

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395199	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2017
NAME OF PROVIDER OF SUPPLIER MANORCARE HEALTH SERVICES-LANCASTER		STREET ADDRESS, CITY, STATE, ZIP 100 ABBEYVILLE ROAD LANCASTER, PA 17603	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>F 0309</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Few</p>	<p>Provide necessary care and services to maintain the highest well being of each resident **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to properly assess and notify the physician of a resident's change in skin condition that resulted in a delay in treatment and subsequent hospitalization with a [DIAGNOSES REDACTED].</p> <p>Findings include: Review of Resident CL1's clinical record revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. It leads to narrowing and hardening of the arteries. This causes decreased blood flow, which can injure nerves and other tissues), [MEDICAL CONDITION] ([MEDICAL CONDITION] - the heart's inability to pump an adequate supply of blood), and Stage 4 [MEDICAL CONDITION] (advanced kidney damage - As kidney function declines, waste products build up in the blood.) Review of Resident CL1's Admission Screen on August 22, 2017 revealed no documentation of any skin abnormalities on the resident's legs. Review of Resident CL1's physician's orders [REDACTED]. Following the application of the corticosteroid cream, the legs were to be wrapped daily. Review of Resident CL1's nursing notes revealed a nurse's note dated September 6, 2017 at 2:13 p.m. stating there was some fluid leaking from (right) ankle. Review of Resident CL1's nurses notes revealed a nurse's note dated September 9, 2017 at 6:12 a.m. stating that the resident was showing a large amount of weeping from bilateral extremities. Nurse's note dated September 9, 2017 at 6:33 a.m. noted Both lower legs leaking fluid. Review of Resident CL1's nursing notes dated September 10, 2017 at 12:28 a.m. revealed that the Patient (was) complaining of severe pain in abdomen and legs given Tylenol (due to) [MEDICATION NAME] (narcotic-like pain medication) already given . continues to complain of pain. Review of Resident CL1's nursing notes dated September 10, 2017 at 5:39 a.m. indicated Patient continues to complain of severe pain in bilateral lower legs with a large amount of serous weeping .Patient's lower extremities rewrapped with gauze and patient placed back in bed. Patient sobbed during dressing change. Lower extremities elevated at this time. Will continue to monitor. Review of Resident CL1's nurse's notes revealed a nurse's note dated September 10, 2017 at 10:13 a.m. stating that the resident remain(s) in bed with legs elevated, resting at present, but had (complaints of) pain before meds, legs still weeping fluid. On September 10, 2017 at 2:32 p.m. it was noted that the resident's Appetite (was) very poor, refused to eat. Review of Resident CL1's nurse's notes dated September 10, 2017 at 8:05 p.m. stated that the resident was Complaining of severe bilateral lower leg pain. He makes 'Yipping' noises whenever either of his legs (are) touched. He does have redness and some open areas on his lower legs, which is somewhat chronic. And chronic weeping that requires dressing changes every shift .(Family member) stated his legs are infected and the pain is more than he has ever had before .also stated (Resident CL1) was having 'unresponsive episodes.' However, whenever I came into the room, (Resident CL1) was alert and responsive and continued to make the 'yipping' sounds when any part of his body was touched. (Family) insisted he be sent to the hospital .Ambulance came at about 19:45 (7:45 p.m.). Review of Resident CL1's clinical record revealed no evidence of that an assessment was completed of any wounds identified on the resident's legs. Further review of Resident CL1's clinical record revealed no documented evidence that the resident's skin was being monitored regularly for temperature, size, color changes, and open wounds from September 6, 2017 when the resident's right ankle was first noted to be weeping fluid. Review of Resident CL1's hospital records revealed that Resident CL1 arrived at 8:16 p.m. with a significant increase in pain in his bilateral legs with associated redness and open wounds. His bilateral feet are cold and red and a pulse is not palpable in his right foot. Review of Resident CL1's hospital records revealed the resident was admitted to the hospital on September 10, 2017 with [DIAGNOSES REDACTED],[MEDICAL CONDITION] occurs when chemicals released into the bloodstream to fight the infection trigger [MEDICAL CONDITION] responses throughout the body) and septic shock (a life-threatening condition that happens when blood pressure drops to a dangerously low level after an infection.) Interview with Medical Director on September 12, 2017 at approximately 4:30 p.m. revealed that the medical director would have expected the physician to have been notified at the start of Resident CL1's change in condition. Interview with Resident CL1's physician on September 12, 2017 at approximately 5:00 p.m. revealed that the resident's legs weeping was a new change to him and that he would have expected to have been notified when the resident's legs started weeping. An Immediate Jeopardy situation was identified to the the Director of Nursing on September 12, 2017 at 2:45 p.m. for failure to notify the physician at the start of Resident CL1's change in condition from September 6, 2017 to September 9, 2017 and the facility's failure to accurately and timely assess Resident CL1's skin condition which resulted in the resident requiring hospitalization and a [DIAGNOSES REDACTED]. A corrective action plan was requested on September 12, 2017 at 2:45 p.m. to immediately put systems in place to ensure the completion of skin assessments that include color, temperature, drainage, measurements and condition of surrounding skin for all current residents and timely notification to the physician of any alteration in skin integrity and change in the resident's condition. The facility submitted and implemented an acceptable plan of action which included educating all licensed nursing staff on what was considered a change in condition and when the physician should be notified. Skin assessments are to be done on residents weekly, and the assessments are to be documented in the treatment administration record. The Immediate Jeopardy was removed on September 15, 2017 at 10:40 a.m. following the confirmation that the action plan was implemented. 28 Pa 201.14(a) Responsibility of licensee 28 Pa Code 201.14(c) Responsibility of licensee 28 Pa Code 201.18(b)(1)(3)(e)(1) Management 28 Pa Code 211.10(c) Resident care policies 28 Pa Code 211.10(d) Resident care policies 28 Pa Code 211.12(d)(1) Nursing services 28 Pa Code 211.12(d)(3) Nursing services 28 Pa Code 211.12(d)(5) Nursing services</p>		
<p>F 0490</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Be administered in an acceptable way that maintains the well-being of each resident .</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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<p>F 0490</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>Based on a review of position descriptions, clinical records, and interviews with staff, it was determined that the Nursing Home Administrator and the Director of Nursing failed to monitor and supervise staff performance to ensure the health and safety of the residents.</p> <p>Findings include:</p> <p>The position description for the Nursing Home Administrator last revised November 2016 stated that the Nursing Home Administrator's directs the staff to provide high quality in daily care which meets all internal/external standards.</p> <p>The position description for the Director of Nursing last revised January 2016 stated that the Director of Nursing oversees the development of the nursing department structure and roles of each position; promotes nursing process and critical thinking in nursing care delivery, oversees the consistency of clinical systems within and between clinical units; makes daily rounds and spot checks documentation accuracy and completeness on new admissions, and residents with a significant change in condition; and ensures personnel are adequately educated to care for acute events and chronic illnesses of the elderly.</p> <p>The deficiency cited under the Code of Federal Regulatory Groups for Long Term Care, Quality of Care 483.24, 483.25(k) revealed that the Nursing Home Administrator and the Director of Nursing failed to supervise subordinate staff to assure the proper assessment and timely notification to the resident's physician of changes in skin condition resulting in a delay in treatment and placing the health and safety of the residents in Immediate Jeopardy.</p> <p>Refer to F309.</p> <p>28 Pa. Code 201.14(a) Responsibility of license Previously cited 03/06/17, 01/28/17, 09/21/15</p> <p>28 Pa. Code 201.18(b)(1) Management Previously cited 03/06/17, 12/08/15, 09/21/15</p> <p>28 Pa. Code 201.18(e)(3) Management</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility</p> <p>28 Pa. Code 211.10(d) Resident care policies Previously cited 04/19/17, 03/06/17, 10/11/16, 12/08/15, 09/21/15</p> <p>28 Pa. Code 211.12(c) Nursing services Previously cited 04/19/17, 03/06/17, 12/21/16, 10/11/16, 12/08/15</p> <p>28 Pa. Code 211.12(d)(1) Nursing services Previously cited 04/19/17, 03/06/17, 12/21/16, 10/11/16, 03/20/16, 12/08/15, 09/21/15</p> <p>28 Pa. Code 211.12(d)(3) Nursing services Previously cited 03/06/17, 12/21/16, 10/11/16, 12/08/15, 09/21/15</p> <p>28 Pa. Code 211.12(d)(5) Nursing services Previously cited 04/19/17, 03/06/17, 12/21/16, 10/11/16, 03/20/16, 12/08/15, 09/21/15</p>		