STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	396072	A. BLDG: 00 B. WING:	01/24/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
MILLCREEK MANOR STATE LICENSE NUMBER: **131102**	**5535 PEACH STREET** **ERIE, PA 16509**

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F 0000	INITIAL COMMENT Based on a Medicare/Medicaid Recertification, State Licensure, and Civil Rights Compliance Survey, and an Abbreviated Complaint Survey completed on January 24, 2025, it was determined that Millcreek Manor 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 0578 SS=D		F 0578		

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 0578 SS=D	Continued from page 1 483.10(c)(6)(8)(g)(12)(i)-(v) Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance	F 0578	All residents will have advanced directives that accurately reflect their wishes. Resident R121's Advance Directive was corrected immediately upon notification to reflect accuracy. Director of Nursing/Designee will do an initial audit on all Advance Directives to ensure they are consistent with resident wishes and care plans. The Director of Nursing/Designee will educate nursing staff on how to properly care plan advanced directives and to ensure completion upon admission, quarterly and any change of status. Moving forward, the Director of Nursing will perform an audit of 25% of all new residents, resident quarterly meetings and resident change of status's 5 times a week for two weeks, weekly times two weeks and monthly times two months and ongoing monthly. Results of audits will be brought to	Completion Date: **02/21/2025** Status: **APPROVED** Date: **02/07/2025**

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F 0578 SS=D	Continued from page 2 directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by:	F 0578	monthly Quality Assurance meetings.	

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F 0578 SS=D	Continued from page 3 Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to ensure physician's orders and resident Physician Order for Life Sustaining Treatment (POLST- a legal document specifying the resident/responsible party choices regarding life-sustaining treatments) were consistent for one of 26 residents reviewed (Resident R121). Findings include: A facility policy entitled "Advance Directives" dated 11/12/24, indicated "The Director of Nursing services ... of advance directives (or changes in advance directives) so that appropriate orders can be documented in the residents medical record and plan of care." and "The plan of care for each resident is consistent with his or her documented treatment preferences and/or advance directive." Resident R121's clinical record revealed an admission date of 12/15/23, with diagnoses that included Parkinson's (a chronic and progressive	F 0578		

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F 0578 SS=D	Continued from page 4 movement disorder that causes shaking, slows a person's ability to move and worsens over time), and hypertension (high blood pressure). Review of Resident R121's clinical recorded revealed a POLST dated 12/15/23, signed by the physician for Cardiopulmonary Resuscitation (CPR-emergency life-saving procedure that is done when breathing or a heartbeat has stopped and when performed immediately can double or triple chances of survival after cardiac arrest)- Full Code. Review of physician's orders revealed an order dated 1/16/25, for Do Not Attempt Resuscitation (DNR- allow natural death). Review of Resident R121's care plans revealed a care plan with a focus of Advanced Directives Full code with Interventions to initiate CPR. During an interview with the Director of Nursing on 1/22/25, at 2:45 p.m. he/she confirmed Resident R121's physician's orders, POLST, and care plan were not consistent with each other. He/she also confirmed that Resident R121's physician's orders,	F 0578		

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F 0578 SS=D	Continued from page 5 POLST and care plan should reflect Resident R121's Advance Directive wishes and be consistent with each other. 28 Pa. Code 201.18 (b)(1) Management 28 Pa. Code 201.29(a) Resident rights 28 Pa. Code 211.5(f)(i) Medical records 28 Pa. Code 211.10(c) Resident care policies	F 0578		
F 0625 SS=A	483.15(d)(1)(2) Notice of Bed Hold Policy Before/Upon Trnsfr §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-	F 0625	I hereby acknowledge the CMS 2567-A, issued to MILLCREEK MANOR for the survey ending 01/24/2025, AND attest that all deficiencies listed on the form will be corrected in a timely manner.	Completion Date: **02/21/2025** Status: **APPROVED** Date: **02/05/2025**

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F 0625 SS=A	Continued from page 6 (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:	F 0625		

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F 0625 SS=A	Continued from page 7 Based on review of facility policy, clinical records and staff interview, it was determined that the facility failed to provide the resident and/or resident representative with a written notice of the facility bed-hold policy (explanation of how long a bed can be held during a leave of absence and the cost per day) upon transfer for one of 26 residents reviewed (Resident R4). Findings include: Review of facility policy entitled "Transfer or Discharge, Facility-Initiated" dated 11/12/24, indicated "Notice of facility Bed-Hold and Return policies are provided to the resident and representative within 24 hours of emergency transfer." Review of Resident R4's clinical record revealed an admission date of 2/9/21, with diagnoses that included Diabetes (a health condition that caused by the body's inability to produce enough insulin), and Alzheimer's Disease (brain disorder that slowly	F 0625		

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F 0625 SS=A	Continued from page 8 destroys memory, thinking skills, and over time the ability to carry out the simplest tasks) Review of Resident R4's clinical record revealed progress notes dated 3/5/24, at 5:40 p.m. and 7/24/24, at 3:52 p.m. indicating transfers to the hospital. The clinical record lacked documentation indicating that Resident R4 and/or their representative was provided with a copy of the facility bed-hold policy upon transfers. During an interview on 1/23/25, at 12:30 p.m. with the Nursing Home Administrator, he/she confirmed that he/she had no evidence that Resident R4 and/or his/her representative was provided with a copy of the facility bed-hold policy that included the cost per day. He/she also confirmed that when the transfers occurred the resident and/or his/her representative should have been provided with bed hold policy then documented in the resident clinical record. 28 Pa. Code 201.18(e)(1) Management	F 0625		

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F 0625 SS=A	Continued from page 9 28 Pa. Code 201.29(c.3) (2) Resident rights	F 0625		
F 0758 SS=D		F 0758		

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F 0758 SS=D	Continued from page 10 483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects 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 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 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	F 0758	Resident (58) as well as all other residents will be free from unnecessary psychotropic medications. R(58)'s medication orders will be reviewed by physician to ensure applicable psychotropics are being administered. R(58)'s orders have been updated to implement non-pharmacological interventions before psychotropics are administered and will add supplemental documentation in the order. Director of Nursing/designee will educate nursing staff on what non-pharmacological interventions are and how to properly implement them before psychotropic medication is administered. All Residents on psychotropics will have orders for supplemental documentation that non-pharmacological interventions were administered before medication was given.	Completion Date: **02/21/2025** Status: **APPROVED** Date: **02/07/2025**

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F 0758 SS=D	Continued from page 11 §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 0758	All PRN psychotropic medications will be reviewed by the assistant director of nursing/designee to ensure that the non-pharmacological interventions are being completed once daily for five (5) days times two (2) weeks, once weekly times two (2) weeks, once monthly times two (2) months and ongoing after that to ensure compliance. Results will be brought to monthly Quality Assurance meetings to audit progress and address any ongoing concerns.	

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F 0758 SS=D	Continued from page 12 Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to provide evidence that non-pharmacological interventions (interventions attempted to calm a resident other than medication) were attempted prior to the administration of an as needed (PRN) psychotropic (mind altering) medication for one of five residents reviewed for unnecessary medications (Resident R58). Findings include: Review of facility policy entitled "Antipsychotic Medication Use" dated 11/12/24, revealed "Pertinent non-pharmacological interventions must be attempted, unless contraindicated, and documented following the resolution of the acute psychiatric situation." Review of Resident R58's clinical record revealed an admission date of 3/14/24, with diagnoses that included anxiety, major depressive disorder, and cognitive communication deficit. The clinical record	F 0758		

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F 0758 SS=D	Continued from page 13 revealed that on 8/28/24, Resident R58's physician ordered Hydroxyzine (a medication ordered to treat anxiety) 10 milligrams (mg) every 24 hours PRN for anxiety. Review of Resident R58's December 2024 and January 2025 Medication Administration Record revealed that the PRN Hydroxyzine was used on 12/03/24, 12/09/24, 12/11/24, 12/17/24, 12/21/24, 12/30/24, 1/02/25, 1/06/25, 1/08/25, 1/14/25, 1/18/25, 1/19/25, and 1/20/25. Resident R58's clinical record lacked evidence of non-pharmacological interventions being attempted prior to the administration of the PRN Hydroxyzine for the six administrations in December 2024 and for the seven administrations in January 2025. During an interview on 1/23/25, at 2:45 p.m. the Director of Nursing confirmed that Resident R58's clinical record lacked evidence that non-pharmacological interventions were attempted prior to the administration of a PRN psychotropic medication and that non-pharmacological	F 0758		

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F 0758 SS=D	Continued from page 14 interventions should be attempted and documented in the clinical record. 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services	F 0758		
F 0761 SS=D		F 0761		

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F 0761 SS=D	Continued from page 15 483.45(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	The medication Lispro was foind to be expired and the nurse discarded it appropriately. All refrigerated controlled drugs will be stored inside a lockbox permanently affixed to a locked refrigerator unit. Lock boxes have been permanently affixed inside all locked refrigerator units that will house controlled substances needing refrigeration. An audit will be performed on all units for any expired medication in the facility to be discarded appropriately. The Director of Nursing will educate the nursing staff on ensuring all controlled drugs will be locked in the permanently affixed lockbox inside refrigerators and ensure medications are disposed of upon expiration timely and properly. Maintenance will add to monthly Planned Maintenance schedule to ensure box is secure.	Completion Date: **02/21/2025** 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:
	396072	A. BLDG: __00_____ B. WING: _____	01/24/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
MILLCREEK MANOR STATE LICENSE NUMBER: **131102**	**5535 PEACH STREET** **ERIE, PA 16509**

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F 0761 SS=D	Continued from page 16	F 0761	The Director of Nursing/Designee will audit medication expiration dates and controlled substances inside lock boxes once daily for five (5) days times two (2) weeks, once weekly times two (2) weeks, and once monthly times two (2) months but ongoing after to ensure resident safety and compliance. Results of audit will be brought to Monthly Quality Assurance meetings.	

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 0761 SS=D	Continued from page 17 Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to store schedule II-V medications in a separately locked, permanently affixed compartment in one of four medication rooms reviewed (3 West) and the facility failed to appropriately discard outdated medications for one of four medication rooms reviewed (2 West). Findings include: Review of facility policy entitled "Medication Labeling and Storage" dated 11/12/24, indicated "Controlled substances ... and other drugs subject to abuse are separately locked in permanently affixed compartments ..." and "Multi-dose vials that have been opened or accessed ... are dated and discarded within 28 days ..." Review of manufacturer's guidelines revealed that an open vial of Lispro Insulin (medication to treat diabetes and control blood sugar) must be used within 28 days after opening or be discarded, even if	F 0761		

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 0761 SS=D	Continued from page 18 the vial still contains insulin. Observation of drug storage on 1/21/25, at 1:15 p.m. of the 3 West medication room revealed a bottle of liquid Lorazepam (a controlled antianxiety medication) lying on the top shelf of the refrigerator. The Lorazepam was not in a separate locked permanently affixed container in the refrigerator allowing the Lorazepam to be removed from the refrigerator. During an interview with Licensed Practical Nurse (LPN) Employee E1 on 1/21/25, at the time of observation, he/she confirmed the bottle of Lorazepam was lying on the top shelf in the refrigerator and was not in a separate locked permanently affixed container. He/she also confirmed that the Lorazepam should be in a separate locked permanently affixed container. Observation of drug storage on 1/21/25, at 1:30 p.m. of the 2 West medication room revealed an open vial of Lispro Insulin in the refrigerator with an	F 0761		

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 0761 SS=D	Continued from page 19 expiration date of 12/16/24. During an interview with LPN Employee E2 on 1/21/25, at the time of observation, he/she confirmed that the open vial of Lispro Insulin had an expiration date of 12/16/24. He/she also confirmed that the open expired vial of Lispro Insulin 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		

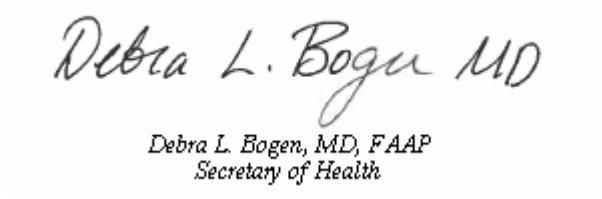
Certified End Page

MILLCREEK MANOR

STATE LICENSE NUMBER: 131102

SURVEY EXIT DATE: 01/24/2025

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

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY