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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396015 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | (X3) DATE SURVEY COMPLETED: 01/29/2025 |
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| NAME OF PROVIDER OR SUPPLIER: WESTMINSTER WOODS AT HUNTINGDON | STREET ADDRESS, CITY, STATE, ZIP CODE: 360 WESTMINSTER DRIVE HUNTINGDON, PA 16652 |
| STATE LICENSE NUMBER: 077502 | |

| (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 |
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| F 0000 | INITIAL COMMENT | F 0000 | | |
| F 0842 SS=D | Based on a complaint survey completed on January 29, 2025, it was determined that Westminster Woods at Huntingdon 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 0842 | | |

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 0842 SS=D | Continued from page 1 483.20(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; | F 0842 | Resident 1 Electronic Medical Record was updated to reflect nurse assessments in the clinical record. A review of current residents reported change in conditions that occurred in the last 30 days will be completed to ensure there is a documented nurse assessment in the clinical record. Education provided by Director of Nursing to current licensed staff the process to record nurse assessment in medical record after evaluation. Director of Nursing or designee will audit 3 random resident records for change in condition x 4wks, then 3 random records monthly for documentation of nursing assessment when appropriate. These audits will be forwarded to Quality Assurance for review. | Completion Date: 02/28/2025 Status: APPROVED Date: 02/14/2025 |

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| F 0842 SS=D | Continued from page 2 (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, 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. | F 0842 | | |

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| F 0842 SS=D | Continued from page 3 This REQUIREMENT is not met as evidenced by: | F 0842 | | |
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| F 0842 SS=D | Continued from page 4 Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that clinical records were complete and accurately documented for one of four residents reviewed (Resident 1). Findings include: The facility's policy for abuse, dated Janaury 8, 2025, indicated that the incident report process requires a note in the clinical record and subsequent documentation of all assessments and interventions. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated November 6, 2024, revealed that the resident was cognitively impaired, could usually understand, was understood, was independent with daily care, and had diagnoses of stroke. | F 0842 | | |

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| F 0842 SS=D | Continued from page 5 A nursing note for Resident 1, dated January 18, 2025, at 10:08 a.m., revealed that the resident was found on the floor, had no complaints of pain, no injury was voiced or noted, and neurological checks (a series of tests that assess the function of the nervous system) were ordered. A review of the facility's investigation report, dated January 19, 2025, indicated that the resident was found on the floor on January 18, 2025, at 10:08 a.m. and neurological checks were initiated. At 12:30 p.m. the resident had complaints of a dry mouth and was provided a drink without issue. A breathing treatment was given at that time due to the resident's current diagnosis of pneumonia with a cough. At 2:30 p.m. the resident had issues with answering questions. The Physician's Assistant was notified and arrived at the facility to assess the resident and ordered another breathing treatment. At 4:15 p.m. the family returned the call to the facility and was made aware of the incident and the resident's current status. At 6:44 p.m. the resident was no longer able to raise her arm, and new orders | F 0842 | | |

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| F 0842 SS=D | Continued from page 6 were received to send to the resident to the emergency department for evaluation. There was no documented evidence in Resident 1's clinical record to indicate that registered nurse assessments were conducted on January 18, 2025, at 12:30 p.m. when the resident complained of a dry mouth, at 2:30 p.m. when the resident had issues with answering questions, or at 6:44 p.m. when the resident could no longer raise her arm. Interview with the Director of Nursing on January 29, 2025, at 10:48 a.m. confirmed that the registered nurse assessments of Resident 1 were completed on January 18, 2025; however, they were not documented in the clinical record and should have been. 28 Pa. Code 211.5(f) Clinical Records. 28 Pa. Code 211.12(d)(5) Nursing Services. | F 0842 | | |

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| P 1050 | Responsibility of licensee. [Reserved] This REGULATION is not met as evidenced by: | P 1050 | Resident 1 has had incident reported to the Department of Health A review of the last 30 days incidents were audited to find any resident who were sent for treatment to verify they had been reported to the Department of Health. Education provided to Director of Nursing regarding the process to report resident admissions to the hospital when they are due to an incident that occurred in the facility. Nursing Home Administrator or designee will audit 3 random resident incident reports for transfer to hospital x 4 weeks, then 3 random records monthly for documentation of Event Report submitted to the Department of Health when appropriate. These audits will be forwarded to Quality Assurance for review. | Completion Date: 02/28/2025 Status: APPROVED Date: 02/14/2025 |

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| P 1050 | <p>Continued from page 1</p> <p>Based on a review of clinical records, as well as staff interviews, it was determined that the facility failed to notify the Department of Health of an incident that had the potential for serious harm to a resident for one of five residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated November 6, 2024, revealed that the resident was cognitively impaired, could usually understand, was understood, was independent with daily care, and had a diagnosis of stroke.</p> <p>A nursing note for Resident 1, dated January 18, 2025, at 10:08 a.m., revealed that the resident was found on the floor beside the bed, and the neurological checks were started.</p> | P 1050 | | |

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| P 1050 | Continued from page 2 A nursing note for Resident 1, dated January 18, 2025, at 6:38 p.m., revealed that the resident's daughter was requesting the resident be sent to the emergency room for evaluation. A nursing note for Resident 1, dated January 19, 2025, at 6:17 a.m., revealed that the resident was admitted to the hospital with the diagnosis of a stroke. There was no documented evidence to indicate that this incident was reported to the Department of Health. Interview with the Nursing Home Administrator on January 29, 2025, at 10:48 a.m. confirmed that this incident was not reported to the Department of Health until after Adult Protective Services contacted the facility on January 28, 2025. Chapter 51.3(f) Notification. | P 1050 | | |



Certified End Page

WESTMINSTER WOODS AT HUNTINGDON

STATE LICENSE NUMBER: 077502

SURVEY EXIT DATE: 01/29/2025

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