STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395989	A. BLDG: 00 B. WING:	01/15/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PROVIDENCE REHAB AND HEALTHCARE CENTER AT MERCY FITZGERALD STATE LICENSE NUMBER: **074902**	**600 S WYCOMBE AVENUE YEADON, PA 19050**

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F 0000	INITIAL COMMENT Based on a Medicare/Medicaid Recertification Survey, Civil Rights Compliance Survey, State Licensure Survey and an Abbreviated Survey in response to three complaints, completed on January 15, 2025, it was determined that Providence Rehabilitation and Healthcare Center at Mercy Fitzgerald, was not in compliance with the 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 related to the health portion of the survey process.	F 0000		
F 0584 SS=D		F 0584		

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 0584 SS=D	Continued from page 1 483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all	F 0584	The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To maintain compliance with all federal and state regulation, the facility has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the facilities allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. Resident R79's room was thoroughly cleaned and disinfected. The room is free from offensive odor. House-wide audit performed of all resident rooms to ensure that rooms were free from offensive odors. Housekeeping staff will be in-serviced on ensuring that resident rooms are free from offensive odors. The Director of Nursing/Designee will conduct a random audit of five resident rooms weekly for four weeks and then monthly for three months. The audits will ensure that	Completion Date: **03/16/2025** Status: **APPROVED** Date: **02/07/2025**

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F 0584 SS=D	Continued from page 2 areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:	F 0584	resident rooms are free from offensive odors. This plan of correction will be monitored at the monthly Quality Assurance Performance Improvement meeting until such time consistent substantial compliance has been met.	

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F 0584 SS=D	Continued from page 3 Based on observations, clinical record reviews and interviews with staff, it was determined that the facility failed to ensure that resident rooms were free from offensive odors for one of 34 residents reviewed (Resident R79). Findings include: Review of Resident R79's Quarterly MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated December 20, 2024, revealed that the resident was admitted to the facility September 7, 2023, and had diagnoses including anoxic brain damage (brain damage caused by lack of oxygen to the brain), pressure ulcer (wound), heart failure (a chronic condition in which the heart doesn't pump blood as well as it should) and respiratory failure (not enough oxygen passes from your lungs to your blood). Continued review revealed that the resident was severely cognitively impaired, required a feeding tube to meet his nutritional needs and was dependent for all activities of daily living, including bathing, toileting hygiene,	F 0584		

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F 0584 SS=D	Continued from page 4 and personal hygiene. Observation on January 12, 2025, at 9:41 a.m. revealed a strong odor of urine and bowel movement in the hallway. Continued observation revealed that the odor was coming from Resident R79's room. Upon entering the room, there was also a foul sour odor next to Resident R79's bed. Further observation revealed that there was a large puddle of tube feeding formula on the floor as well as dried spillage on the resident's tube feeding pole and oxygen concentrator (machine that produces concentrated oxygen from the air). Interview on January 12, 2025, at 10:42 a.m. the Director of Nursing confirmed the foul odors and tube feeding spillage in Resident R79's room. The Director of Nursing stated that he would have housekeeping staff clean the room. Continued observation on January 12, 2025, at 12:51 p.m. revealed that the puddle of tube feeding formula had been cleaned from the floor, however,	F 0584		

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F 0584 SS=D	Continued from page 5 the dried spillage on the feeding pole and oxygen concentrator were still present. Additionally, the room still had a foul sour odor. Further observation and interview on January 12, 2025, at 1:22 p.m. Employee E13, Regional Director of Environmental Services, confirmed that Resident R79's room still had a foul sour odor and soiled medical equipment. Observation on January 13, 2025, at 8:49 a.m. revealed a strong odor of urine and bowel movement in the hallway. Continued observation revealed that the odor was coming from Resident R79's room. Further observation on January 13, 2025, at 12:01 p.m. revealed that there was still a strong odor of bowel movement in Resident R79's room. Observation on January 15, 2025, at 10:26 a.m. revealed a strong odor of urine in Resident R79's room. Employee E8, licensed nurse, confirmed the	F 0584		

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F 0584 SS=D	Continued from page 6 odor. 28 Pa Code 201.18(d.2)(2.1) Management	F 0584		
F 0602 SS=D	483.12 Free from Misappropriation/Exploitation §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. This REQUIREMENT is not met as evidenced by:	F 0602	Past noncompliance: no plan of correction required.	Completion Date: **02/07/2025** Status: **APPROVED** Date: **02/07/2025**

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F 0602 SS=D	Continued from page 7 Based on review of facility policy, review of clinical records and staff interview, it was determined that the facility did not ensure that residents were free of misappropriation of resident property related to diversion of a narcotic medication for two of seven residents prescribed narcotic medications reviewed. This deficiency was cited as past non compliance. (Resident R20, Resident R21) Findings include: Review of facility policy on Controlled Substances dated November 2022, revealed that under section "Policy Statement": The facility complies with laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medications. Under Section Policy Interpretation and Implementation Handling Controlled substances #1, only authorized licensed nursing and or pharmacy personnel have access to Schedule 2 controlled substances maintained on premises. #2. The Director of Nursing Services identifies staff members who are authorized to	F 0602		

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F 0602 SS=D	Continued from page 8 handle controlled substances. #3 Controlled substances are counted upon delivery. The nurse receiving the medication along with the person delivering the medication must count on the controlled substances together. Both individual sign the designated controlled substance record. #4. If the count is correct, an individual resident control substance record is made for each resident who will be receiving controlled substance. Do not enter more than one prescription per page. This record contains: a. name of the resident, b. name and strength of the medication, c. quantity received, d. number on hand, e. name of the prescriber, f. prescription number, g. name of issuing pharmacy, h. date and time received, i. time of administration, j. method of administration, k. signature of person receiving medication and l. signature of nurse administering medication. Under section "Storing Control Substances" #1. Control substances are separately locked in permanently affixed compartments except when using single unit packaged drug distribution system in which the quantity stored is minimal and missing. Those can be	F 0602		

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F 0602 SS=D	Continued from page 9 readily detected. #2. All keys to control substance containers are on a single key ring that is different from any other keys. #3. The charge nurse on duty maintains the keys to controlled substance containers. The Director of Nursing Services maintains a set of backup keys for all medication storage areas, including keys to controlled substance containers. Under a section "Dispensing and Reconciling Controlled Substances: #1. Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between laws diversion and detection follow up. #2. The system of reconciling the receipt, dispensing, and disposition of controlled substances includes the following. a. records of personal access and usage, b. medication administration records, c. declining inventory records and d. destruction and waste and returned to pharmacy records. #3 Nursing staff count controlled medications inventory at the end of each shift, using these records to reconcile the inventory count. #4 the nurse coming on duty and the nurse going off duty makes the count together and	F 0602		

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F 0602 SS=D	Continued from page 10 document and report any discrepancies to the Director of Nursing. Review of Resident R320's clinical record revealed that Resident R320 was admitted to the facility on October 7, 2024, with diagnoses of Malignant neoplasm of Sigmoid Colon, Status post surgery on the Digestive System. Further review of Resident R320's clinical record revealed a physician's order for Oxycodone HCl Oral Tablet 5 MG (Oxycodone HCl) *Controlled Drug* Give 1 tablet by mouth every 6 hours as needed for moderate to severe c/o pain for 10 Days-dated 10/7/2024. Review of Resident R321's clinical record revealed that Resident R321 was admitted to the facility on October 8, 2024, with diagnoses of Burn of Unspecified Degree on Left Foot, Chronic Ulcer of Left Foot with Necrosis of Bone, Diabetic Peripheral Angiopathy with Gangrene.	F 0602		

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F 0602 SS=D	Continued from page 11 Further review of Resident R321's clinical record revealed a physician's order for oxycodone HCl Oral Tablet 5 MG (Oxycodone HCl) Give 1 tablet by mouth every 12 hours as needed for Moderate to Severe Pain- dated 10.10.24 Review of facility investigation record revealed that on October 9, 2024, 8 tablets Oxycodone 5mg tablets was delivered and was received and signed off by Employee E19 unit manager and Licensed nurse, Employee E19. The eight tablets of Oxycodone were placed in the narcotic box and logged into the Narcotic book. On October 10, 2024, licensed nurse, Employee E20 signed out 1 tablet of Oxycodone leaving 7 tablets of Oxycodone in the narcotic box. Narcotic count on October 10, 2024, during change of shift between night shift outgoing licensed nurse Employee E20 and day shift incoming licensed nurse Employee E21 revealed the correct count for	F 0602		

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F 0602 SS=D	Continued from page 12 Resident R321's Oxycodone 5 mg tabs (7 tablets) Narcotic count on October 10, 2024, during change of shift between day shift outgoing nurse Employee E21 and evening shift incoming nurse Employee E22, revealed the correct count for Resident R321's Oxycodone 5 mg tabs (7 tablets) During the evening shift resident tested positive for covid and was moved to another room during the 3-11 shift. licensed nurse Employee E23 collected med cart keys from Employee E22 and removed the routine meds from the cart and moved to the cart for the wing where Resident R321 was moved to. Further Employee E23 revealed that that she did not remove the Oxycodone from the narcotic box. Narcotic count on October 11, 2024, during change of shift between evening shift shift outgoing licensed nurse Employee E22 and night shift incoming licensed nurse Employee E24, revealed the correct count for Resident R321's Oxycodone 5 mg tabs (7 tablets)	F 0602		

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F 0602 SS=D	Continued from page 13 On October 11, 2024, during the 11 to 7 shift. Resident R321 requested for an oxycodone pill from licensed nurse Employee E18 . Employee E18 was not able to locate the oxycodone in the medication cart she was assigned to. Employee E18 asked Employee E24 who counted with Employee E22 and confirmed that the count was correct (7), which was when it was discovered that the narcotics and the narcotoc page was missing. Further investigation revealed that the page from the narcotic book containing the accountability record for Resident R321's oxycodone has been ripped off the narcotic book. On October 10, 2024, at 1:01 a.m., 30 oxycodone tablets were delivered for Resident R320. On October 11, 2024, at 2:30pm unit manager Employee E25 and licensed nurse Employee E21 indexed a new narcotic book to replace the narcotic book that was full. Employee E25 and Employee	F 0602		

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F 0602 SS=D	Continued from page 14 E21 counted Resident R320's Oxycodone 5 mg tablets, and confirmed that there were 30 5 mg tablet of Oxycodone belonging to Resident R320 in the medication cart and transferred all information from the old narcotic book to the new narcotic book On October 11, 2024 at 1600pm (4pm), licensed nurse Employee E21 and licensed nurse Employee E26 counted 30 5 mg Oxycodone tabs. Count was correct. On October 12, 2024, Saturday, at 7:30 am during count in coming licensed nurse Employee E27 and outgoing nurse Employee E18 revealed that the 30 tabs of 5mg Oxycodone tabs were missing. Interview with Director of Nursing (DON) Employee E2 conducted on January 13, 2025 at 1:15pm revealed that the staff did not follow the facility's policy on counting controlled substances. DON revealed that the nurses were only counting the narcotics in the narcotic box and did not	F 0602		

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F 0602 SS=D	Continued from page 15 reference the narcotic index in the front of the narcotic book where list of narcotics stored in the narcotic box was listed, resulting in not identifying missing narcotics during the shift-to-shift count. Further, DON revealed that he was not able to identify who the perpetrator was because the previous shifts also did not reference the narcotic index before counting the narcotics Review of facility abatement plan revealed that the facility initiated their investigation on the missing narcotic the day it was identified with narcotic audit initiated on October 11, 2024, the day when the missing narcotic was identified. Interview with Assistant Director of Nursing Employee E12 revealed that the facility started educating their licensed staff on October 14, 2024, with 27.3% of staff in-serviced and completed in servicing 92.7% of licensed staff on October 15, 2024. The facility alleged compliance date of October 15,	F 0602		

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	395989	A. BLDG: __00_____ B. WING: _____	01/15/2025

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F 0602 SS=D	Continued from page 16 2024. This deficiency was identified as past non compliance. 28 Pa. Code 201.14(a)(b) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(2)(3) Management 28 Pa. Code 201.29(a) Resident rights	F 0602		
F 0656 SS=D		F 0656		

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F 0656 SS=D	Continued from page 17 483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future	F 0656	Residents R80's care plan was updated to reflect diabetes management. House wide audit completed of all diabetic residents to ensure that they have a diabetic care plan in place. Licensed staff will be in-serviced on ensuring that residents have a comprehensive care plan related to diabetes management. The Director of Nursing/Designee will conduct a random audit of 5 residents with diabetes to ensure that a comprehensive care plan related to diabetes management has been developed. This audit will be completed weekly for four weeks and then monthly for three months. This plan of correction will be monitored at the monthly Quality Assurance Performance Improvement meeting until such time consistent substantial compliance has been met.	Completion Date: **03/16/2025** Status: **APPROVED** Date: **02/07/2025**

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F 0656 SS=D	Continued from page 18 discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:	F 0656		

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F 0656 SS=D	Continued from page 19 Based on review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility failed to develop a comprehensive care plan related to diabetes management for one of 34 residents reviewed (Resident R80). Findings include: Review of facility policy, "Comprehensive Person-Centered Care Plans" dated March 2022, revealed, "A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident." Continued review revealed, "The comprehensive, person-centered care plan ... reflects currently recognized standards of practice for problem areas and conditions." Review of Resident R80's Quarterly MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated October 11, 2024, revealed that the resident was admitted to the facility	F 0656		

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F 0656 SS=D	Continued from page 20 February 17, 2024, and had a diagnosis of diabetes (ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of sugar in the blood). Continued review revealed that the resident required insulin injections (medication used to lower blood sugar levels). Review of active physician orders for Resident R80, revealed an order dated April 2, 2024, to check the resident's blood sugar levels before meals and bedtime. Continued review revealed an order dated October 3, 2024, to inject 35 units of Basaglar (long acting) insulin at bedtime. Further review revealed an order, dated April 2, 2024, for Humalog (rapid acting) insulin, inject per sliding scale (variable dosing based on blood sugar level) before meals. Review of Resident R80's care plan, dated April 1, 2024, revealed that no care plan was developed related to diabetes management or dependence on insulin medications.	F 0656		

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F 0656 SS=D	Continued from page 21 Interview on January 15, 2025, Employee E12, licensed nurse, confirmed that no care plan was developed for Resident R80 related to diabetes and insulin. 28 Pa Code 211.10(c) Resident care policies	F 0656		
F 0689 SS=D		F 0689		

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F 0689 SS=D	Continued from page 22 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 0689	The medication left on resident R213's over bed table was removed. House wide audit completed to ensure that each resident's environment was safe related to medication being left on the residents over bed table. Licensed staff will be in-serviced on ensuring that a safe environment is maintained related to medication being left on residents over bed table. The Director of Nursing/Designee will conduct a random audit of 5 residents' environment to ensure that a safe environment is maintained related to medication being left on an over bed table. This audit will be completed weekly for four weeks and then monthly for three months. This plan of correction will be monitored at the monthly Quality Assurance Performance Improvement meeting until such time consistent substantial compliance has been met.	Completion Date: **03/16/2025** Status: **APPROVED** Date: **02/07/2025**

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F 0689 SS=D	Continued from page 23 Based on observations, interviews with residents and staff and a review of facility documentation and review of clinical records, it was determined that the facility failed to ensure that a safe environment was maintained related to medication being left on a residents over bed table on two occasions for one of 34 residents reviewed (Resident R213). Findings include: Observation during the initial tour of the facility in room 119, Bed A on January 12, 2025, at 10:15 a.m. revealed a pill in a 1-ounce dose cup sitting on Resident R213's over-bed table. When asked about the pill Resident 213 indicated that she refused to take it because she believed it would cause her to urinate more and she did not want that. Observation in room 119, Bed A on January 13, 2025, at 9:45 a.m. revealed a pill in a 1-ounce dose cup sitting on Resident R213's over-bed table. When Licensed nurse, Employee E7, entered the room she took the pill in the cup and asked Resident	F 0689		

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F 0689 SS=D	Continued from page 24 R213 why the pill was on the table. The resident said that she does not want to take this pill because she does not need to urinate more that she is now. The nurse quickly left the room and threw the pill in the garbage bag on the side of the med cart. The nurse went and spoke to the unit manager, stating that the resident must have spit the pill out after she left the room because she saw her put all the pills in her mouth. When asked what pill was in the cup, Employee E7 said that it was her potassium chloride, and that she gets this with her diuretic so her potassium level does not get to low and affect her heart. Review of the clinical record for Resident R213 revealed the resident was admitted to the facility on November 21, 2024, with diagnoses of non-ST-elevation myocardial infarction (a type of heart attack that happens when a part of your heart is not getting enough oxygen). Further review revealed that she was getting a 10 meq potassium chloride tablet, Bumex 0.5 mg tablet (a diuretic, used to get rid of extra fluid) and 5 other pills at 9	F 0689		

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F 0689 SS=D	Continued from page 25 a.m. each day. An interview was conducted with the Administrator and Director of Nursing on, January 13, 2025, at 2:40 p.m. confirmed that pill should not have been left on Resident 213's over-bed table as it could have been taken by another resident and that this did not provide a safe environment for nursing home residents. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.12(c) Nursing services 28 Pa. Code 211.12(d)(1)(5) Nursing services	F 0689		
F 0755 SS=D		F 0755		

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F 0755 SS=D	Continued from page 26 483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 0755	Resident R42's fluticasone propionate was placed in the correct box. House wide audit completed to ensure that medication were properly and accurately labeled in accordance with currently accepted professional principles. Licensed staff will be in-serviced to ensure that medications are properly and accurately labeled in accordance with currently accepted professional principles. The Director of Nursing/Designee will conduct a random audit of 5 residents' medications to ensure that they are properly and accurately labeled in accordance with currently accepted professional principles. This audit will be completed weekly for four weeks and then monthly for three months. This plan of correction will be monitored at the monthly Quality Assurance Performance Improvement meeting until such time consistent substantial compliance has been met.	Completion Date: **03/16/2025** Status: **APPROVED** Date: **02/07/2025**

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F 0755 SS=D	Continued from page 27 This REQUIREMENT is not met as evidenced by:	F 0755		

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F 0755 SS=D	Continued from page 28 Based on observations, review of facility policies, review of clinical records and interview with staff, it was determined that the facility failed to ensure that medications were properly and accurately labeled in accordance with currently accepted professional principles for one of twenty-six medications. (Resident R42) Findings include: Review facility Policy on Medication administration revealed that under section "Policy Statement": Medications are administered in a safe and timely manner, and as prescribed. Under section "Policy Interpretation and Implementation" #2. The director of nursing services supervises and directs all personnel who administer medications and/or have related functions. #9. The individual administering medications verifies the resident ' s identity before giving the resident his/her medications. Methods of identifying the resident include: a. checking identification band; b. checking photograph attached to medical record; and c. if necessary, verifying	F 0755		

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F 0755 SS=D	Continued from page 29 resident identification with other facility personnel. #10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication. Review of R42's clinical record revealed that Resident R42 was admitted to the facility on July2, 2024 with diagnoses of Acute Sinusitis. Review of Resident R42's physician's orders revealed an order for Fluticasone Propionate Nasal Suspension 50 MCG/ACT (Fluticasone Propionate (Nasal) 1 spray in each nostril one time a day for allergy relief Gently shake, before use prime pump. After use, clean tip and replace the cap -dated 7/2/24. Review of Resident R78's clinical record revealed that Resident R78 was admitted to the facility on December 9, 2024, with diagnoses of Gastroesophageal Reflux Disease, Centrilobular	F 0755		

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F 0755 SS=D	Continued from page 30 Emphysema. Review of Resident R78's physician's orders revealed an order for Fluticasone Propionate Nasal Suspension 50 MCG/ACT (Fluticasone Propionate (Nasal) 1 spray in both nostrils every 24 hours as needed for Allergies-ordered 12/9/24 and discontinued 1/6/25 Further review of Resident R78's clinical record revealed that Resident R78 was discharged from the facility on January 6, 2025. Medication administration observation with licensed nurse Employee E7 for Resident R42 conducted on January 13, 2024, at 10:37am revealed that Employee E7 picked up a box labelled Fluticasone 50 mcg with Resident R42's name and room number handwritten on it. Further, Employee E7 proceeded to go to Resident R42's room and administered the nasal spray to Resident R42. Inspection of the Fluticasone nasal spray bottle	F 0755		

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F 0755 SS=D	Continued from page 31 revealed that a typewritten paper label with Resident R78's name was affixed to the bottle. Interview with the nurse conducted at the time of the observation confirmed that the bottle of fluticasone that she administered to Resident R42 was labelled with Resident R78's name on it. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.12(1)(2)(5) Nursing services.	F 0755		
F 0761 SS=D		F 0761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395989	A. BLDG: 00 B. WING:	01/15/2025

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F 0761 SS=D	Continued from page 32 483.45(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	Resident R42's fluticasone propionate was placed in the correct box. House wide audit completed to ensure that medication were properly and accurately labeled in accordance with currently accepted professional standards. Licensed staff will be in-serviced to ensure that medications are properly and accurately labeled in accordance with currently accepted professional principles. The Director of Nursing/Designee will conduct a random audit of 5 residents' medications to ensure that they are properly and accurately labeled in accordance with currently accepted professional principles. This audit will be completed weekly for four weeks and then monthly for three months. This plan of correction will be monitored at the monthly Quality Assurance Performance Improvement meeting until such time consistent substantial compliance has been met.	Completion Date: **03/16/2025** Status: **APPROVED** Date: **02/07/2025**

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F 0761 SS=D	Continued from page 33 Based on observations, review of facility policies, review of clinical records and interview with staff, it was determined that the facility failed to ensure that medications were properly and accurately labeled in accordance with currently accepted professional principles for one of twenty-six medications. (Resident R42) Findings include: Review facility Policy on Medication administration revealed that under section "Policy Statement": Medications are administered in a safe and timely manner, and as prescribed. Under section "Policy Interpretation and Implementation" #2. The director of nursing services supervises and directs all personnel who administer medications and/or have related functions. #9. The individual administering medications verifies the resident ' s identity before giving the resident his/her medications. Methods of identifying the resident include: a. checking identification band; b. checking photograph attached to medical record; and c. if necessary, verifying	F 0761		

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F 0761 SS=D	Continued from page 34 resident identification with other facility personnel. #10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication. Review of R42's clinical record revealed that Resident R42 was admitted to the facility on July2, 2024 with diagnoses of but not limited to: Acute Sinusitis. Review of Resident R42s physician's orders revealed an order for Fluticasone Propionate Nasal Suspension 50 MCG/ACT (Fluticasone Propionate (Nasal) 1 spray in each nostril one time a day for allergy relief Gently shake, before use prime pump. After use, clean tip and replace the cap -dated 7/2/24. Review of Resident R78's clinical record revealed that Resident R78 was admitted to the facility on December 9, 2024, with diagnoses of	F 0761		

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F 0761 SS=D	Continued from page 35 \Gastroesophageal Reflux Disease, and Centrilobular Emphysema. Review of Resident R78's physician's orders revealed an order for Fluticasone Propionate Nasal Suspension 50 MCG/ACT (Fluticasone Propionate (Nasal) 1 spray in both nostrils every 24 hours as needed for Allergies-ordered 12/9/24 and discontinued 1/6/25 Further review of Resident R78's clinical record revealed that Resident R78 was discharged from the facility on January 6, 2025. Medication administration observation with licensed nurse Employee E7 for Resident R42 conducted on January 13, 2024, at 10:37am revealed that Employee E7 picked up a box labelled Fluticasone 50 mcg with Resident R42's name and room number handwritten on it. Further, Employee E7 proceeded to go to Resident R42's room and administered the nasal spray to Resident R42.	F 0761		

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F 0761 SS=D	Continued from page 36 Inspection of the Fluticasone nasal spray bottle revealed that a typewritten paper label with Resident R78's name was affixed to the bottle. Interview with the nurse conducted at the time of the observation confirmed that the bottle of fluticasone that she administered to Resident R42 was labelled with Resident R78's name on it. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.12(1)(2)(5) Nursing services.	F 0761		
F 0812 SS=D		F 0812		

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F 0812 SS=D	Continued from page 37 483.60(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 two cardboard boxes of bread were removed from the floor. The standing water from the dish room area was removed and a plan has been put into place to fix the floor drain. The under-table shelves and floors in the prep area and cooks' area was cleaned and disinfected. The tray slides under the coffee urn were cleaned and disinfected. The surfaces on the inside of the convection oven were cleaned. The inside surfaces of the plate heater was cleaned. Full audit of the kitchen was completed. Variances addressed as needed. Dietary staff will be in-serviced on ensuring that food is stored, prepared, distributed, and served in accordance with professional standards for food service safety. The Director of Nursing/Designee will conduct five random audits of the walk-in freezer, dish room area, under-table shelves, floor, tray slides, convection oven, and plate heater to ensure that food was stored, prepared, distributed, and	Completion Date: **03/16/2025** Status: **APPROVED** Date: **02/07/2025**

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F 0812 SS=D	Continued from page 38	F 0812	served in accordance with professional standards for food service safety. This audit will be completed weekly for four weeks and then monthly for three months. This plan of correction will be monitored at the monthly Quality Assurance Performance Improvement meeting until such time consistent substantial compliance has been met.	

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F 0812 SS=D	Continued from page 39 Based on observations and interviews with staff, it was determined that the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety. Findings include: An initial tour of the Food Service Department was conducted on January 12, 2025, at 9:05 a.m. with Employee E3, Food Service Director (FSD), which revealed the following: Observation in the walk-in freezer revealed two cardboard boxes of bread sitting directly on the floor. Observation in the dish room area revealed standing water on the floor and a clogged floor drain in the middle of the room, and the dietary staff using a shop vacuum to collect the water off the floor which was wet throughout the dish room.	F 0812		

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F 0812 SS=D	Continued from page 40 Observation of the under-table shelves in the prep area and cooks area revealed visible dirt and, dust and crumbs on the shelves and floor underneath, and the tray slides in the area under the coffee urn were stained with dark brown splashed liquid. Observation of the inside of the convection oven revealed dark black burned on food substances on all surfaces. Observation of the plate heater revealed dirt and crumbs on the inside surfaces where the clean plates are stacked. Interview with the FSD 10:00 a.m. on January 12, 2025, at 9:20 a.m. confirmed the above findings. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3) Management	F 0812		

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F 0842 SS=D	483.20(f)(5), 483.70(h)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes,	F 0842	Resident R79's tube feed label was updated. House wide audit of residents with tube feedings completed to ensure that tube feedings were labeled properly. Licensed staff will be in-serviced to ensure that tube feedings are properly labeled. The Director of Nursing/Designee will conduct a random audit of five residents to ensure that tube feedings are properly labeled. This audit will be completed weekly for four weeks and then monthly for three months. This plan of correction will be monitored at the monthly Quality Assurance Performance Improvement meeting until such time consistent substantial compliance has been met.	Completion Date: **03/16/2025** Status: **APPROVED** Date: **02/07/2025**

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F 0842 SS=D	Continued from page 42 organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:	F 0842		

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F 0842 SS=D	Continued from page 43 Based on observations, review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility failed to ensure that tube feedings were properly labeled for one of three residents reviewed for tube feedings (Resident R79). Findings include: Review of facility policy, "Enteral Nutrition [a form of nutrition that is delivered into the digestive system as a liquid]" dated November 2018, revealed "Adequate nutritional support through enteral nutrition is provided to residents as ordered." Review of Resident R79's Quarterly MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated December 20, 2024, revealed that the resident was admitted to the facility September 7, 2023, and had diagnoses including anoxic brain damage (brain damage caused by lack of oxygen to the brain), and dysphagia (difficulty swallowing). Continued review revealed that the	F 0842		

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F 0842 SS=D	Continued from page 44 resident was severely cognitively impaired and required a feeding tube to meet his nutritional needs. Review of physician orders for Resident R79 revealed an order dated October 21, 2024, for enteral feedings of Peptamen AF (nutritional formula), 375 mL (milliliter) boluses four times per day via feeding tube. Continued review revealed an order, dated September 17, 2024, to change the resident's feeding bag and administration set daily; the order specified to label the bag with the resident's name, date, time and initials. Observation on January 12, 2025, at 9:35 a.m. revealed a bag of tube feeding formula was infusing for Resident R79. The bag was labeled with a date of January 12, 2025. There was no further information on the bag of formula. Interview, at the time of the observation, Employee E8, licensed nurse, stated that the formula was a bolus feeding for Resident R79 and that the formula was Peptamen. Employee E8, licensed nurse,	F 0842		

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F 0842 SS=D	Continued from page 45 confirmed that the formula bag was not labeled with the resident's name, formula, infusion rate or the time and initials of the person who prepared the feeding. 28 Pa Code 211.12(d)(5) Nursing services	F 0842		
F 0847 SS=D		F 0847		

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F 0847 SS=D	Continued from page 46 483.70(m)(1)(2)(i)(ii)(3)-(5) Entering into Binding Arbitration Agreements §483.70(m) Binding Arbitration Agreements If a facility chooses to ask a resident or his or her representative to enter into an agreement for binding arbitration, the facility must comply with all of the requirements in this section. §483.70(m)(1) The facility must not require any resident or his or her representative to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility and must explicitly inform the resident or his or her representative of his or her right not to sign the agreement as a condition of admission to, or as a requirement to continue to receive care at, the facility. §483.70(m)(2) The facility must ensure that: (i) The agreement is explained to the resident and his or her representative in a form and manner that he or she understands, including in a language the resident and his or her representative understands; (ii) The resident or his or her representative acknowledges that he or she understands the agreement; §483.70(m)(3) The agreement must explicitly grant the resident or his or her representative the right to rescind the agreement within 30 calendar days of signing it.	F 0847	Resident R44, R41, and R72's binding arbitration agreements have been removed. House wide audit completed to ensure that the residents who signed a binding arbitration agreement have the capacity to understand the terms of the agreement. The admission director and concierge will be in-serviced to ensure that residents have the capacity to understand the terms of a binding arbitration agreement before signing them. The Director of Nursing/Designee will conduct a random audit of five residents to ensure that they have the capacity to understand the terms of a binding arbitration agreement before signing them. This audit will be completed weekly for four weeks and then monthly for three months. This plan of correction will be monitored at the monthly Quality Assurance Performance Improvement meeting until such time consistent substantial compliance has been met.	Completion Date: **03/16/2025** Status: **APPROVED** Date: **02/07/2025**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395989	A. BLDG: __00_____ B. WING: _____	01/15/2025

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F 0847 SS=D	Continued from page 47 §483.70(m)(4) The agreement must explicitly state that neither the resident nor his or her representative is required to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility. §483.70(m)(5) The agreement may not contain any language that prohibits or discourages the resident or anyone else from communicating with federal, state, or local officials, including but not limited to, federal and state surveyors, other federal or state health department employees, and representative of the Office of the State Long-Term Care Ombudsman, in accordance with §483.10(k). This REQUIREMENT is not met as evidenced by:	F 0847		

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F 0847 SS=D	Continued from page 48 Based on review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility failed to ensure that residents had the capacity to understand the terms of a binding arbitration agreement for three of five residents reviewed (Residents R44, R41 and R72). Findings include: A Binding Arbitration Agreement is a legal process where parties in a dispute agree to have a neutral third party decide their case instead of a judge or jury. The arbitrator's decision is final and the parties usually cannot appeal it. Review of facility policy, "Binding Arbitration Agreements" dated November 2023, revealed, "Residents (or representatives) are informed of the nature and implications of any proposed binding arbitration agreements so as to make informed decisions on whether to enter into such agreements." Continued review revealed, "The terms and conditions of a binding arbitration agreement are	F 0847		

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F 0847 SS=D	Continued from page 49 explained to the resident (or representative) in a way that ensures his or her understanding of the agreement." Further review revealed, "After the terms and conditions of the agreement are explained, the resident or representative must acknowledge that he or she understands the agreement before being asked to sign the document. A signature alone is not sufficient acknowledgement of understanding." Review of Resident R44's Quarterly MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated February 10, 2024, revealed that the resident was admitted to the facility June 1, 2017, and had diagnoses including dementia (decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities) and symbolic dysfunction (cognitive language impairment). Continued review revealed that the resident had a BIMS (Brief Interview for Mental Status) score of 00, which indicated that the resident was severely cognitively impaired.	F 0847		

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F 0847 SS=D	Continued from page 50 Review of progress notes for Resident R44 revealed a physician evaluation, dated February 22, 2024, at 5:40 a.m. which indicated that the resident was oriented to person only and that the resident was incapable of making decisions. Review of Resident R44's Binding Arbitration Agreement, dated February 22, 2024, revealed that in the space designated for the signature of the resident, it was noted that Resident R44 verbally signed the agreement. In the space designated for the signature of the facility's authorized agent, the agreement was signed by Employee E11, Concierge. Review of Resident R41's Annual MDS, dated September 19, 2023, revealed that the resident was admitted to the facility on June 7, 2018, and had diagnoses including dementia and psychotic disorder (loss of contact with reality). Continued review revealed that the resident had a BIMS score of 06, which indicated that the resident was severely	F 0847		

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F 0847 SS=D	Continued from page 51 cognitively impaired. Review of progress notes for Resident R41 revealed a psychiatry (mental health) evaluation, dated November 28, 2023, which indicated that the resident was oriented to person only with poor thought content, insight and judgement. Review of Resident R41's Binding Arbitration Agreement, dated December 7, 2023, revealed that in the space designated for the signature of the resident, it was noted that Resident R41 verbally signed the agreement. In the space designated for the signature of the facility's authorized agent, the agreement was signed by Employee E11, Concierge. Review of Resident R72's Admission MDS, dated August 16, 2023, revealed that the resident was admitted to the facility on August 9, 2023, and had diagnoses including Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions) and cognitive	F 0847		

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F 0847 SS=D	Continued from page 52 communication deficit (problems with communication due to difficulties with thinking processes). Continued review revealed that the resident had a BIMS score of 00, which indicated that the resident was severely cognitively impaired. Review of progress notes for Resident R72 revealed a nurses note, dated August 9, 2023, at 10:30 p.m. which indicated that the resident was admitted to the facility, that the resident was confused and that he was unable to answer questions logically. Review of Resident R72's Binding Arbitration Agreement, dated August 10, 2023, revealed that in the space designated for the signature of the resident, it was noted that Resident R72 verbally signed the agreement. In the space designated for the signature of the facility's authorized agent, the agreement was signed by Employee E11, Concierge. Interview on January 14, 2025, at 12:48 p.m. Employee E11, Concierge, stated that she asks	F 0847		

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F 0847 SS=D	Continued from page 53 residents several times if they are able to sign the arbitration agreement and that based on this she uses her personal judgement to determine if residents are capable of signing the agreement. Continued interview revealed that Employee E11, Concierge, does not review residents' clinical records to determine their cognitive status. Employee E11, Concierge, was unaware that Residents R44, R41 and R72 were severely cognitively impaired and was unable to explain the process of determining if severely cognitively impaired residents would have the capacity to understand and sign the arbitration agreement. 28 Pa. Code 201.18(b)(3) Management 28 Pa Code 201.29(a) Resident rights	F 0847		
F 0880 SS=D		F 0880		

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F 0880 SS=D	Continued from page 54 483.80(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	Employee E8 and E9 were rein-serviced on maintaining effective infection control practices related to enhanced barrier precautions. House wide audit completed of residents with enhanced barrier precautions to ensure that staff were maintaining effective infection control practices related to enhanced barrier precautions. Staff members will be in-serviced to ensure that the facility maintains effective infection control practices related to enhanced barrier precautions. The Director of Nursing/Designee will conduct a random audit of five residents to ensure that staff are maintaining effective control practices related to enhanced barrier precautions. This audit will be completed weekly for four weeks and then monthly for three months. This plan of correction will be monitored at the monthly Quality Assurance Performance Improvement meeting until such time consistent substantial compliance has been	Completion Date: **03/16/2025** Status: **APPROVED** Date: **02/07/2025**

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F 0880 SS=D	Continued from page 55 (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	met.	

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F 0880 SS=D	Continued from page 56	F 0880		

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F 0880 SS=D	Continued from page 57 Based on observations, review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility failed to maintain effective infection control practices related to enhanced barrier precautions for one of two residents reviewed for pressure ulcers (Resident R79). Findings include: Review of facility policy, "Enhanced Barrier Precautions" dated March 2024, revealed that, "Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the transmission of multi-drug resistant organisms (MDROs) to residents." Continued review revealed, "Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include ... wound care (any skin opening requiring a dressing)." Review of Resident R79's Quarterly MDS (Minimum Data Set - a mandatory periodic resident	F 0880		

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F 0880 SS=D	Continued from page 58 assessment tool), dated December 20, 2024, revealed that the resident was admitted to the facility September 7, 2023, and had a diagnosis of stage four pressure ulcer of the sacral region (the most severe stage of a pressure sore, with damage to all layers of the skin, exposing muscle, tendon and bone and has a high risk of infection). Review of Resident R79's care plan, dated April 29, 2024, revealed that the resident required enhanced barrier precautions, with interventions including the use of gloves and gowns during high-contact care activities, including wound care. Review of physician orders for Resident R79 revealed an order, dated October 3, 2024, to cleanse the sacral wound with 1/4 Dakin's solution (topical antiseptic used to clean wounds), pat dry, apply calcium alginate (soft absorbent wound dressing) to the wound bed and secure with a clean dry dressing. Observation on January 12, 2025, at 12:51 p.m.	F 0880		

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F 0880 SS=D	Continued from page 59 revealed Employee E8, licensed nurse, and Employee E9, nurse aide, provide wound care to Resident R79's stage four sacral wound. Both employees wore only gloves while providing the wound care. Interview on January 12, 2025, at 1:09 p.m. Employee E8, licensed nurse, confirmed that gowns were not worn while she and the other staff person provided wound care and confirmed that Resident R79 required enhance barrier precautions due to his wound. 28 Pa Code 211.10(d) Resident care policies 28 Pa Code 211.12(d)(5) Nursing services	F 0880		

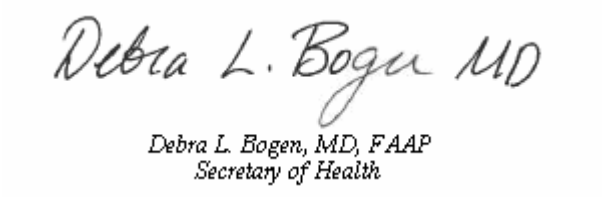
Certified End Page

PROVIDENCE REHAB AND HEALTHCARE CENTER AT MERCY FITZGERALD

STATE LICENSE NUMBER: 074902

SURVEY EXIT DATE: 01/15/2025

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



Pennsylvania
Department of Health

THIS IS A CERTIFICATION PAGE

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