STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	396109	A. BLDG: 00 B. WING:	12/06/2024

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
HEINZ TRANSITIONAL REHABILITATION UNIT STATE LICENSE NUMBER: **01370201**	**150 MUNDY STREET** **WILKES BARRE TOWNSHI, PA 18702**

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F 0000	INITIAL COMMENT Based on a Medicare Recertification, State Licensure, and Civil Rights Compliance survey completed on December 6, 2024, it was determined that Heinz Transitional Rehabilitation Unit was not in compliance with the following requirements of 42 CFR Part 483 Subpart B Requirements for Long Term Care and the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		
F 0656 SS=D		F 0656		

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 0656 SS=D	Continued from page 1 483.21(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	1. Resident #16 has discharged from the facility. 2. An audit will be completed by DON, or designee, of all in-house residents utilizing wound vacuums to ensure refusals are addressed in the care plan along with interventions on how to treat the wound when off. 3. Education will be provided to all licensed nursing staff to ensure residents refusing their wound vacuum have a person-centered care plan that includes management and refusals to meet the resident's specific needs. 4. The DON, or designee, will complete audits on residents utilizing wound vacuums to ensure refusals are addressed in the care plan along with interventions on how to treat the wound when off. Results of these audits will be reviewed with the QAA committee x 3 months then re-evaluated.	Completion Date: **01/07/2025** Status: **APPROVED** Date: **12/17/2024**

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F 0656 SS=D	Continued from page 2 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 3 Based on clinical record review and staff interviews, it was determined the facility failed to develop person-centered care plans that included management and refusal of a Wound Vacuum (a type of therapy to help wounds heal) for one resident out of 12 sampled (Resident 16). Findings include: A review of the clinical record revealed Resident 16 was admitted to the facility on October 23, 2024, with diagnoses to include acquired absence of left toes, and end stage renal disease (a chronic kidney disease that occurs when the kidneys are permanently damaged and can no longer function) which required dialysis (a procedure that removes waste products and excess fluid from the blood when the kidneys are unable to function properly). A review of the clinical record revealed a physician order dated November 18, 2024, for continuous wound vac therapy to left medial foot with settings of 120 mmHg pressure intensity. Begin at 6 and	F 0656		

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F 0656 SS=D	Continued from page 4 decrease to 3 if resident is unable to tolerate (i.e. pain). A review of Resident 16's progress note dated November 21, 2024, revealed the resident refused to wear the wound vac when he needed to go out of the facility for dialysis, every Tuesday, Thursday, and Saturday. A review of Resident 16's care plan, last updated on October 24, 2024, revealed the care plan failed to address the resident's consistent refusals of the wound vac on his dialysis days and interventions on how to treat the wound when the resident left the facility. An interview with the Director of Nursing on December 4, 2024, at approximately 12:44 PM confirmed the facility failed to ensure that comprehensive care plans were developed to address this resident's specific needs.	F 0656		

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F 0656 SS=D	Continued from page 5 28 Pa. Code 211.12 (d)(5) Nursing services	F 0656		
F 0684 SS=D	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	1. Resident #18 has discharged from the facility. 2. An audit will be completed by the DON, or designee, of all in-house residents with physician orders for antibiotics via PICC line to ensure that the physician orders for the administration and care are being followed and documented. 3.Education will be provided to all licensed nursing staff on following physician orders for the administration of antibiotics via PICC line as well as the care of the PICC line and associated documentation. 4. The DON, or designee, will completed audits on residents with physician orders for antibiotics via PICC line to ensure physician orders for the administration and care of PICC line are being followed and documented. Audits will be reviewed at the QAA committee meetings x 3 months and then re-evaluated.	Completion Date: **01/07/2025** Status: **APPROVED** Date: **12/17/2024**

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F 0684 SS=D	Continued from page 6 Based on a review of clinical records and staff interview, it was determined the facility failed to follow physician orders for administration of antibiotic and provide care to a PICC line as ordered for one resident out of 12 sampled. (Residents 18). Findings include: A review of the clinical record revealed that Resident 18 was admitted to the facility on November 3, 2024, with diagnoses which included intraspinal abscess and granuloma (a condition where a collection of pus forms within the spinal canal, alongside the development of a small inflammatory nodule [granuloma] both occurring within the spinal column), urinary tract infection, and heart disease. Further review of the resident's clinical record revealed Resident 18 was admitted with a PICC line (peripherally inserted central catheter inserted into a vein in the arm and threaded into a large vein above	F 0684		

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F 0684 SS=D	Continued from page 7 the heart) for intravenous (through a vein) antibiotic therapy. A review of Resident 18's physician orders dated November 3, 2024, revealed an order for Cefazolin (antibiotic) 1 GM (gram) use 2 GM intravenously every 8 hours for an epidural abscess until January 8, 2024. A review of the resident's Medication Administration Record (MAR) dated November 2024, revealed the Cefazolin was scheduled to be administered daily at 6:00 AM, 2:00 PM, and 10:00 PM. Further review of the MAR revealed there was no documented evidence the Cefazolin was administered on the following dates at 2:00 PM: November 9, 2024 November 15, 2024 November 19, 2024 November 20, 2024 November 23, 2024	F 0684		

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F 0684 SS=D	Continued from page 8 November 29, 2024 A review of physician orders revealed an order dated November 4, 2024, to flush the intravenous catheter (PICC line) with Sodium Chloride Flush Solution 0.9% use 10 ml intravenously every shift to maintain patency. A review of the MAR dated November 2024 revealed there was no documented evidence that the PICC line was flushed as ordered on the dayshift on the following dates: November 9, 2024 November 15, 2024 November 19, 2024 November 20, 2024 November 23, 2024 November 29 , 2024 A review of physician orders revealed orders dated November 8, 2024, to change the PICC line dressing and change the end cap every 7 days on dayshift and as needed, and to measure the	F 0684		

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F 0684 SS=D	Continued from page 9 circumference of the arm 31cm above the insertion site initially and weekly thereafter and measure external catheter length on admission and weekly thereafter. Review of the MAR revealed there was no documented evidence the PICC line dressing was changed or that measurements were performed on November 15, 2024, November 22, 2024, or November 29, 2024. During an interview with the Director of Nursing on December 4, 2024, at approximately 1:30 PM it was confirmed the facility failed to provide documented evidence that nursing staff consistently followed physician orders as prescribed for Resident 18. 28 Pa. Code 211.12 (d)(3)(5) Nursing services	F 0684		

Certified End Page

HEINZ TRANSITIONAL REHABILITATION UNIT

STATE LICENSE NUMBER: 01370201

SURVEY EXIT DATE: 12/06/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeanne Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen MD
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