

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>39929</p> <p>Based on review of select facility policy and minutes from Resident Council meetings and resident and staff interviews it was determined that the facility failed to put forth sufficient efforts to promptly resolve continued resident complaints/grievances expressed during Resident Council Meetings including those voiced by four of four residents attending a group meeting (Residents 125, 53, 4, and 18) and failed to afford residents the opportunity to conduct Resident Council meetings, in modified formats or settings due to COVID-19 mitigation efforts, during two of six months in 2022 (October 2022 and November 2022).</p> <p>Findings include:</p> <p>Review of the facility's current Grievance policy indicated that it is the facility's policy to provide an opportunity for residents to express concerns at any time. The facility's goal is to resolve resident and family concerns in a timely basis.</p> <p>Review of the minutes from the Resident Council meetings held between June 2022, through November 2022, revealed that residents in attendance at these resident group meetings voiced their concerns regarding facility services during the meetings.</p> <p>During the June 23, 2022, Resident Council meeting the residents relayed concerns with the untimeliness of staff's response to residents' requests for assistance via the nurse call bell system. The residents were concerned about extended waits for staff to respond to their requests for assistance via the nurse call bell system.</p> <p>During the July 28, 2022, Resident Council meeting the residents reported concerns with the untimeliness staff's response to call bells.</p> <p>During the August 25, 2022, Resident Council meeting the residents voiced concerns with the delays in staff's response to call bells and failing to respond to their requests for assistance in a timely manner.</p> <p>During the September 28, 2022, Food Committee meeting (held in conjunction with the Resident Council meeting) the residents voiced complaints that hot entrees were served cold.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a group meeting held on December 7, 2022, at 10:30 a.m., with four (4) alert and oriented residents, four of four residents (Residents 125, 53, 4, and 18) stated that staff do not consistently respond to call bells timely. Several residents stated it often takes staff longer than 20 minutes to respond to their call bells and provide needed assistance. The residents stated that they have repeatedly brought this particular complaint to the facility's attention without resolution to date. The residents also stated that hot foods were not warm enough when served and that this complaint has also been brought to the facility's attention during food committee meetings.</p> <p>The facility was unable to provide documented evidence at the time of the survey ending December 9, 2022, that the facility had determined if the residents' felt that their complaints/grievances had been resolved through any efforts taken by the facility in response to the residents' expressed concerns regarding untimely staff response call bells and food temperatures (hot foods not served hot enough).</p> <p>Review of the minutes from Residents' Council meetings for the previous year revealed that Residents Council meetings were not conducted, in any format, during the months of October 2022 and November 2022.</p> <p>During an interview with the Nursing Home Administrator (NHA) on December 08, 2022, at 11:00 a.m. the NHA was unable to provide documented evidence that the facility had followed-up with the residents to ascertain the effectiveness of the facility's efforts in resolving their complaints regarding call bell response timeliness and food temperatures and confirmed there was no traditional Resident Council meetings or modified meetings had been conducted during the months of October 2022 and November 2022.</p> <p>28 Pa. Code 201.18 (e)(1)(2) Management</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>39929</p> <p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>Based on a review of select facility policies and procedures and clinical and financial records and staff interview, it was determined that the facility failed to provide the required Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage to two of three residents reviewed (Resident 51 and 121).</p> <p>Findings include:</p> <p>The form entitled Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNFABN) states that this notice is given to make residents aware of care that no longer meets Medicare coverage requirements and they may have to pay out of pocket for the care listed. The provider must ensure that the beneficiary or their representative signs and dates the SNFABN to demonstrate that the beneficiary or their representative received the notice of possible out of pocket costs.</p> <p>Review of the facility's list of residents discharged from a Medicare covered Part A stay with benefit days remaining in the past six months revealed that Resident 51's last day of service was October 25, 2022. The form NOMNC CMS-10055 should be provided to the Resident 51 or the resident's representative as soon as possible prior to that date explaining the out-of-pocket costs.</p> <p>However, there was no documented evidence that the SNFABN was timely provided as required.</p> <p>Resident 121's last day of service was June 6, 2022. The form NOMNC CMS-10055 should be given Resident 121 or the resident representative as soon as possible prior to that date explaining the out-of-pocket costs.</p> <p>However, there was no documented evidence that the SNFABN was timely provided as required.</p> <p>Interview with Nursing Home Administrator on December 7, 2022, at 1:45 p.m. confirmed that the facility was unable to provide documented evidence that Residents 51 and 121 and/or the resident's representative had received or signed the advanced beneficiary notice.</p> <p>28 Pa. Code 201.18 (e)(1) Management</p> <p>28 Pa. Code 201.29 (a)(e) Resident rights</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39929</p> <p>Based on review of clinical records, select facility policy and investigative reports, observation, and resident and staff interview, it was determined that the facility failed to ensure that four residents were free from abuse out of 25 residents sampled (Residents 96, 124, 21, and 83).</p> <p>Findings include:</p> <p>A review of facility policy titled Abuse Policy reviewed by the facility December 2022, revealed that residents have the right to be free from abuse, neglect, misappropriation of property, corporal punishment, and involuntary seclusion, noting that No abuse of harm of any type will be tolerated.</p> <p>A review of Resident 96's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses, which included dementia (chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning).</p> <p>A review of Resident 96's Quarterly Minimum Data Set Assessment (MDS - a federally mandated standardized assessment conducted periodically to plan resident care) dated November 21, 2022, revealed that the resident was moderately cognitively impaired, with a BIMS score of 8 (the Brief Interview for Mental Status a tool to assess the resident's attention, orientation and ability to register and recall new information, a score of 8-12 equates to being moderately impaired).</p> <p>A review of Resident 121's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses, which included alzheimer's disease (chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning).</p> <p>A quarterly Minimum Data Set assessment dated [DATE], indicated that the resident was severely cognitively impaired with a BIMS (brief interview for mental status - a tool to assess cognitive status) of 03, indicating severe cognitive impairment.</p> <p>A review of progress notes from November 2022 until December 8, 2022, revealed that Resident 121 displayed behaviors of wandering around the halls, being physically aggressive with staff and other residents, being sexually inappropriate with staff, being quick to anger, easily agitated, and restless. Staff documented that constant redirection was given to Resident 121, but the resident does not follow direction.</p> <p>A review of a facility investigation report dated November 22, 2022, at 10:10 AM revealed Employee 3 (LPN) heard a resident yelling quit hitting me. When Employee 3 entered the dining room she observed Resident 121 was standing over Resident 96. Other residents in the dining room witnessing the event told Employee 3 that Resident 121 was hitting Resident 96. Both residents were assessed without injury.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 124's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses, which included alzheimer's disease (chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning).</p> <p>A review of Resident 124's Quarterly Minimum Data Set assessment dated [DATE], revealed that the resident was moderately cognitively impaired, with a BIMS score of 11 (the Brief Interview for Mental Status a tool to assess the resident's attention, orientation and ability to register and recall new information, a score of 8-12 equates to being moderately impaired).</p> <p>A review of information submitted by the facility and a facility incident investigation dated November 23, 2022, at 8:15 a.m., revealed that Employee 3 witnessed Resident 121 walk behind Resident 124 and slap her twice upside the head. Employee 3 stated there was no previous interaction between these two residents. Resident 124 was assessed by nursing and was without injury. New intervention planned was for Resident 121 to be in staff's line of sight when the resident was out of bed.</p> <p>A review of Resident 21's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses, which included alzheimer's disease (chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning).</p> <p>A review of Resident 21's Admission Minimum Data Set assessment dated [DATE], revealed that the resident was moderately cognitively impaired, with a BIMS score of 08.</p> <p>A review of information submitted by the facility and a facility incident investigation dated December 2, 2022, at 1:50 p.m., revealed that Employee 3 heard yelling down the hallway. Employee 3 found Resident 121 sitting on the floor outside his room and two other residents standing nearby. Resident 21 stated he was hitting me. Residents 121 and 21 were assessed for injury. Resident 121 had a small skin tear and Resident 21 was without injury. It was noted that Resident 121 would be put on a 1-1 supervision.</p> <p>Observations on the Dementia Unit were Resident 121 resides on December 7, 2022, at approximately 1:00 p.m., Resident 121 was in his room with the door closed. The assigned 1-1 staff member was seated outside the closed room door. During interview with the staff member at this time revealed that the employee stated that the resident was very agitated today.</p> <p>A review of Resident 83's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses, which included alzheimer's disease (chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning).</p> <p>A review of Resident 83's Quarterly Minimum Data Set assessment dated [DATE], revealed that the resident was severely cognitively impaired, with a BIMS score of 3.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Nursing Home Administrator and Director of Nursing made surveyors aware on December 8, 2022, that Resident 121 had another resident-to-resident incident on the evening of December 7, 2022. The information available on time of survey ending December 9, 2022, indicated that Resident 83 attempted to take food from Resident 121's dinner tray and Resident 121 stabbed Resident 83 on her right index finger with his fork. Resident 83 was assessed to have minor skin tears to her right index finger. Employee 4 (NA) stated she was standing behind Resident 121 and attempted to stop Resident 83 from grabbing Resident 121's food, but was unable to stop the incident.</p> <p>The facility failed to ensure that Residents 96, 124, 21, and 83 were free from physical abuse perpetrated by Resident 121.</p> <p>An interview with the DON (director of nursing) and NHA (nursing home administrator) on December 09, at approximately 10:15 AM confirmed the facility substantiated physical abuse of Residents 96, 124, 21, and 83 by Resident 121.</p> <p>483.13 - Resident Behavior and Facility Practices, 10-1-1998 edition</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 201.29(a) Resident Rights</p> <p>28 Pa. Code 201.29(c)(d) Resident Rights</p> <p>28 Pa. Code 211.12(a)(c)(d)(5) Nursing Services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>26228</p> <p>Based on a review of the facility's abuse policy and employee personnel files and staff interviews, it was determined that the facility failed to implement their established procedures for screening two of five employees for employment (Employee 1, and 2).</p> <p>Findings include:</p> <p>The facility's Abuse policy last reviewed by the facility December 5, 2022, revealed that the procedures outlined under Employee Screening and Training, noted that a criminal background check will be conducted on all prospective employees as provided by the facility's policy on Criminal Background Checks.</p> <p>The facility's Criminal Background Check policy last reviewed by the facility on December 5, 2022, revealed that in accordance with the Older Adults Protective Services Act, the facility will perform a Pennsylvania Criminal History Check after an offer of employment has been extended. This report will be obtained for the facility from the Pennsylvania State Police.</p> <p>In accordance with Act 13 Elder Abuse Mandatory Reporting and Act 169 Criminal Background Checks, nursing facilities are required to obtain a criminal background check on all newly hired employees. Facilities are required to obtain the Pennsylvania State Police background check within 30 days of hire on all prospective employees. If the prospective employee does not have continuous residency in Pennsylvania for two years prior to employment then the facility is required to obtain a Federal Bureau of Investigation (FBI) check within 90 days.</p> <p>Employee 1 (Occupational Therapist) was hired September 13, 2022. A Pennsylvania State Police background check was obtained on December 7, 2022. There was no indication that the facility obtained the Pennsylvania State Police background check within 30 days of hire to ensure that the employee was eligible for employment in a long term care nursing facility.</p> <p>Employee 2 (Housekeeping Aide) was hired September 20, 2022. A Pennsylvania State Police background check was obtained on December 7, 2022. There was no indication that the facility obtained the Pennsylvania State Police background check within 30 days of hire to ensure that the employee was eligible for employment in a long term care nursing facility.</p> <p>Interview with the Director of Human Resources on December 9, 2022, at 10:15 a.m. she confirmed the Pennsylvania State Police background checks were not obtained for Employee's 1 and 2 until December 7, 2022, which was more than 30 days after hired.</p> <p>28 Pa Code 201.18 (e)(1) Management</p> <p>28 Pa. Code 201.29(a)(c) Resident rights</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>39929</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to incorporate the recommendations from the Pre-Admission Screening and Resident Review (PASARR) level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care for one of one resident reviewed (Resident 44).</p> <p>Findings include:</p> <p>Review of clinical record of Resident 44 revealed diagnoses to include Schizoaffective Disorder (Schizoaffective disorder is a mental disorder in which a person experiences a combination of schizophrenia symptoms, such as hallucinations or delusions, and mood disorder symptoms, such as depression or mania).</p> <p>Further review of Resident 44's clinical record revealed a PASARR Level I (federally required assessment to help ensure that all individuals with serious mental disorders and/or intellectual disabilities are not inappropriately placed in nursing homes for long term care) dated July 18, 2022, with the following outcome: Individual has a positive screen for Serious Mental Illness, Intellectual Disability, and/or Other Related Condition; requires further evaluation (Level II).</p> <p>A PASARR Level II determination letter dated July 20, 2022, indicated that, You do have evidence of a Mental Health condition that meets the criteria for review by the Office of Mental Health and Substance Abuse Services (OMHSAS). You may benefit from specialized mental health services. The County Mental Health office shall assist the nursing facility in accessing mental health services for you in accordance with OMHSAS Bulletin-16-11. The treatment must be provided by qualified mental health professionals, and treatment can include partial psychiatric hospitalization , peer support services, psychiatric outpatient clinic services, mobile mental health treatment, crisis intervention services, targeted mental health care management, and outpatient drug and alcohol services. Residents who reside in the Nursing Facility may receive specialized mental health services either in the facility or in the community.</p> <p>Review of Resident 122's current care plan conducted during the survey ending December 09, 2022, revealed that the plan of care did not address the PASARR II determination. The care plan failed to identify the individual and specific referrals made or services recommended and provided to the resident as the result of the resident's mental health condition and PASARR II.</p> <p>Resident 44's clinical record revealed no documented evidence at the time of the survey ending December 09, 2022, that Resident 44 received any specialized services regarding her mental health condition as per her PASARR evaluation during the resident's stay at the skilled nursing facility.</p> <p>An interview with the Nursing Home Administrator and Director of Nursing on December 8, 2022, at 2:00 p. m. confirmed that the PA-PASARR-ID II form completed had identified Resident 44 as a target resident requiring services. The NHA and DON were unable to identify the services to be provided for the resident while in the skilled nursing facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There was no evidence at the time of the survey that the facility had timely identified and coordinated the provision of specialized services for this targeted resident.</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 211.12 (c)(d)(3) Nursing services</p> <p>28 Pa. Code 211.5(f) Clinical Records</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on review of clinical records, and staff interviews, it was determined that the facility failed to review and revise the comprehensive care plan to address to accurately identify a resident's need for staff assistance with activities of daily living for one resident out of four sampled (Resident 30).</p> <p>Findings include:</p> <p>A review of Resident 30's clinical record revealed admission to the facility June 2, 2020, with diagnosis to include parkinsonism, right hemiplegia (paralysis that affects only one side of the body), muscle weakness, early onset Alzheimers, transient ischemic attack (TIA - mini stroke) and cerebral infarction (stroke), abnormal posture, bilateral osteoarthritis of the knee, and morbid (severe) obesity.</p> <p>A fall risk evaluation, dated September 1, 2021, (most recent fall evaluation completed prior to the residents fall), scored a 12, high risk, a score of 10 and over is a high risk for falls.</p> <p>A Quarterly MDS assessment dated [DATE], revealed that the resident was cognitively intact with a BIMS score of 14 and required extensive staff assistance with bed mobility, dressing, toilet use, and personal hygiene, and was totally dependent on staff for transfers.</p> <p>A review of the resident's current care plan revealed that the resident was at risk for falls due to impaired balance/poor coordination, unsteady gait, sensory deficit , seizures, potential medication side effects, refusal of nonskid socks, history of falls and non compliance with asking for assistance with transfers and past medical history of need for assistance with personal care, dementia, Parkinson's, lack of coordination, pain, anemia, TIA/CVA, syncope and collapse, abnormal posture, OA, obesity, anxiety, MDD, muscle weakness, and dementia. The planned interventions to avoid/prevent a fall were to encourage non-skid footwear at all times, have commonly used articles within easy reach, and reinforce need to call for assistance.</p> <p>A Physical Therapy (PT) discharge summary for the dates of service from November 18, 2021, to December 15, 2021, indicated the the resident was seen for multiple daily tasks including to improve the ability to roll from lying on back to left and right side and return to lying on back. The resident was discharged on [DATE], for reaching the goal of substantial/maximal assistance. The discharge recommendation was to use a full mechanical lift for all transfers. Recommend bilateral (B), lower extremity (LE) range of motion (ROM) restorative nursing program (RNP).</p> <p>The physical therapy discharge summary did not identify whether the substantial/maximal assistance required the use of one or two persons.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident's care plan, dated, May 21, 2022, also revealed that the resident has an activity of daily living (ADL) self-care performance deficit related to ADL dysfunction. The care plan noted that the resident is totally dependent on staff to provide bath/showers, dressing, and toilet use. The care plan noted that the resident is totally dependent on staff transfers and required the mechanical lift (Hoyer) to transfer.</p> <p>The resident's care problem did not address the level of staff assistance the resident required for bed mobility. Assistance with bed mobility was not addressed under falls or ADL deficit on the resident's care plan.</p> <p>A nurses note dated November 19, 2022, at 10:55 PM, indicated that the nurse aide informed the nurse that the resident fell out of bed during care. The resident sustained a skin tear to his left elbow, measuring 5.6 cm c 2.5 cm. The resident stated that I rolled out of bed when I was rolled over for care. I did not hit my head but my leg hurts.</p> <p>An incident report dated November 19, 2022, at 8:35 PM revealed that the nurse aide informed the nurse that the resident had fallen out of bed onto the floor at this time during cares. The witness statement from the nurse aide dated November 19, 2022, included with this incident report noted that I was in doing care on resident. I had one hand holding the resident as I used the other to clean him. He stated, 'I'm going (to fall out of bed), and before I could grasp him enough to prevent him from rolling, he had fallen from the bed. I then made sure the resident wasn't in immediate danger and notified the LPN.</p> <p>The notes section of incident report dated November 22, 2022, indicated the intervention is for the staff member to be educated on following the care plan as written. However, the resident's care plan failed to identify the level of staff assistance with bed mobility.</p> <p>Interview conducted on December 8, 2022, at approximately 12:20 PM, with Employee 7 (Therapy Director), confirmed that Resident 30's care plan had failed to identify his bed mobility status. She further stated that the PT discharge summary goal the resident reaches for substantial/maximal assistance, is understood, implied to mean assist of 1 staff member. She further stated that staff can always assist up and use 2 staff members at any time.</p> <p>A review of the documentation survey report v2 (tasks completed for the resident), for September 2022 through December 2022, for ADL - bed mobility revealed that staff provided Resident 30 with 2 staff members assistance with bed mobility more than 50 % of the time.</p> <p>A review of the quarterly MDS Assessments dated November 2021, February 2022, May 2022, Annual MDS August 2022, and quarterly MDS November 2022, all indicated the resident required extensive staff assistance of two staff members with bed mobility.</p> <p>During interview with alert and oriented Resident 30, on December 7, 2022, at approximately 1:50 PM, the resident stated that he is assisted by either 1 or 2 staff members for bed mobility.</p> <p>The facility failed to consistently provide Resident 30 with necessary staff assistance with bed mobility to prevent a fall from bed with minor injury. The facility further failed to accurately identify the resident' needs for staff assistance on the resident's care plan to ensure staff awareness of the resident's need for two person assistance with bed mobility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on December 9, 2022, at approximately 10:45 AM, the Nursing Home Administrator (NHA) confirmed that the resident's care plan failed to identify the resident's needs for staff assistance with bed mobility. Facility staff provided the resident with varied levels of assistance with bed mobility, either one or two staff. The resident fell from bed while being assisted by only one staff member and that the fall may have been prevented by the presence of another staff member.</p> <p>Refer F 689</p> <p>28 Pa. Code 211.12 (a)(c)(d)(1)(3)(5) Nursing services</p> <p>28 Pa. Code 211.11(d) Resident care plan</p> <p>28 Pa. Code 201.29 (a)(c) Resident rights</p> <p>Interview with the Nursing Home Administrator (NHA) on December 8, 2022, at approximately 1:00 PM, confirmed that the care plan had not been reviewed and or revised in response to the residents fall, and or to reflect the residents bed mobility status.</p> <p>Refer F 689</p> <p>28 Pa. Code 211.12(a)(c)(d)(1)(5) Nursing Services.</p> <p>28 Pa. Code 211.11(d)(e) Resident Care Plan.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21738</p> <p>Based on clinical record review and resident and staff interview and staff interview it was determined that the facility failed to develop and implement an individualized discharge plan for one of 25 residents sampled (Resident 86).</p> <p>Findings Include:</p> <p>A review of the clinical record of Resident 86 revealed admission to the facility on [DATE].</p> <p>An annual MDS Assessment (minimum data set- standardized assessment process conducted at periodic intervals to plan resident care) dated September 28, 2022, revealed that the resident had a BIMS (brief interview to aid in detecting cognitive impairment) of 14/15, indicating that his cognition is intact.</p> <p>Review of Resident 86's care plan initially dated January 17, 2022, indicated that discharge planning is complete as resident will be long-term at the facility. The intervention indicated that the resident will remain at the facility unless other care becomes available based on family's request.</p> <p>An interview conducted with Resident 86 on December 7, 2022, 2022, at approximately 11:00 AM revealed that the resident does not want to stay in the facility. The resident stated that he expressed his wishes to the social worker, but no one gets back to him with updates.</p> <p>An interview with the Social Service Director (SSD) on December 9, 2022, at 10:30 AM, confirmed that Resident 86 did express a desire to be discharged from the facility. The SSD confirmed that during a meeting on October 25, 2022, which included the resident and the resident's responsible party, an agreement was made for the resident to be transferred to a facility in South Carolina to be closer to the resident's son. The SSD confirmed that she failed to update the resident's discharge care plan based on the resident's desire to be transferred to another facility. The SSD failed to document the meeting in the resident's clinical record.</p> <p>Interview with the Nursing Home Administrator on December 9, 2022, at 11:30 AM confirmed that the facility failed to revise and implement a discharge plan based on the resident's expressed desire to transfer to an alternate facility.</p> <p>28 Pa. Code 211.16 (a) Social Services</p> <p>28 Pa. Code 211.11 (d)(e) Resident care plan</p> <p>28 Pa. Code 201.18 (e)(1) Management</p> <p>28 Pa. Code 201.29 (j) Resident rights.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on review of clinical records, observation, and staff interviews it was determined that the facility failed to consistently provide care and services, consistent with professional standards of practice, to prevent and or promote healing of pressure sore development for one of four residents sampled (Resident 42).</p> <p>Findings include:</p> <p>According to the US Department of Health and Human Services, Agency for Healthcare Research & Quality, the pressure ulcer best practice bundle incorporates three critical components in preventing pressure ulcers: Comprehensive skin assessment, Standardized pressure ulcer risk assessment and care planning and implementation to address the areas of risk.</p> <p>The American College of Physicians (ACP) is a national organization of internists, who specialize in the diagnosis, treatment, and care of adults. The largest medical-specialty organization and second-largest physician group in the United States) Clinical Practice Guidelines indicate that the treatment of pressure ulcers should involve multiple tactics aimed at alleviating the conditions contributing to ulcer development (i. e. support surfaces, repositioning and nutritional support); protecting the wound from contamination and creating and maintaining a clean wound environment; promoting tissue healing via local wound applications, debridement and wound cleansing; using adjunctive therapies; and considering possible surgical repair.</p> <p>A review of the clinical record revealed Resident 42 was admitted to the facility on [DATE], with diagnoses to include Alzheimers disease (a progressive disease that destroys memory and other important mental functions), peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), depression, anxiety, dementia (a group of thinking and social symptoms that interferes with daily functioning) and pressure ulcer (bed sore).</p> <p>Review of Resident 42's Braden Scale Assessment (a standardized, evidence -based assessment tool commonly used in health care to assess and document a patient's risk for developing pressure injuries) dated March 25, 2022, revealed that the resident scored a 13 (a score of 13-14 indicates the resident is at moderate risk) for developing a pressure sore.</p> <p>A quarterly Minimum Data Set assessment (MDS- a federally mandated standardized assessment process conducted at specific intervals to plan resident care) dated September 15, 2022, revealed that the resident was severely cognitively impaired and required extensive assistance by staff with bed mobility, transfer, dressing, toilet use, and personal hygiene.</p> <p>A review of Resident 42's care plan initially December 8, 2021, indicated that the resident has potential for impairment to skin integrity r/t impaired mobility, impaired range of motion. The interventions to avoid skin integrity alterations include resident to only wear non skid socks and no shoes, incontinence care and preventative skin care per policy, pressure reduction mattress and to use a draw sheet or lifting device to move resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The resident's care was updated on July 18, 2022, due to the development of right and left buttock pressure ulcers related to incontinence, limited mobility, poor nutrition. The interventions included to administer treatments as ordered and monitor for effectiveness, weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue, exudate and if the resident refuses treatment, confer with the resident, IDT and family to determine why and try alternative methods to gain compliance and document alternative methods.</p> <p>A skin/wound note, dated June 9, 2022, at 6:49 PM indicated resident has two areas of pressure. Left buttock measures 0.6 centimeter (cm) x 0.9 cm x 0.1 cm and is 100% dermal tissue no drainage noted. Right buttock measures 0.5 cm x 0.5 cm x 0.1 cm and is 50% dermal and 50% epithelial tissue. Nurse Practitioner (NP) recommending consult physical therapy (PT) for positioning and pain control as well as zinc oxide barrier cream every shift and as needed (PRN) for soiling. Interventions in place for skin breakdown prevention include avoiding scratching and keeping hands and body parts from excessive moisture, keep fingernails short, use caution during transfers and bed mobility to prevent striking arms, legs, and hands against any sharp or hard surface, and keep skin clean and dry. Care plan reviewed. Responsible Party (RP) aware.</p> <p>A wound consultant evaluation of the resident's right and left buttocks on June 9, 2022, was conducted noting the two Stage II pressure ulcers. The left buttock measured 0.6 x 0.9 x 0.1 cm, without exudate and the right buttock pressure ulcer measured 0.5 x 0.5 x 0.1 cm without exudate, 50 % dermis and 50 % epithelial (the thin tissue forming the outer layer of a body's surface), with maceration (occurs when skin is in contact with moisture for too long. Macerated skin looks lighter in color and wrinkly), with tenderness, red, non-blanchable. Treatment recommendations include consult PT for pain control and positioning, Zinc oxide barrier cream q shift and PRN for soiling, side to side repositioning if able, pressure relief/off loading, facility pressure ulcer prevention protocol, pressure redistribution mattress per facility protocol, heel offloading per facility protocol, turn and reposition per facility protocol, per patient's plan of care.</p> <p>During an interview with the Director of Nursing (DON) on December 8, 2022, at approximately 9:45 A.M., revealed the facility was unable to provide evidence that the origin of the resident's pressure development had been evaluated to timely identify and promptly address contributing factors and assure consistent and effective implementation of preventative measures including timely incontinence care, preventative skin care and turning and repositioning.</p> <p>The wound consultant saw the resident on September 8, 2022, for the deteriorating bilateral buttocks pressure ulcers, which were now classified as a sacrum pressure ulcer (wounds merged together) on September 8, 2022.</p> <p>The resident was admitted to hospice services on September 18, 2022, for protein calorie malnutrition.</p> <p>As of the time of the survey the resident's pressure sore had significantly deteriorated. The wound consultant noted on December 8, 2022, that the resident's Stage II pressure sore increased in size, measuring 13.5 x 11.5 x 0.1 cm, without exudate. Tissue is 95 % epithelial and 5 % dermis, scattered areas that are red, both blanchable and non-blanchable, with tenderness, and widening area of venous pooling. Instructions included non-pharmacology and pharmacology for pain control PRN, zinc oxide barrier cream q shift and PRN for soiling, side to side repositioning if able, no brief while in bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation of the sacral pressure ulcer on December 8, 2022, at approximately 1:15 PM, with the resident's acknowledgement, in the presence of Employee 6 Licensed Practical Nurse (LPN), revealed a roundish - oval shaped wound on the sacral area. The sacral wound measured 11.5 cm x 13.5 cm x 0.1 cm (as measured by Employee 6 LPN). The wound bed appeared to be red, without drainage and or odor.</p> <p>Further review of the clinical record, including the Documentation Survey Report v2 (tasks completed for the resident), for the months of May 2022 through December 2022, failed to provide evidence that staff had consistently repositioned the resident, side to side, (turning/repositioning) as recommended by the wound care consultant on June 9, 2022, and repeatedly thereafter during weekly visits. The resident's pressure sores had initially developed as small areas, the left buttock measured 0.6 x 0.9 x 0.1 cm, without exudate and the right buttock pressure ulcer measured 0.5 x 0.5 x 0.1 cm. By the time of the survey ending December 9, 2022, the pressure sores had merged into one area, measuring 11.5 cm x 13.5 cm x 0.1 cm</p> <p>At the time the survey ended, the facility was unable to provide any documented evidence of the recommended, preventative measure, side to side repositioning (turning/repositioning) for the time period from May 2022, to December 2022, as confirmed by the Nursing Home Administrator (NHA) on December 8, 2022, at approximately 2:15 PM.</p> <p>Facility failed to consistently provide care and services, consistent with professional standards of practice, to prevent and promote healing of pressure sores for a resident known to be at risk.</p> <p>Interview with the Nursing Home Administrator (NHA) on December 8, 2022, at approximately 2:15 PM, confirmed she was unable to provide any additional information to show the consistent implementation of preventative measures, side to side repositioning to prevent worsening of the resident's pressure sores.</p> <p>28 Pa. Code 211.10(a)(d) Resident care policies</p> <p>28 Pa. Code 211.12(a)(c)(d)(1)(3)(5) Nursing services.</p> <p>28 Pa. Code 211.5(f) Clinical records.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on a review of clinical records and investigative reports, and resident and staff interviews, it was determined that the facility failed to ensure that the resident's environment was free of potential accident hazards and failed to provide necessary staff assistance during care and planned safety measures to maintain resident and prevent falls for one resident(Resident 30) out of four sampled residents.</p> <p>Findings include:</p> <p>A review of Resident 30's clinical record revealed admission to the facility June 2, 2020, with diagnosis to include parkinsonism, right hemiplegia (paralysis that affects only one side of the body), muscle weakness, early onset Alzheimers, transient ischemic attack (TIA - mini stroke) and cerebral infarction (stroke), abnormal posture, bilateral osteoarthritis of the knee, and morbid (severe) obesity.</p> <p>A fall risk evaluation, dated September 1, 2021, (most recent fall evaluation completed prior to the residents fall), scored a 12, high risk, a score of 10 and over is a high risk for falls.</p> <p>A Quarterly MDS assessment dated [DATE], revealed that the resident was cognitively intact with a BIMS score of 14 and required extensive staff assistance with bed mobility, dressing, toilet use, and personal hygiene, and was totally dependent on staff for transfers.</p> <p>A review of the resident's care plan dated September 2021, revealed that the resident was at risk for falls due to impaired balance/poor coordination, unsteady gait, sensory deficit, seizures, potential medication side effects, refusal of nonskid socks, history of falls and non compliance with asking for assistance with transfers and past medical history of need for assistance with personal care, dementia, Parkinson's, lack of coordination, pain, anemia, TIA/CVA, syncope and collapse, abnormal posture, OA, obesity, anxiety, MDD, muscle weakness, and dementia. The planned interventions to avoid/prevent a fall were to encourage non-skid footwear at all times, have commonly used articles within easy reach, and reinforce need to call for assistance.</p> <p>A Physical Therapy (PT) discharge summary for the dates of service from November 18, 2021, to December 15, 2021, indicated the resident was seen for multiple daily tasks including to improve the ability to roll from lying on back to left and right side and return to lying on back. The resident was discharged on [DATE], for reaching the goal of substantial/maximal assistance. The discharge recommendation was to use a full mechanical lift for all transfers. Recommend bilateral (B), lower extremity (LE) range of motion (ROM) restorative nursing program (RNP).</p> <p>The physical therapy discharge summary did not identify whether the substantial/maximal assistance required the use of one or two persons.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident's care plan, dated, May 21, 2022, also revealed that the resident has an activity of daily living (ADL) self-care performance deficit related to ADL dysfunction. The care plan noted that the resident is totally dependent on staff to provide bath/showers, dressing, and toilet use. The care plan noted that the resident is totally dependent on staff transfers and required the mechanical lift (Hoyer) to transfer.</p> <p>The resident's care plan did not address the level of staff assistance the resident required for bed mobility. Assistance with bed mobility was not addressed under falls or ADL deficit on the resident's care plan.</p> <p>A nurses note dated November 19, 2022, at 9:22 PM, indicated resident had a fall this shift, detailed note to come when time allows. Skin tear noted to left (L) elbow. New order to cleanse with normal saline solution (NSS), pat dry, apply bacitracin, cover with non-adherent and wrap with kling. Resident c/o pain in right (R) knee and hip, MD gave new order for x-rays to those areas. RP aware.</p> <p>A nurses note dated November 19, 2022, at 10:55 PM, indicated that the nurse aide informed the nurse that the resident fell out of bed during care. The resident sustained a skin tear to his left elbow, measuring 5.6 cm c 2.5 cm. The resident stated that I rolled out of bed when I was rolled over for care. I did not hit my head but my leg hurts. New orders for x-rays were also given for the right knee and hip. Requesting a larger sized bed for resident. Md aware with new orders as stated above. RP aware.</p> <p>X-ray results dated November 20, 2022, at 1:56 AM, revealed no fractures or dislocation.</p> <p>A nurse's note, dated November 22, 2022, at 5:06 AM, revealed that the resident's had bruising/swelling to right hand/wrist area and an order for an X-ray of right hand/wrist was noted, which were negative for fractures.</p> <p>An incident report dated November 19, 2022, at 8:35 PM revealed that the nurse aide informed the nurse that the resident had fallen out of bed onto the floor at this time during cares. The witness statement from the nurse aide dated November 19, 2022, included with this incident report noted that I was in doing care on resident. I had one hand holding the resident as I used the other to clean him. He stated, 'I'm going (to fall out of bed), and before I could grasp him enough to prevent him from rolling, he had fallen from the bed. I then made sure the resident wasn't in immediate danger and notified the LPN.</p> <p>The notes section of incident report dated November 22, 2022, indicated the intervention is for the staff member to be educated on following the care plan as written. However, the resident's care plan failed to identify the level of staff assistance with bed mobility.</p> <p>Interview conducted on December 8, 2022, at approximately 12:20 PM, with Employee 7 (Therapy Director), confirmed that Resident 30's care plan had failed to identify his bed mobility status. She further stated that the PT discharge summary goal the resident reaches for substantial/maximal assistance, is understood, implied to mean assist of 1 staff member. She further stated that staff can always assist up and use 2 staff members at any time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the documentation survey report v2 (tasks completed for the resident), for September 2022 through December 2022, for ADL - bed mobility revealed that staff provided Resident 30 with 2 staff members assistance with bed mobility more than 50 % of the time.</p> <p>A review of the quarterly MDS Assessments dated November 2021, February 2022, May 2022, Annual MDS August 2022, and quarterly MDS November 2022, all indicated the resident required extensive staff assistance of two staff members with bed mobility.</p> <p>During interview with alert and oriented Resident 30, on December 7, 2022, at approximately 1:50 PM, the resident stated that he is assisted by either 1 or 2 staff members for bed mobility.</p> <p>The facility failed to consistently provide Resident 30 with necessary staff assistance with bed mobility to prevent a fall from bed with minor injury. The facility further failed to accurately identify the resident's needs for staff assistance on the resident's care plan to ensure staff awareness of the resident's need for two person assistance with bed mobility.</p> <p>During interview on December 9, 2022, at approximately 10:45 AM, the Nursing Home Administrator (NHA) confirmed that the resident fell from bed while being assisted by only one staff member and that the fall may have been prevented by the presence of another staff member.</p> <p>Refer F 657</p> <p>28 Pa. Code 211.12 (a)(c)(d)(1)(5) Nursing services</p> <p>28 Pa. Code 211.11(d) Resident care plan</p> <p>28 Pa. Code 201.29 (a)(c) Resident rights</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39929</p> <p>Based on a review of clinical records and staff interview, it was determined that the facility failed to develop and implement an individualized person-centered plan to address a resident's dementia-related behavioral symptoms for one out of 15 residents reviewed (Resident 121)</p> <p>Findings include:</p> <p>A review of the clinical record revealed that Resident 7 was admitted to the facility on [DATE], with diagnoses that included Alzheimer's disease (a decline affecting memory, normal thinking, communicating which make it difficult to perform normal activities of daily living such as dressing, eating and bathing).</p> <p>A quarterly Minimum Data Set assessment (a federally mandated standardized assessment completed periodically to plan resident care) dated October 10, 2022, indicated that the resident was severely cognitively impaired with a BIMS (brief interview for mental status - a tool to assess cognitive status) score of 03, indicating severe cognitive impairment.</p> <p>Review of Resident 121's nursing progress notes during the months of November 2022 and December 2022 through the time of the survey ending December 09, 2022, revealed that the resident displayed increasing behaviors of aggressiveness with staff and other residents, restlessness, wandering, and physically assaulting other residents. Resident 121 was the aggressor in four resident to resident incidents between November 22, 2022 and December 07, 2022.</p> <p>There was no documented evidence that the facility was effectively monitoring and tracking the resident's behavioral symptoms during the months of November 2022, and December 2022 through the time of the survey ending December 09, 2022.</p> <p>Interview with the Director of Nursing, on December 8, 2022, at approximately 2:00 p.m., acknowledged that Resident 121's behaviors were not being monitored or tracked to identify potential triggers, patterns or trends.</p> <p>The resident's current care plan, in effect at the time of the survey of December 9, 2022, did not identify the specific dementia related behaviors the resident exhibits and individualized person-centered interventions to address each of these behaviors.</p> <p>The facility failed to develop and implement an individualized person-centered plan to address, modify and manage the residents' dementia-related behaviors. The resident's care plan for behavioral symptoms failed to include individualized interventions based on an assessment of the resident's preferences, social/past life history, customary routines, and interests in an effort to manage the resident's dementia-related behavioral symptoms.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Director of Nursing and Nursing Home Administrator on December 8, 2022, at approximately 9:30 a.m., confirmed that the facility was unable to provide evidence of the development and implementation of an individualized person-centered plan to address dementia-related behaviors and consistent and accurate monitoring of the resident's dementia related behaviors and any approaches used to manage or modify those behaviors.</p> <p>28 Pa Code 211.12 (a)(c)(d)(1)(3)(5) Nursing services</p> <p>28 Pa. Code 211.11(d)(e) Resident care plan.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>21738</p> <p>Based on observation and staff interview and review of resident food committee meeting notes it was determined that the facility failed to maintain acceptable practices for the storage and service of food to prevent the potential for contamination and microbial growth in food, which increased the risk of food-borne illness.</p> <p>Findings include:</p> <p>Food safety and inspection standards for safe food handling indicate that everything that comes in contact with food must be kept clean and food that is mishandled can lead to foodborne illness. Safe steps in food handling, cooking, and storage are essential in preventing foodborne illness. You cannot always see, smell, or taste harmful bacteria that may cause illness according to the USDA (The United States Department of Agriculture, also known as the Agriculture Department, is the U.S. federal executive department responsible for developing and executing federal laws related to food).</p> <p>Review of the most recent resident food committee notes dated September 28, 2022, revealed that residents voiced complaints that their hot meal entrees were served cold.</p> <p>Observation of the kitchen and trayline area during the lunch meal on December 8, 2022, at 11:55 AM revealed that the mobile heated plate dispenser (a unit which warms dishes prior to plating food) was not heating.</p> <p>Observation also revealed a build-up of dust on the fins of the floor fan which located in the trayline area.</p> <p>There was a build-up of debris on the ceiling light covers located in the cooks area.</p> <p>Interview with the food services director (FSD) at this time confirmed the kitchen was to be maintained in a sanitary manner. The FSD confirmed that there have been complaints of hot food not being warm enough when served. The FSD was unable to state when the mobile heated plate dispenser would be repaired/replaced.</p> <p>Review of a facility work order revealed that the plate dispenser was reported to maintenance as not functioning and in need of repair on October 7, 2022. A purchase order provided by the facility reflected that a heated mobile dish dispenser was purchased on November 24, 2022. There was no information provided on an expected delivery date of the item at the time of the ending of survey on December 9, 2022.</p> <p>28 Pa. Code 211.6 (c) Dietary services.</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure coordination of Hospice services with facility services to meet each individual resident's needs for the management of the terminal illness one out of one resident reviewed receiving Hospice care (Resident 42).</p> <p>Findings include:</p> <p>A review of the clinical record revealed Resident 42 was admitted to the facility on [DATE], with diagnoses to include Alzheimers disease (a progressive disease that destroys memory and other important mental functions), peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), depression, anxiety, dementia (a group of thinking and social symptoms that interferes with daily functioning) and pressure ulcer (bed sore).</p> <p>The resident was admitted to hospice services on September 18, 2022, for protein calorie malnutrition.</p> <p>Review of Resident 42's current plan of care in effect at the time of the survey ending December 9, 2022, revealed no evidence that the resident's plan of care was integrated with hospice services to demonstrate coordination of care and services to meet the resident's needs related to the care of the terminal illness on a daily basis.</p> <p>During an interview with the Nursing Home Administrator (NHA) on December 8, 2022, at approximately 1:10 PM, she confirmed the above resident's care plan was not integrated/coordinated with hospice services.</p> <p>28 Pa. Code 211.11 (a)(d)(e) Resident care plan</p> <p>28 Pa. Code 211.12 (c)(d)(3)(5) Nursing services</p> <p>28 Pa. Code 201.21(c) Use of outside resources</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	
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 0888</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure staff are vaccinated for COVID-19</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on review of select facility policy, observation and staff interviews, it was determined the facility failed to implement established procedures for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19 as evidenced by one unvaccinated employee observed during the survey (Employee 5).</p> <p>Findings include:</p> <p>A review of facility policy entitled COVID - Vaccination Program (Pennsylvania), policy review date December 5, 2022, indicated that the purpose is to help protect staff, non-employees, residents and families of (name of facility corporation) from acquiring COVID-19 and to help prevent the unnecessary spread of the COVID-19 virus between employees, non-employees, residents and families. Staff who receive accommodation for not receiving the COVID-19 vaccination due to a religious exemption must always wear an N95 respirator and eye protection during the duration of the scheduled shift when providing services at the facility.</p> <p>Review of the facility provided document entitled COVID-19 Staff Vaccination Status for Providers revealed that Employee 5 (Licensed Practical Nurse - LPN), had been granted a non-medical (religious) exemption.</p> <p>Observation of the medication administration pass beginning on December 7, 2022, at approximately 9:02 AM, revealed Employee 5, LPN, on the 2nd floor, North Hall medication cart. Employee 5 was administering medications to Resident 60, who resided, in room [ROOM NUMBER]-B and was observed wearing a surgical mask during pouring and administration of medication to Resident 60.</p> <p>A second observation of Employee 5, LPN, on December 7, 2022, at approximately 9:40 AM, in the hallway of 2nd floor, North Hall resident unit, revealed that the employee was again wearing a surgical mask.</p> <p>A third observation of Employee 5, LPN, on December 7, 2022, at approximately 2:00 PM, in the hallway of 2nd floor, North Hall, near the nursing station revealed that Employee 5 was wearing a surgical mask.</p> <p>Interview with Employee 5, on December 8, 2022, at approximately 10:45 AM, confirmed she was wearing a surgical mask during the times stated above. Employee 5 stated that she was granted a religious exemption and was not vaccinated. She further acknowledged that she was not wearing the N 95 respirator as required by facility policy</p> <p>Interview with the Nursing Home Administrator on December 8, 2022, at approximately 1:00 PM, confirmed that individuals granted a religious exemption must always wear an N95 respirator and eye protection during the duration of their scheduled shift when providing services at the facility, as stated in the policy. The NHA verified that the facility failed to implement its policy and procedure to ensure that all staff who are not fully vaccinated comply with the stated mitigating strategies.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2022
NAME OF PROVIDER OR SUPPLIER Pottsville Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Pulaski Drive Pottsville, PA 17901	

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)
F 0888 Level of Harm - Potential for minimal harm Residents Affected - Many	28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code 201.19 Personnel policies and procedures 28 Pa. Code 201.18 (e)(1)(2) Management