| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
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| NAME OF PROVIDER OR SUPPLIER: | STREET ADDRESS, CITY, STATE, ZIP CODE: |
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| **THORNWALD HOME**<br>STATE LICENSE NUMBER: **082802** | **442 WALNUT BOTTOM ROAD**<br>**CARLISLE, PA 17013** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 |
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| F 0000 | INITIAL COMMENT<br><br>Based on a Medicare/Medicaid Recertification survey, State Licensure survey, and Civil Rights Compliance survey completed on December 12, 2024, it was determined that Thornwald 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, Commonwealth of Pennsylvania Long Term Care Licensure Regulations. | F 0000 | | |
| F 0688<br><br>SS=D | | F 0688 | | |

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 0688<br><br>SS=D | Continued from page 1<br><br>483.25(c)(1)-(3) Increase/Prevent Decrease in ROM/Mobility<br><br>§483.25(c) Mobility.<br>§483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and<br><br>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.<br><br>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable.<br><br>This REQUIREMENT is not met as evidenced by: | F 0688 | 1. R27's Restorative Nursing Program and nurse aide task documentation has been reviewed and revised to reflect discontinuation of ambulation and to continue with Transfers and ROM programming. Certified Nursing Assistants providing care on December 9, 2024, and December 10, 2024 have been re-educated on R 27's Care plan, and responsibility to provide equipment, devices and services in accordance with the resident care plan.<br><br>2. Residents receiving Restorative Nursing have been identified to validate current programs and nurse aide task documentation is reflective of current program needs and resident status.<br><br>3. The Registered Nurse Assessment Coordinators will be re-educated on role and responsibility of the Restorative Nursing Program to include revision of the resident care plan and validating proper documentation of | Completion Date: **01/21/2025** Status: **APPROVED** Date: **12/20/2024** |

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| F 0688<br><br>SS=D | Continued from page 2 | F 0688 | devices and programming is in place. Nursing Staff will be re-educated on providing equipment, devices, and services in accordance with the resident care plan and on completing accurate documentation of care provided. Therapy staff will be educated in including functional devices and equipment in discharge summaries. A Weekly Restorative Committee has been established to review current programs, resident status, and documentation.<br><br>4. Weekly audits of at least 5 residents receiving Restorative Nursing per week will be conducted by the Director of Nursing or designee to validate current programming and task documentation is accurate and reflective of status. In addition, Director of Nursing or designee will conduct random observations of at least 5 residents per week to validate equipment and devices are in place per the resident care plan. Results of audits will be forwarded to the facility Quality Assurance and | |

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| F 0688<br><br>SS=D | Continued from page 3 | F 0688 | Performance Improvement Committee x 12 weeks for review and recommendation. | |

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| F 0688<br><br>SS=D | Continued from page 4<br><br>Based on observations, clinical record review, and staff interviews, it was determined that the facility failed to ensure a resident with limited mobility received appropriate services, equipment, and assistance to maintain or improve mobility for one of four residents reviewed (Resident 27).<br><br>Findings include:<br><br>Review of Resident 27's clinical record revealed diagnoses that included Parkinson's Disease (progressive and irreversible neurological disease that causes decreased control of the nervous system resulting in stiffness, slowing of movement, and uncontrolled bodily movements) and muscle weakness.<br><br>Review of Resident 27's care plan revealed that the Resident had an impaired functional status and approaches/interventions included transfers: 1-person assist, stand pivot with a walker and to have right AFO (Ankle Foot Orthotic - braces support the ankle, keeping the toes aligned with the | F 0688 | | |

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| F 0688<br><br>SS=D | Continued from page 5<br><br>rest of the foot) on for transfers and when OOB [out of bed], OOB to pedal Broda chair (a tilt-in-space positioning chair which prevents skin breakdown through reducing heat and moisture) with cushion and bilateral leg rests for proper positioning, dated January 27, 2024; and Walking: non-ambulatory, dated January 27, 2024.<br><br>Observation of Resident 27 on December 9, 2024, at 10:26 AM, revealed that the Resident was in their room, seated in their Broda chair with no leg rests, leaning slightly to the left, and that the Resident had slippers on both feet. The leg rests for the Broda chair, their AFO, and their shoes were noted on the floor nearby in front of a nightstand.<br><br>Observation of Resident 27 on December 10, 2024, at 10:18 AM, revealed that the Resident was in their room, seated in their Broda chair with leg rests present, and that the Resident had gripper socks on both feet. Their AFO and shoes were noted on the floor nearby in front of a nightstand. | F 0688 | | |

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| F 0688<br><br>SS=D | Continued from page 6<br><br>Observation of Resident 27 on December 10, 2024, at 12:52 PM, revealed that the Resident was in the dining room, seated in their Broda chair with leg rests in place, and the Resident had on sneakers. The AFO was not present. Immediate observation of Resident 27's room revealed that their AFO was present in their room on the floor in front of the nightstand.<br><br>Observation of Resident 27 on December 11, 2024, at 10:09 AM, revealed that the Resident was in their room, seated in their Broda chair with leg rests present, and that the Resident had their AFO in place and was wearing sneakers.<br><br>Review of Resident 27's Physical Therapy Discharge Summary dated November 22, 2024, revealed that "Discharge Recommendations included a Restorative Nursing Program (RNP) for sit to stand transfers and bilateral lower extremities therapeutic exercises in order to maintain current level of function." In addition, it was noted that Resident 27's long-term therapy goal for "Pt. will | F 0688 | | |

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| F 0688<br><br>SS=D | Continued from page 7<br><br>ambulate 25 feet safely with front wheeled walker and min assist (25% assist) on even surfaces" was discontinued on November 22, 2024, and stated rationale indicated "ambulation discontinued due to decreased safety." This discharge summary failed to include any mention of Resident 27's AFO.<br><br>Review of Resident 27's nurse aide task documentation revealed that the Resident was on a Restorative Nursing Program for range of motion and walking. Review failed to reveal any documentation regarding Resident 27's use of their AFO.<br><br>Further review of this documentation from November 22, 2024, through December 11, 2024, revealed that on November 25 and 27, 2024; December 4 and 9, 2024, there was no documentation indicating that Resident 27 was provided their range of motion or ambulation programs. In addition, it was noted that on November 30, 2024, and December 1, 2, 3, and 6, 2024, there was no documentation that Resident 27 | F 0688 | | |

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| F 0688<br><br>SS=D | Continued from page 8<br><br>was provided their ambulation program.<br><br>During a staff interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on December 11, 2024, at 1:50 PM, concerns were shared regarding the observations of Resident 27, missing RNP documentation, missing AFO documentation, and conflicting information regarding Resident 27 being non-ambulatory, but on a walking RNP.<br><br>During a staff interview with the NHA on December 12, 2024, at 9:49 AM, the NHA indicated that Resident 27's walking program was placed on hold sometime back in July. The NHA said she was not sure why it would have been still populating for staff to perform/document. She confirmed that the Resident 27's care plan indicated that she was non-ambulatory and that the therapy discharge summary indicated on November 22, 2024, that ambulation was not safe.<br><br>During a final staff interview with the NHA and | F 0688 | | |

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| F 0688<br><br>SS=D | Continued from page 9<br><br>DON on December 12, 2024, at 11:12 AM, the NHA indicated that she had no additional information to provide regarding Resident 27's AFO use or why staff would be ambulating Resident 27 if they were not ambulatory. The NHA confirmed that she would expect range of motion exercises to have been provided and documented accordingly, and that she would expect Resident 27's care plan to have been followed for the use of their AFO.<br><br>28 Pa. Code 211.12(d)(2)(3)(5) Nursing services | F 0688 | | |
| F 0690<br><br>SS=E | | F 0690 | | |

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| F 0690<br><br>SS=E | Continued from page 10<br><br>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI<br><br>§483.25(e) Incontinence.<br>§483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.<br><br>§483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-<br>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;<br>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and<br>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.<br><br>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. | F 0690 | 1. R 65 has been evaluated and is currently experiencing no signs and symptoms of infection. R72 is currently being treated on antibiotic therapy and is showing no signs or symptoms of urinary tract infections.<br><br>2. Residents with indwelling catheters will be identified, and will be evaluated for signs and symptoms of urinary tract infections. In, addition, documentation will reviewed to validate catheter care has been completed. Physician will be notified for follow-up as needed.<br><br>3. Certified Nursing Assistants will be re-educated on completion of catheter care and proper documentation. Licensed Nurses will be re-educated on role and responsibility of oversight of completion of CNA documentation for each shift.<br><br>4. Director of Nursing or designee will conduct audits on at least 3 residents/per week with catheters to validate care documentation is | Completion Date: **01/21/2025**<br>Status: **APPROVED**<br>Date: **12/20/2024** |

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| F 0690<br><br>SS=E | Continued from page 11<br><br>This REQUIREMENT is not met as evidenced by: | F 0690 | complete. Results of audits will be forwarded to the facility Quality Assurance and Performance Improvement Committee x 12 weeks for review and recommendation. | |

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| F 0690<br><br>SS=E | Continued from page 12<br><br>Based on facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to ensure residents receive appropriate treatment and services to prevent urinary tract infections in residents with a foley catheter for two of three residents reviewed (Residents 65 and 72).<br><br>Findings include:<br><br>Review of facility policy, titled "Procedure: Guidelines For Prevention of Catheter Associated Urinary Tract Infections", with a last review date of January 25, 2024, revealed that "Special meatus [opening leading to the interior of the body] care with an indwelling urinary catheter is not required. Daily soap and water cleansing of the perineal area is an important part of the hygiene for all patients."<br><br>Review of Resident 65's clinical record revealed diagnoses that included urinary retention (a condition where your bladder doesn't empty all the way or at all when you urinate) and use of an indwelling foley | F 0690 | | |

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| F 0690<br><br>SS=E | Continued from page 13<br><br>catheter (a tube placed and held in the bladder to drain urine).<br><br>Review of Resident 65's nurse aide task documentation from October 1, 2024, through December 12, 2024, revealed that there was no documentation of catheter care being provided as follows:<br>October: 6th evening shift; 11th evening shift; 18th evening shift; 19th night shift; 21st day and evening shift; 22nd day and evening shift; 23rd evening shift; 27th day shift; 30th evening shift;<br>November: 4th day shift; 8th day and evening shift; 13th evening shift; 14th day shift; 18th day and evening shift; 22 day and night shift; 24th day shift; 29th night shift; and<br>December: 1st evening shift; 2nd day shift; 3rd evening shift; 5th evening and night shift; 6th evening shift; 7th evening and night shift; and 8th evening shift.<br><br>Further review of Resident 65's clinical record revealed that the Resident was diagnosed with a | F 0690 | | |

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| F 0690<br><br>SS=E | Continued from page 14<br><br>urinary tract infection (UTI) on October 25, 2024, and that their final urine culture dated October 28, 2024, indicated that their urine contained greater than 100,000 CFU/ml of E-coli (Escherichia coli-a bacteria that lives harmlessly in your gut which can cause an infection if it enters your urinary system from stool).<br><br>During a staff interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on December 11, 2024, at 1:44 PM, they both confirmed that they would expect catheter care to be provided and documented every shift.<br><br>Review of Resident 72's clinical record revealed diagnoses that included benign prostatic hyperplasia (a condition in which the flow of urine is blocked due to the enlargement of prostate gland) and chronic kidney disease (a condition characterized by a gradual loss of kidney function).<br><br>Review of Resident 72's physician orders revealed orders for catheter check every shift, with a start | F 0690 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
|---|---|---|---|
| | 395802 | A. BLDG: 00<br>B. WING: | 12/12/2024 |

| NAME OF PROVIDER OR SUPPLIER: | STREET ADDRESS, CITY, STATE, ZIP CODE: |
|---|---|
| **THORNWALD HOME**<br>STATE LICENSE NUMBER: **082802** | **442 WALNUT BOTTOM ROAD CARLISLE, PA 17013** |

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|---|---|---|---|---|
| F 0690<br><br>SS=E | Continued from page 15<br><br>date of September 27, 2024.<br><br>Review of Resident 72's nurse aide task documentation from October 1, 2024, through December 10, 2024, revealed that there was no documentation of catheter care being provided as follows:<br>October: 10th night shift; 12th night shift; 16th evening shift; 30th evening shift; 31st evening and night shift;<br>November: 1st night shift; 2nd evening shift; 6th day shift; 12th evening shift; 13th day shift; 25th day shift;<br>December: 3rd evening shift; and 10th evening shift.<br><br>Further review of Resident 72's clinical record revealed he was started on an antibiotic for a UTI on October 27, 2024, twice daily for seven days; and on December 9, 2024, daily with a stop date of December 20, 2024.<br><br>Interview with the DON on December 11, 2024, at 1:58 PM, revealed she would expect catheter care | F 0690 | | |

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| | 395802 | A. BLDG: __00_____ B. WING: _____ | 12/12/2024 |

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|---|---|---|---|---|
| F 0690<br><br>SS=E | Continued from page 16<br><br>to be completed and documented per facility protocol, daily every shift.<br><br>28 Pa. Code 211.10(c)(d) Resident care policies<br>28 Pa code 211.12(d)(1)(2)(5) Nursing services | F 0690 | | |
| F 0692<br><br>SS=D | | F 0692 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
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| F 0692<br><br>SS=D | Continued from page 17<br><br>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance<br><br>§483.25(g) Assisted nutrition and hydration.<br>(Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-<br><br>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;<br><br>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;<br><br>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.<br><br>This REQUIREMENT is not met as evidenced by: | F 0692 | 1. R 38's provider was notified of weight loss identified from 11/3-11/26/24 on 12/10/24. R 79 no longer resides in the facility.<br><br>2. Residents with orders for weekly weights will be audited that weights were completed as orders, reweighs obtained as necessary, and follow-up with physician and dietitian notification has occurred as appropriate. The facility has reviewed and revised it current procedure for weights for obtaining weights/reweights and to include notification of the physician and dietitian as appropriate.<br><br>3. The facility will re-educate Nursing Staff and the Dietician on the revised weight procedure to include weekly weights, reweights and to include physician and dietitian notification of identified weight changes. A weekly weight committee has been established to include a review of weekly and monthly weights to validate reweighs and notification to | Completion Date: **01/21/2025** Status: **APPROVED** Date: **12/20/2024** |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
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|---|---|---|---|---|
| F 0692<br><br>SS=D | Continued from page 18 | F 0692 | physician and dietitian has occurred.<br><br>4. The Director of Nursing or designee will perform audits of at least 5 residents/week and documented weights to validate weight procedure has been followed to include re-weighs and proper notifications as necessary. Results of audits will be forwarded to the facility Quality Assurance and Performance Improvement Committee x 12 weeks for review and recommendation. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
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| NAME OF PROVIDER OR SUPPLIER: | STREET ADDRESS, CITY, STATE, ZIP CODE: |
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| THORNWALD HOME<br>STATE LICENSE NUMBER: 082802 | 442 WALNUT BOTTOM ROAD<br>CARLISLE, PA 17013 |

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| F 0692<br><br>SS=D | Continued from page 19<br><br>Based on facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to ensure proper monitoring to maintain acceptable parameters of nutritional status and failed to notify the physician of a significant weight change for two of 21 residents reviewed (Residents 38 and 79).<br><br>Findings include:<br><br>Review of facility policy, titled "Procedure: Weighing and Documenting Resident Weights", last reviewed January 25, 2024, read, in part, "Unit coordinators review weights and transfer all weights to include any re-weights to resident medical records via Care Tracker. Dietitian will notify nursing via Kardex of any significant weight loss or weight gain, as well as physician after reviewing the weight detail report in Care Tracker. If nurse aide reports a variance, weight must be done again in presence of a licensed staff on that shift. A weight variance is defined as any resident weighing greater than 120 pounds with a gain or loss of five pounds or more, or a resident | F 0692 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
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| F 0692<br><br>SS=D | Continued from page 20<br><br>weighing less than 120 pounds with a weight gain or loss of three pounds or more. Admission weekly weights will be obtained for four weeks post admission from day of admission."<br><br>Review of Resident 38's clinical record revealed diagnoses that included moderate protein-calorie malnutrition (an imbalance between the nutrients the body needs to function and the nutrients it gets), dementia (a chronic disorder of the mental processes caused by brain disease, marked by memory disorders, personality changes, and impaired reasoning), and congestive heart failure (a chronic condition in which the heart doesn't pump blood as well as it should).<br><br>Review of Resident 38's physician orders revealed an order for "Weekly weight Tuesday day shift-every week", with a start date of November 26, 2024.<br><br>Review of Resident 38's clinical record revealed he had a significant weight loss of 20.8 pounds | F 0692 | | |

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| F 0692<br><br>SS=D | Continued from page 21<br><br>(11.9%) from November 3 to 26, 2024.<br><br>Further review of Resident 38's clinical record revealed he was not weighed again until December 3, 2024.<br><br>Review of Resident 38's clinical record revealed a dietitian note on November 26, 2024, in response to the weight loss that read, in part, "Unsure if weight loss is true weight loss or water loss. Recommend fortified cereal to increase caloric intake."<br><br>Further review of the dietitian note on November 26, 2024, failed to reveal documentation that the physician was notified.<br><br>During an email correspondence with the Nursing Home Administrator (NHA) on December 10, 2024, at 12:27 PM, the surveyor inquired if there had been communication to the physician related to Resident 38's significant weight change. | F 0692 | | |

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| F 0692<br><br>SS=D | Continued from page 22<br><br>Interview with Employee 1 (Physician Assistant) on December 11, 2024, at 10:56 AM, revealed he was notified of Resident 38's weight loss the previous evening of December 10, 2024, by nursing. He further revealed he is typically only notified of significant weight changes that the nursing staff are concerned about, and he rarely has communication with the dietitian.<br><br>Interview with the NHA on December 11, 2024, at 1:55 PM, the surveyor revealed the concern with the missed re-weigh measure for the weight variance and lack of physician notification of resident 38's significant weight loss. The NHA revealed she would expect weight monitoring and physician notification per facility policy.<br><br>Review of Resident 79's clinical record revealed she was admitted to the facility on September 13, 2024, with diagnoses that included hypertension (high blood pressure), hyperlipidemia (high cholesterol), and osteoporosis (a condition that weakens bones and increases the risk of fractures). | F 0692 | | |

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|---|---|---|---|---|
| F 0692<br><br>SS=D | Continued from page 23<br><br>Review of Resident 79's physician orders revealed an order for "Weekly weight Tuesday 3-11 shift weights- every week", with a start date of September 17, 2024.<br><br>Review of Resident 79's clinical record failed to reveal a weekly weight measure was obtained during the week of September 15 through 21, 2024.<br><br>Interview with the NHA and Director of Nursing on December 12, 2024, at 11:16 AM, revealed they are unable to locate a weekly weight measure between the aforementioned dates, and she would expect weekly weights to be obtained per physician order and facility policy.<br><br>28 Pa Code 211.12(d)(1)(3)(5) Nursing Services | F 0692 | | |

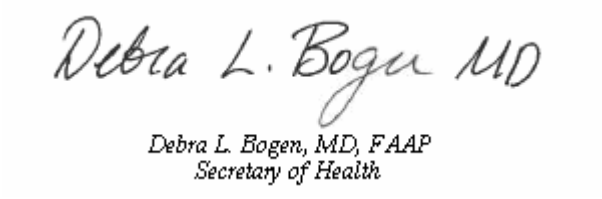
# Certified End Page

**THORNWALD HOME**

**STATE LICENSE NUMBER: 082802**

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

**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**


Pennsylvania
Department of Health

THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY