

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395966	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/13/2025
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NAME OF PROVIDER OR SUPPLIER: UPMC NORTHWEST TRANSITIONAL CARE UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE: 100 FAIRFIELD DRIVE SENECA, PA 16346
STATE LICENSE NUMBER: 151002	

(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 0605 SS=D	Based on a Medicare Recertification, State Licensure, and Civil Rights Compliance survey completed on August 13, 2025, it was determined that UPMC Northwest Transitional Care Unit 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 0605		

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 0605 SS=D	Continued from page 1 483.10(e)(1), 483.12(a)(2), 483.45(c)(3)(d)(e) Right to be Free from Chemical Restraints §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any . . . chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-. . . §483.12(a)(2) Ensure that the resident is free from . . . chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. §483.45(c)(3) A psychotropic drug is any drug that affects	F 0605	1. R 17 and R 29 were discharged. 2. At the time of the survey, the residents in house were reviewed and evaluated for documentation of alternative measures prior to administration of psychotropic prn medications. Orders were reviewed for an appropriate stop date of 14 days. 3. Licensed nursing staff will be provided education regarding the right to be free of chemical restraints, the requirements of alternative measures prior to administration of PRN psychoactive medications and the 14 day stop date for all psychotropic prn medication orders. 4. The Director of Nursing or designee will audit new admission and all residents for orders with PRN psychotropic medications assessing the 14 day stop date as well as documentation of alternate interventions attempted weekly x 1 month, bi-weekly x 1 month, then monthly until substantial compliance is achieved. The results will be shared with the facility Quality Assessment and Performance	Completion Date: 09/09/2025 Status: APPROVED Date: 08/27/2025

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F 0605 SS=D	Continued from page 2 brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic. §483.45(d) Unnecessary drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. §483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral	F 0605	Improvement Committee.	

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F 0605 SS=D	Continued from page 3 interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:	F 0605		

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F 0605 SS=D	Continued from page 4 Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to provide a clinical rationale for the continued use of an as needed (PRN) psychotropic (mind altering) medication beyond 14 days and failed to provide evidence that non-pharmacological interventions (interventions attempted to calm a resident other than medication) were attempted prior to the administration of a PRN psychotropic medication for two of six residents reviewed (Residents R17 and R29). Findings include: A facility policy entitled "Psychotropic Drug Management" dated 4/21/25, revealed "PRN orders for psychotropic medications will be limited to 14 days unless the physician identifies the rationale to extend the medication beyond 14 days Identify non-pharmacological interventions that can be utilized to use the lowest possible dose and to work in conjunction with the goal of reduction or discontinuation. Documentation will reflect attempts	F 0605		

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F 0605 SS=D	Continued from page 5 to implement care-planned, non-pharmacological approaches and ongoing effectiveness of these interventions. Resident R17's clinical record revealed an admission date of 7/25/25, with diagnoses that included hypertension (high blood pressure), congestive heart failure (the inability of the heart to maintain an adequate supply of blood to organs and tissues), and obstructive sleep apnea (a condition when a person repeatedly stops and starts breathing when they are sleeping). A physician's order dated 7/25/25, identified to administer clonazepam (anti-anxiety medication) 0.5 milligrams (mg) by mouth two times a day PRN for anxiety, this order was discontinued on 8/6/25. A new physicians order dated 8/6/25, identified to administer clonazepam 0.5 mg by mouth two times a day PRN for anxiety and lacked the required clinical rationale for continued use beyond 14 days. Review of Resident R17s July 2025 and August 2025 Medication Administration Records (MAR)	F 0605		

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F 0605 SS=D	<p>Continued from page 6</p> <p>revealed that the PRN clonazepam was used on 7/30/25, 7/31/25, 8/3/25, 8/4/25, 8/7/25, 8/8/25, 8/9/25, 8/10/25, and 8/11/25. The clinical record lacked evidence of non-pharmacological interventions being attempted prior to the administration of the PRN clonazepam for two administrations in July 2025 and for eight administrations in August 2025.</p> <p>Resident R29's clinical record revealed an admission date of 8/7/25, with diagnoses that included respiratory failure, heart failure, and chronic kidney disease. A physician's order dated 8/7/25, identified to administer clonazepam 3 mg by mouth PRN for restlessness at bedtime.</p> <p>Review of the August 2025 MAR for Resident R29 revealed that the PRN clonazepam was used on 8/7/25, 8/9/25, 8/10/25, and 8/11/25. The clinical record lacked evidence of non-pharmacological interventions being attempted prior to the administration of the PRN clonazepam for four administrations in August 2025.</p>	F 0605		

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F 0605 SS=D	Continued from page 7 During an interview on 8/12/25, at 2:10 p.m. Registered Nurse Employee E1 confirmed that Resident R17s clonazepam lacked the required stop date within 14 days or a clinical rationale for continued use beyond 14 days and that Resident R17s and Resident R29s clinical records lacked evidence that non-pharmacological interventions were being attempted prior to administering the PRN clonazepam. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services	F 0605		
F 0761 SS=D		F 0761		

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F 0761 SS=D	Continued from page 8 483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 0761	1. Humalog insulin pen with no resident name or date was discarded at the time of the survey and replaced with labeled & date of expiration tag 2. At the time of the survey, all residents and medication carts were checked for any unlabeled/dated medications. 3. Verbal education was provided to the nursing staff regarding the requirement for labeling and dating medications when opened. The unit licensed staff will be provided education by the Director of Nursing and/or designee regarding labeling and dating multiple dose medications. 4. The Director of Nursing or designee will audit all medication carts to ensure all items are labeled with the date opened as indicated, audits will be completed weekly for one month, then bi-weekly for 1 month, then monthly until substantial compliance is achieved. Results will be shared at the facility Quality Assurance and Performance Improvement committee.	Completion Date: 09/09/2025 Status: APPROVED Date: 08/27/2025

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F 0761 SS=D	Continued from page 9 Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to appropriately discard outdated medications for one of one medication carts reviewed. Findings include: Review of facility policy entitled "Multi Dose Medication-A" dated 4/21/25, indicated all multiple use (multi-dose) medications should be labeled by the facility with the date first use so that expiration dates or date for last use can be determined, and discard any vial found opened without being dated. Review of facility policy entitled "Expiration Dates" dated 4/21/25, indicated injectable diabetes product storage recommendations, Humalog insulin pen opened expires in 28 days. Review of manufacturer's guidelines revealed that an open pen of Humalog Insulin must be used within 28 days after opening or be discarded, even if the vial	F 0761		

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F 0761 SS=D	Continued from page 10 still contained insulin. Observation of drug storage on 8/11/25, at 3:55 p.m. of the medication cart revealed an open Humalog Insulin pen with no resident name or date indicating when the insulin pen was opened. During an interview on 8/11/25, at the time of observation Licensed Practical Nurse (LPN) Employee E2 confirmed that the open Humalog insulin pen lacked a resident name and an open date, and staff were unable to determine the discard date. LPN Employee E2 also confirmed that the insulin pen should have been discarded. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.9(a)(1) Pharmacy services 28 Pa. Code 211.12(d)(1) Nursing services	F 0761		



Certified End Page

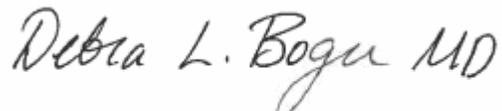
UPMC NORTHWEST TRANSITIONAL CARE UNIT

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SURVEY EXIT DATE: 08/13/2025

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