's MDS dated 12/19/24, indicated diagnoses of depression, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and Parkinson's disease (neuromuscular disorder causing tremors and difficulty walking).</p> <p>Review of Resident R2's clinical record revealed that the resident was transferred to the hospital on 1/21/25.</p> <p>Review of Resident R2's clinical record revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transferred and expected to return, which included the resident's care plan goals, advanced directive information, specific instructions for ongoing care, resident representative information, and all information necessary to meet the resident's specific needs at the receiving facility.</p> <p>During an interview on 1/28/25, at 3:12 p.m. the</p>	F 0622		

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F 0622 SS=D	Continued from page 7 Director of Nursing confirmed that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider for two of two residents sampled with facility-initiated transfers (Residents R1, and R2). 28 Pa. Code 201.29 (a) (c.3) (2) Resident rights.	F 0622		
F 0625 SS=D		F 0625		

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F 0625 SS=D	Continued from page 8 483.15(d)(1)(2) Notice of Bed Hold Policy Before/Upon Trnsfr §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:	F 0625	1. Resident R1 returned to the facility on 1/15/25 and resident R2 returned to the facility on 1/27/25. No negative outcomes to R1 and R2. No charges made to R1 and R2 accounts for bed-hold fees. 2. A retroactive 14-day review of all hospital/leave transfers will be completed to ensure resident/representatives have been provided information regarding the facility bed-hold policy. 3. NHA or designee will educate all licensed nursing staff and social services staff on the facility bed-hold policy and communicating information at time of transfer. 4. NHA or designee will audit all hospital/leave transfers daily x3, then five resident transfers weekly x8 to ensure bed-hold information was provided. Results will be reviewed through QAPI for further recommendation.	Completion Date: 03/03/2025 Status: APPROVED Date: 02/13/2025

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F 0625 SS=D	Continued from page 9	F 0625			

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F 0625 SS=D	Continued from page 10 Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to notify the resident or resident's representative of the facility bed-hold policy (an agreement for the facility to hold a bed for an agreed upon rate during a hospitalization) for two of two resident hospital transfers (Residents R1, and R2). Findings Include: Review of the facility policy "Bed Holds and Returns", dated 5/12/24, indicated that residents or representatives are informed (in writing) of the facility bed hold policies. All residents or representatives are provided information regarding the facility bed hold policies, which address holding or reserving residents bed during periods of absence (hospitalization or therapeutic leave). Residents are provided information about these policies at least twice: Admission packet, and at the time for transfer.	F 0625		

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F 0625 SS=D	<p>Continued from page 11</p> <p>Review of Resident R1's clinical record indicated the resident was admitted to the facility on 1/13/25.</p> <p>Review of Resident R1's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 1/19/25, indicated diagnoses of high blood pressure, diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and cerebral infarction (necrotic tissue in the brain resulting loss of blood and oxygen to the brain).</p> <p>Review of Resident R1's clinical record revealed that the resident was transferred to the hospital on 1/14/25 and returned to the facility on 1/15/25.</p> <p>Review of Resident R1's clinical record failed to include documented evidence that the resident or the resident's representative were provided with written information about the facility's bed hold policy at the time of the transfer to the hospital on 1/14/25.</p> <p>Review of Resident R2's clinical record indicated the resident was admitted to the facility on</p>	F 0625		

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F 0625 SS=D	Continued from page 12 10/23/23. Review of Resident R2's MDS dated 12/19/24, indicated diagnoses of depression, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and Parkinson's disease (neuromuscular disorder causing tremors and difficulty walking). Review of Resident R2's clinical record revealed that the resident was transferred to the hospital on 1/21/25 and returned to the facility on 1/27/25. Review of Resident R2's clinical record failed to include documented evidence that the resident or the resident's representative were provided with written information about the facility's bed hold policy at the time of the transfer to the hospital on 1/21/25. During an interview on 1/28/25, at 3:12 p.m. the Director of Nursing confirmed that the facility failed to notify the resident or resident's representative of the facility bed-hold policy for two of two resident	F 0625		

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F 0625 SS=D	Continued from page 13 hospital transfers (Residents R1, and R2). 28 Pa. Code: 201.29(b)(d)(j) Resident rights.	F 0625		
F 0677 SS=D	483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:	F 0677	Resident R1 received a shower on 1/26/2025 and R3 received a shower on 1/29/2025. A whole house audit 14 day look back was completed for shower documentation for all residents. The Director of Nursing or designee will educate all nursing staff on proper documentation and complete documentation of bathing. The Director of Nursing or designee will audit all residents bathing documentation daily at morning meetings for 2 weeks, and weekly for 2 weeks, and monthly for 2 months. Audits will be reviewed at the monthly QAPI for further recommendations.	Completion Date: 03/03/2025 Status: APPROVED Date: 02/13/2025

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F 0677 SS=D	<p>Continued from page 14</p> <p>Based on review of clinical records, staff, and resident interviews, it was determined that the facility failed to provide Activity of Daily Living (ADL) assistance for two out of four residents (Resident R1, and R3).</p> <p>Findings include:</p> <p>The facility "Activities of Daily Living" policy dated 5/12/24, indicated that residents will be provided with care, treatment, and services to maintain or improve their ability to carry out ADL's. Care and services will be provided for residents who are unable to carry out ADL's independently including bathing, dressing, grooming, and oral care.</p> <p>Review of Resident R1's admission record indicated resident was admitted to facility on 1/13/25.</p> <p>Review of Resident R1's MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 1/19/25, indicated diagnoses of high blood pressure, diabetes</p>	F 0677		

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F 0677 SS=D	Continued from page 15 (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and cerebral infarction (necrotic tissue in the brain resulting loss of blood and oxygen to the brain). Review of Resident R1's MDS assessment dated 1/19/25, indicated that Section GG0130-Self-care (resident's need for assistance with bathing, dressing, using the toilet) was coded "3", indicating that resident is partial-moderate need of assistance. Helper does less than half of the effort. Review of Resident R1's January 2025 shower documentation indicated there was no shower provided on 1/25/25. Review of Resident R3's admission record indicated resident was admitted to facility on 8/6/19. Review of Resident R3's MDS dated 1/15/25, indicated diagnoses of high blood pressure, depression, and anemia (low iron in the blood).	F 0677		

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(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 0677 SS=D	Continued from page 16 Review of Resident R3's MDS assessment dated 1/15/25, indicated that Section GG0130-Self-care (resident's need for assistance with bathing, dressing, using the toilet) was coded "2", indicating that resident is substantial maximal need of assistance. Helper does more than half of the effort. Review of Resident R3's January 2025 shower documentation indicated there was no shower provided on 1/1/25, 1/4/25, 1/8/25, 1/11/25, and 1/18/25. During an interview on 1/28/25, at 2:40 p.m. Director of Nursing confirmed that the facility failed to provide Activity of Daily Living (ADL) assistance for two out of four residents (Resident R1, and R3). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(e)(6) Management.	F 0677		

Pennsylvania Department of Health

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H 0009	<p>51.3 (g)(1-14) NOTIFICATION</p> <p>51.3 Notification</p> <p>(g) For purposes of subsections (e) and (f), events which seriously compromise quality assurance and patient safety include, but not limited to the following:</p> <p>(1) Deaths due to injuries, suicide or unusual circumstances.</p> <p>(2) Deaths due to malnutrition, dehydration or sepsis.</p> <p>(3) Deaths or serious injuries due to a medication error.</p> <p>(4) Elopements.</p> <p>(5) Transfers to a hospital as a result of injuries or accidents.</p> <p>(6) Complaints of patient abuse, whether or not confirmed by the facility.</p> <p>(7) Rape.</p> <p>(8) Surgery performed on the wrong patient or on the wrong body part.</p> <p>(9) Hemolytic transfusion reaction.</p> <p>(10) Infant abduction or infant discharged to the wrong family.</p> <p>(11) Significant disruption of services due to disaster such as fire, storm, flood or other occurrence.</p> <p>(12) Notification of termination of any services vital to continued safe operation of the facility or the</p>	H 0009	<p>1. Residents to equal 36 total have been added to the Department of Health with health reportable events.</p> <p>2. The NHA or designee will educate the Director of Nursing and Assistant Director of Nursing on notifying the Department of Health with health department reportable diseases</p> <p>3. The Director of Nursing or designee will audit all health reportable diseases for notification to the Department of Health daily at morning meetings for 2 weeks, 2 times a week for 2 weeks and then monthly. Results will be reviewed through QAPI for further recommendations.</p>	<p>Completion Date: 03/03/2025</p> <p>Status: APPROVED</p> <p>Date: 02/12/2025</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395790	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: SENECA PLACE STATE LICENSE NUMBER: 453302		STREET ADDRESS, CITY, STATE, ZIP CODE: 5360 SALTSBURG ROAD VERONA, PA 15147		
(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
H 0009	Continued from page 1 health and safety of its patients and personnel, including, but not limited to, the anticipated or actual termination of electric, gas, steam heat, water, sewer and local exchange of telephone service. (13) Unlicensed practice of a regulated profession. (14) Receipt of a strike notice. This REGULATION is not met as evidenced by:	H 0009		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395790	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: SENECA PLACE STATE LICENSE NUMBER: 453302		STREET ADDRESS, CITY, STATE, ZIP CODE: 5360 SALTSBURG ROAD VERONA, PA 15147		
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H 0009	Continued from page 2 Based on facility reports, and staff interview it was determined that the facility failed to notify the Department of Health with health department reportable diseases. Findings include: During a review of documentation provided by the facility on 1/28/25, at 9:45 a.m. failed to reveal positive Covid-19 (a contagious respiratory illness) for facilities current outbreak that included 36 residents. During an interview on 1/28/25, at 10:30 a.m. Director of Nursing (DON) stated, "I didn't think that we had to report positive Covid-19 residents anymore, I thought it was just employees". During an interview on 1/28/25, at 10:34 a.m. DON confirmed that the facility failed to notify the Department of Health with health department reportable diseases.	H 0009		



Certified End Page

SENECA PLACE

STATE LICENSE NUMBER: 453302

SURVEY EXIT DATE: 01/28/2025

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