

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2022
NAME OF PROVIDER OR SUPPLIER Grove at North Huntingdon, The		STREET ADDRESS, CITY, STATE, ZIP CODE 249 Maus Drive North Huntingdon, PA 15642	
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 0805 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32773</p> <p>Based on review of facility policy, closed clinical records, facility documents and staff interviews, it was determined that the facility failed to ensure that food was served in a form to meet the individual needs of one of four residents sampled (Closed Resident CR1), which resulted in actual harm of choking and acute respiratory failure requiring transfer to the hospital for admission and treatment.</p> <p>Findings include:</p> <p>Review of facility policy Level 1 Dysphagia Pureed, indicated this diet consists of food that are pureed, homogenous and cohesive. Foods should be pudding like. Foods that require bolus formation, controlled manipulation and chewing are not allowed. Recommended pureed fruits, avoid whole fruits.</p> <p>Review of Resident CR1's Minimum Data Set (periodic review of care needs) dated 9/1/21, indicated the resident was admitted to the facility on [DATE], and their current diagnoses included alzheimers, schizophrenia and seizures.</p> <p>Review of Resident CR1's Speech Therapy Evaluation and Plan of Treatment dated 11/4/21, indicated swallowing strategies will include 100% supervision for all meals, was ordered a pureed diet and now taking liquids via spoon.</p> <p>Review of Resident CR1's physician orders dated 11/4/21, indicated the resident was ordered a pureed diet, with nectar consistency fluids, liquids via spoon.</p> <p>Review of Resident CR1's progress note dated 11/4/21, at 6:11 p.m. indicated the nurse was called to the room by a Nurse Aide (NA), who stated that something was wrong, resident sitting upright in bed unable to breath, resident was alert to her name, and able to make eye contact when her name was spoken. This nurse performed the hiemlich maneuver, after one second the resident was breathing, and spitting particles of an orange out.</p> <p>Review of Resident CR1's progress note dated 11/4/21, at 6:48 p.m. indicated that resident left to hospital via ambulance due to aspiration and continuously choking.</p> <p>Review of Resident CR1's progress note dated 11/4/21, at 6:50 p.m. indicated that the resident was coughing with labored breathing after eating some of her dinner.</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
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<p>F 0805</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident CR1's physician order dated 11/4/21, indicated send resident out to the hospital. Resident with probable aspiration on food. Resident continuously coughing.</p> <p>During an interview on 11/16/21 at 12:25 p.m. NA Employee E1 confirmed that the resident had whole segments of oranges on her tray, that she gave Resident CR1 a little piece of orange and Resident CR1 swallowed it.</p> <p>During an interview on 11/16/21, at 12:50 p.m. Licensed Practical Nurse Employee E2 confirmed that she was assigned to another hall when she heard yelling, she then went to Resident CR1's room, found resident choking and gagging, she pushed resident forward on bed, gave three back slaps, then performed the heimlich, and a piece of orange popped out.</p> <p>During an interview on 11/16/22, at 11:40 a.m. Dietary Manager Employee E3, confirmed that Dietary Aide Employee E4 placed whole segmented oranges on Resident CR1's tray during tray line on 11/4/21.</p> <p>During an interview on 11/16/22, at 2:42 p.m. and 2/3/22, at 10:21 a.m. the Nursing Home Administrator and Director of Nursing confirmed that Resident CR1 received the wrong food (whole segments of an orange) that was not in the form to meet the resident's needs for safe swallowing to prevent the resident from choking, that Dietary Aide Employee E3 placed whole segments of oranges on the tray.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee</p> <p>Previously cited 8/26/21 and 2/10/21</p> <p>29 Pa. Code 201.18 (b)(1) Management</p> <p>Previously cited 5/7/21</p> <p>29 Pa. Code 201.18 (b)(3) Management</p> <p>28 Pa. Code 207.2(a) Administrator Responsibility</p> <p>Previously cited 8/26/21, 7/14/21, and 2/10/21</p> <p>28 Pa. Code 211.6 (c) Dietary Services.</p> <p>28 Pa. Code 211.12 (c)(d)(1) Nursing services</p> <p>Previously cited 8/26/21, 7/14/2, 6/29/21, 5/7/21, 2/10/21, 12/30/20, 8/31/20, 7/21/20 and 3/13/20</p> <p>28 Pa. Code 211.12 (c)(d)(5) Nursing services</p> <p>Previously cited 8/26/21, 7/14/2, 6/29/21, 6/3/21, 5/7/21, 2/10/21, 10/26/20, 9/23/20, 8/31/20, 7/21/20 and 3/13/20</p>		