

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/03/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/29/2021
NAME OF PROVIDER OR SUPPLIER Glen Brook Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 East 16th Street Berwick, PA 18603	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 13456</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to timely inform a resident's representative of significant change in condition requiring transfer to the hospital for one resident out of 10 sampled (Resident 2).</p> <p>Findings include:</p> <p>A review of the clinical record revealed Resident 2 was admitted to the facility on [DATE] with diagnosis which included Type 2 Diabetes Mellitus (an impairment in the way the body regulates and uses sugar (glucose) as a fuel. This long-term (chronic) condition results in too much sugar circulating in the bloodstream) and Bipolar Disorder (a serious mental illness characterized by extreme mood swings, a mood disorder that causes radical emotional changes and mood swings, from manic, restless highs to depressive, listless lows. Most bipolar individuals experience alternating episodes of mania and depression).</p> <p>A review of the resident's quarterly MDS (minimum data set-a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated May 10, 2021, indicated that the resident had a BIMS of 6 (brief interview for mental status, a tool to assess the residents attention, orientation and ability to register and recall new information, a score of 00-07 equates to severe impairment)</p> <p>According to her clinical record, the resident's sister was her responsible party and was to be notified of any changes in the resident's status and condition.</p> <p>A review of nursing documentation dated May 28, 2021, revealed that staff found the resident unresponsive, felt cold and clammy to the touch and had a blood sugar level of 26 mg/dl (normal 78-110 mg/dl). The physician was made aware and the resident was transferred to the hospital via EMS (emergency medical service) at 4:00 PM for treatment.</p> <p>A review of the resident's clinical and transfer record dated May 28, 2021, revealed no documented evidence that the resident's responsible party was made aware of her transfer to the hospital for a low blood sugar.</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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview June 29, 2021 at approximately 4:00 pm the Nursing Home Administrator confirmed there was no documented evidence that Resident 2's responsible representative was timely notified of the resident's change in condition requiring transfer to the hospital on May 28, 2021.</p> <p>28 Pa Code 211.12 (c)(d)(1)(3)(5) Nursing services</p> <p>28 Pa Code 211.5(d)(f) Clinical records</p> <p>28 Pa. Code 201.29 (a)(l)(2) Resident rights</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>13456</p> <p>Based on observation, staff and resident interview and facility documentation, it was determined that the facility failed to provide adequate housekeeping services to maintain a clean and odor free environment for one resident (Resident 2) out of 10 residents observed.</p> <p>Findings include:</p> <p>Observation of Resident 2's room on Tuesday June 29, 2021 at 9:45 AM revealed that the resident's hamper/laundry basket was against the wall in her room. The basket was overflowing with piles of dirty clothing and a slight offensive odor emanating from the pile of dirty laundry. Some of the clothing was observed lying on the floor around the hamper. During interview with resident at that time, the resident stated that she places her clothing in the hamper when she gets changed and the facility washes her laundry. She was unable to remember when the facility last washed her laundry.</p> <p>A review of facility documentation revealed Resident 2's responsible party met with the facility staff, which included the director of nursing (DON), nursing home administrator (NHA) and county ombudsman on June 4, 2021, to discuss concerns related to the resident's overfilled laundry hamper, from which foul odors were emanating.</p> <p>According to the NHA, during an interview on June 29, 2021 at 3:30 PM, the facility determined they would wash the resident's clothing twice per week instead of once as scheduled. She stated the resident's laundry was usually washed on Thursday's, but was unable to provide a schedule or evidence that the resident's clothing was being washed twice a week as she stated based on the observation of the amount of dirty clothing accumulated in the resident's laundry hamper awaiting laundering.</p> <p>The facility failed to continue to provide adequate housekeeping services to ensure a clean and odor free environment.</p> <p>F483.10(i)(2) Housekeeping & Maintenance Services Safe/Clean/Comfortable/Homelike Environment</p> <p>Continuing deficiency from 5/27/2021</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility</p>		

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>13456</p> <p>Based on review of a grievance lodged with the facility on behalf of a resident and staff interview, it was determined the facility failed to demonstrate prompt efforts to address this grievance for one resident out of 10 residents reviewed.</p> <p>Findings include:</p> <p>A review of a minutes from a meeting conducted on June 4, 2021, with Resident 2's responsible party (RP), the director of nursing (DON) nursing home administrator (NHA) and county ombudsman revealed the that Resident 1's RP stated that the resident had called her brother on May 18, 2021, and informed him that she had fallen in the facility. The RP stated she was unaware her sister fell and wanted the facility to look into the resident's statement that she had fallen.</p> <p>The DON and NHA stated they would look into this family member's concern that the resident had fallen in the facility.</p> <p>However, at time of the survey ending June 29, 2021, the facility had no documented evidence that the facility had followed upon the family's member's concern that the resident had reportedly fallen. The DON stated that the facility had determined that the resident did not incur a fall as she had reported to her family member. However, there was no documented evidence that the facility had assessed and interviewed the resident and/or had interviewed staff caring for the resident on or about the time frame of the resident's report to her family that she had fallen in the facility.</p> <p>Following surveyor inquiry, the DON provided a list of staff names to whom she had reportedly spoken regarding the resident's alleged fall, but the DON had no documented evidence of these interviews or facility investigation into the concern reported by the resident's family member to demonstrate a timely response to the family member's concern.</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 201.18(e)(4) Management</p> <p>28 Pa. Code 201.29(j) Resident rights</p>		

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>21738</p> <p>Based on review of the Resident Assessment Instrument Manual and clinical records, as well as staff interviews, it was determined that the facility failed to transmit Minimum Data Set (MDS) assessments to the required electronic system, the CMS Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) System, within the required time frame for three of eight residents reviewed (Residents 6, 8, and 5).</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2019, indicated that comprehensive assessments must be transmitted electronically within 14 days of the Care Plan Completion Date (Section V0200C2 + 14 days), and all other assessments must be submitted within 14 days of the MDS Completion Date (Section Z0500B + 14 days).</p> <p>A quarterly MDS assessment for Resident 6 revealed that the quarterly with an ARD (assessment reference date) of May 17, 2021 had not been transmitted/submitted as of the date of the survey.</p> <p>A quarterly MDS assessment for Resident 8 with an ARD of May 18, 2021 had not been transmitted as of the date of the survey.</p> <p>An annual MDS assessment for Resident 5 with an ARD of May 19, 2021 had not been transmitted as of the date of the survey.</p> <p>Interview with the administrator on June 29, 2021 at 2:00 PM confirmed the above MDS assessments were not submitted within the required time frame.</p> <p>483.20 (f)(1)(2)(3) Automated data processing requirements</p> <p>28 Pa. Code 211.5(f) Clinical records.</p> <p>28 Pa. Code 201.18(e)(2) Management</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>21738</p> <p>Based on observations, resident and staff interview and a review of clinical records, it was determined the facility failed to provide sufficient nursing staff with appropriate competencies and skills to provide timely care and services necessary to maintain the physical and mental well-being for two residents (Residents 4 and 5) who required meal assistance and one resident (Resident 7) who required incontinence care out of eight sampled.</p> <p>Findings include:</p> <p>Observation of Resident 7 on June 29, 2021, between 9:40 AM and 9:55 AM revealed that the resident's call bell was activated to alert staff of the resident's need for assistance. During interview with the resident during this time that the call bell remained activated without staff response, the resident stated I need help and said to the surveyor see if they (nursing staff) like to lay in sh*t. Staff was not observed to respond to the resident's call bell during this 15 minute observation period.</p> <p>Observation during the lunch meal on June 29, 2021, revealed that Spruce hall meal trays arrived on the nursing unit at 11:50 AM. Observation at 12:40 PM revealed that Resident 5's tray remained covered, uneaten, in front of her on her over the bed table. Interview with Resident 5 at this time confirmed she needed help from staff to eat her lunch and that staff had not yet been in to help her with her meal that was delivered approximately 50 minutes earlier.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) of Resident 5 dated, February 19, 2021, revealed that the resident required extensive assistance for eating which included the assistance of one staff member.</p> <p>Observation of Resident 4 at 12:45 PM revealed that the resident was feeding herself her lunch but stated to the surveyor I need help. During interview with the resident at this time Resident 4 stated that although she can feed herself, she cannot see very well and needs staff assistance to help identify what foods she's eating and to provide assistance with eating her meal.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) of Resident 4 dated, March 31, 2021, revealed that the resident required the assistance of one staff for feeding assistance.</p> <p>Review of Resident 4's care plan revealed that the has a self-care deficit and poor vision. Planned interventions to meet the resident's needs include set-up of meal and supervision.</p> <p>Interview with the director of nursing on June 29, 2021, at approximately 1:00 PM failed to provide evidence that nursing staff were deployed in a manner to meet the needs of Residents 7, 5, and 4 and provide timely care and services as planned.</p> <p>483.35 Nursing services</p> <p>(continued on next page)</p>		

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Continuing deficiency from 5/27/21 28 Pa. Code 211.12 (a)(c)(d)(4)(5) Nursing Services. 28 Pa. Code 201.18 (e)(1)(2)(3)(6) Management		

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F 0760 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 13456</p> <p>Based on a clinical records and manufacturer directions for use and staff interviews it was determined that the facility failed to ensure that a resident was free from a significant medication error, which compromised the resident's clinical condition and resulted in the resident experiencing an unresponsive episode requiring a transfer to the hospital for treatment of diagnosed hypoglycemia for one of 10 residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>A review of the clinical record revealed that Resident 2 was admitted to the facility on [DATE], with diagnoses, which included Type 2 Diabetes Mellitus [an impairment in the way the body regulates and uses sugar (glucose) as a fuel. This long-term (chronic) condition results in too much sugar circulating in the bloodstream] and Bipolar Disorder (a serious mental illness characterized by extreme mood swings, a mood disorder that causes radical emotional changes and mood swings, from manic, restless highs to depressive, listless lows. Most bipolar individuals experience alternating episodes of mania and depression).</p> <p>A physician's order dated March 28, 2021, was noted for staff to conduct blood sugar checks before breakfast at 6:00 AM and before supper at 4:30 PM.</p> <p>A physician's order dated April 8, 2021, was noted for Metformin HCL 500 mg (an oral diabetes medication to control blood sugar levels) by mouth twice daily (8:00 AM and 8:00 PM), and a physician's order dated March 28, 2021, for Lantus 100 units (insulin - injectable diabetes medication) per ml give 55 units subcutaneously (SQ-injection under the skin) before breakfast at 7:30 AM and before supper at 4:30 PM.</p> <p>According to manufacturer's product information, Lantus Insulin (injected under the skin) is a long acting insulin used to treat Diabetes Mellitus. Long acting insulin takes 3-4 hours to get into the bloodstream to maintain a steady-state of glucose levels and prevent dangerous blood glucose spikes after meals. {After eating the pancreas releases a hormone called insulin. Insulin moves sugar (glucose) from the blood to the cells for energy or storage. If taking insulin, it may be needed at mealtime to help lower blood sugar after eating. Between meals insulin is needed in small amounts to help keep blood sugar stable which is the function of long acting insulin. With diabetes, the pancreas can't produce enough (or any) insulin, or the cells can't use it efficiently. To control blood sugar regular insulin injections are used to replace or supplement the normal function of the pancreas}.</p> <p>A review of the resident's medication administration record (MAR) dated May 28, 2021, revealed that the resident's blood sugar reading was 112 mg/dl (normal 78-110 mg/dl) at 6:20 AM.</p> <p>According to her meal intake record she consumed 100% of her breakfast that morning.</p> <p>According to the May 2021, MAR staff administered the Metformin 50 mg by mouth, that was scheduled for administration at 8:00 AM, at 10:56 AM, and administered Lantus 55 units SQ, scheduled for administration before breakfast at 7:30 AM, at 10:54 AM on May 28, 2021.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Metformin 50 mg was administered approximately 3 hours later than its scheduled administration time of 8:00 AM and this delay jeopardized the resident's health as the drug is used to manage blood sugar levels. Lantus insulin 55 Units SQ was scheduled for administration prior to breakfast, at 7:30 AM, but was administered approximately 3 and one half hours later at 10:54 AM, which jeopardized the resident's health as this medication is also used to manage blood sugar levels.</p> <p>Meal intake documentation indicated that the resident refused her lunch meal on May 28, 2021.</p> <p>A Situation-Background-Assessment-Recommendation (SBAR-technique that provides a framework for communication between members of the health care team about a resident's condition. It allows for an easy and focused way to set expectations for what will be communicated and how between members of the team, which is essential for developing teamwork and fostering a culture of resident safety) note dated May 28, 2021, indicated that Resident 22 was transferred to the hospital May 28, 2021, due to decreased level of consciousness, unresponsive, and hypoglycemic (condition resulting when the blood glucose levels drop below the specified limits of 78-110 mg/dl). The resident's blood sugar was obtained prior to 4:00 PM and it was 26 mg/dl. At 3:58 PM Glucagon (medication is the same as the body's own Glucagon, a natural substance that raises blood sugar by causing the body to release sugar stored in the liver. It is used to treat very low blood sugar/hypoglycemia) was administered 1 ml via intramuscular injection for the low blood sugar. The resident was transferred to the hospital.</p> <p>A review of the hospital record revealed that the resident arrived at the hospital at 4:30 PM and EMS (emergency medical service) indicated that per the facility the resident was found unresponsive in bed with cold and clammy skin. Reportedly the resident received her insulin in the morning and refused to eat all day. EMS was unable to obtain IV (intravenous) access so no medication was administered in route to the hospital. The resident's blood sugar checks prior to arrival at the hospital were 38 mg/dl, 43 mg/dl and 48 m/dl. In the emergency department she was provided fluids by mouth. Hospital documentation at 4:53 PM indicated that multiple attempts to gain IV access were unsuccessful. The resident was provided with a meal at 6:00 PM and her blood sugars returned to normal. The resident returned to the facility at approximately 8:30 PM the same day.</p> <p>Interview with the Administrator on June 29, 2021, at 11:00 AM confirmed that the facility failed to ensure Resident 2 was free of significant medication errors, which resulted in Resident 2 experiencing an unresponsive episode requiring hospitalization and treatment of hypoglycemia.</p> <p>28 Pa. Code 211.12 (a)(c)(d)(1)(3)(5)) Nursing services</p>		

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietitian.</p> <p>21738</p> <p>Based on staff interview and a review of employee credentials and staffing, it was determined that the facility failed to employ a qualified dietitian.</p> <p>Findings include:</p> <p>During a tour of the food and nutrition services department on June 29, 2021 at approximately 12:00 PM the certified dietary manager noted upon surveyor inquiry that the facility did not currently employ a qualified dietitian.</p> <p>Interview with the nursing home administrator on June 29, 2021 at 2:00 PM confirmed that the facility had not employed a qualified dietitian since May 21, 2021.</p> <p>483.60 (a)(1) Qualified dietitian</p> <p>28 Pa. Code 211.6 (c)(d) Dietary services.</p> <p>28 Pa Code 201.18 (e)(1)(6) Management.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>13456</p> <p>Based on a review of the facility's planned cycle menus, observations and resident and staff interview it was determined that the facility failed follow planned menus.</p> <p>Findings included:</p> <p>Interview with a resident, who wished to remain anonymous, on June 29, 2021, at 9:30 AM revealed the facility's menu listed cottage cheese and fresh fruit as a menu item to be served at a lunch meal on June 7, 2021. The resident stated that she had asked for that specific entree as a meal selection on that date and was served canned peaches and cranberry sauce with the cottage cheese.</p> <p>Interview with the dietary manager on June 29, 2021 at 12:00 PM revealed that the facility's menu does indicate that cottage cheese and fresh fruit is an menu option. The dietary manager stated that it is up to the cook as to which type of fresh fruit is served. The facility did not utilize a standardized recipe or portion size standard established for the entree of cottage cheese and fresh fruit. The dietary manager stated the resident, who did not wish to be identified, was served canned peaches and a dollop of cranberry sauce on the of the cottage cheese for color on June 14, 2021.</p> <p>The further dietary manager stated there is no way of informing residents what type of fresh fruit is served with the cottage cheese because it depends on what is available in the facility at the time the cottage cheese and fruit entree is served. However, she agreed that canned peaches and cranberry sauce is not fresh fruit as planned on the menu.</p> <p>28 Pa. Code 211.6 (a)(b) Dietary Services</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>21738</p> <p>Based on observation, test tray results and staff interview it was determined that the facility failed to provide food and beverage that are palatable, and at a safe and appetizing temperature and appearance for one test tray completed during the lunch meal in the main dining room.</p> <p>Findings include:</p> <p>Review of the facility meal serving times revealed that the main dining room located in the area of Spruce and [NAME] Nursing Units was the last area to be served lunch.</p> <p>A test tray was completed on June 29, 2021, in the main dining room, at 12:20 PM, and revealed the following:</p> <p>Jello - 62 degrees Fahrenheit, runny, not jelled in the required form for service and not a palatable temperature</p> <p>Apple juice- 51 degrees Fahrenheit, warm not palatable temperature</p> <p>Interview with the dietary manager on June 29, 2021 at approximately 12:30 PM confirmed the consistency of the Jello was not acceptable and that food items were to be served at palatable temperatures.</p> <p>483.60 (d)(2) Food and drink that is palatable, attractive, and safe and appetizing temperature.</p> <p>Continuing deficiency from 5/27/21</p> <p>28 Pa Code 211.6(b)(d) Dietary Services</p>		

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NAME OF PROVIDER OR SUPPLIER Glen Brook Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 801 East 16th Street Berwick, PA 18603	
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>21738</p> <p>Based on a review of clinical records and information submitted by the facility and staff interview, it was determined the facility failed to ensure that food was served in a form to meet the individual needs of one of two residents reviewed that resulted in actual harm to that resident (Resident 1) who required transfer to the emergency room and an endoscopic procedure for bolus retrieval of the food item (Tater tot).</p> <p>Findings include:</p> <p>A review of the clinical record revealed that Resident 1 had diagnoses, which included oropharyngeal dysphagia (swallowing problems occurring in the mouth and/or throat).</p> <p>The resident's physician prescribed diet order dated March 31, 2021, was for a Regular diet, ground meat texture, thin liquids consistency, minced and moist textures.</p> <p>Review of a quarterly Minimum Data Set assessment (MDS - a federally mandated standardized assessment process completed at specific intervals to identify specific resident care needs) dated April 15, 2021, indicated that the resident had a BIMS (brief screener that aids in detecting cognitive impairment) score of 1 (score of 0-7 is indicative of severe cognitive impairment), had no signs and symptoms of possible swallowing disorder, was independent in eating with set-up help for meals (includes cutting food to appropriate bite sizes), and was receiving a mechanically altered diet (require change in texture or liquids such as pureed foods or thickened liquids).</p> <p>Review of information submitted by the facility dated May 31, 2021, revealed that on May 30, 2021, during dinner Resident 1 was evaluated by nursing for vomiting small amounts and spitting up food. The resident's airway was assessed, and the resident was found to be breathing normal with no change in color and was not coughing. The Heimlich maneuver (first-aid technique for someone who is choking because food or another swallowed object is obstructing his or her airway. Using an upward abdominal thrust, the Heimlich maneuver compresses the lungs and forces air up into the windpipe {trachea} until the object causing the choking is ejected from the throat) was performed on the resident with no effectiveness. The physician was notified, and the resident was sent to the emergency room for evaluation. The information noted that the resident was served ground honey ham with gravy, Tater tots drizzled with ketchup, ice cream, milk, Mighty shake (a nutritional beverage), and a juice.</p> <p>Interview with the administrator on June 29, 2021, at 9:30 AM confirmed that the facility had completed an incident/accident report relating to this incident.</p> <p>Review of the hospital History and Physical dated May 30, 2021, revealed that the resident's chief complaint was unable to swallow saliva. The assessment and plan noted that patient with a foreign object, food bolus retained in the esophagus. Plan for RSI intubation (a form of anesthesia), EGD (endoscopic procedure that allows physician to examine esophagus and stomach), and admission for observation postoperatively.</p> <p>(continued on next page)</p>		

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F 0805 Level of Harm - Actual harm Residents Affected - Few	<p>Review of the Operative Report dated, May 30, 2021, noted that the Postoperative Diagnosis was retained foreign object/food bolus in esophagus, Tater tot material.</p> <p>Interview with the food and nutrition services director on June 29, 2021, at approximately 10:00 AM revealed that when Tater tots are on the menu, the preparation includes deep frying the Tater tots for residents on regular textured diets and baking the Tater tots for those on a minced and moist textured diet (dental soft, mechanical soft diet) to provide for a softer product which can be mashed with a fork. The food and nutrition services director confirmed during interview that the facility had not determined at the time of resident's choking incident, the preparation method of the Tater tots served to Resident 1 or that the texture/form/moisture level of this food item was consistent with the resident's prescribed mechanically altered diet consistency, of ground meat texture, thin liquids consistency, minced and moist textures. The food and nutrition services director confirmed that the food and nutrition department did not evaluate the consistency/texture of the food item served at that meal as part of an investigation or root cause analysis of the resident's choking incident.</p> <p>Interview with the administrator on June 29, 2021, at approximately 11:00 AM failed to provide evidence that Resident 1 received food (Tater tot) in a form to meet the resident's needs for safe swallowing to prevent the resident from choking. The facility was unaware of the Tater Tots served to Resident had been baked or fried, and/or sufficiently moistened with ketchup to facilitate safe swallowing by the resident. The administrator failed to provide documented evidence of a complete facility investigation into the incident to assure that the appropriate texture/consistency and moisture level of the food item was consistent with the resident's diet order.</p> <p>28 Pa. Code 211.6 (c) Dietary Services.</p> <p>28 Pa. Code 211.12 (c)(d)(3)(5) Nursing services</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 13456</p> <p>Based on observation and staff interview, it was determined the facility failed to maintain a sanitary environment for the service, preparation and storage of food in the main kitchen and failed to maintain acceptable practices for the storage of food to prevent the potential for microbial growth in food, which increased the risk of food-borne illness for two of two resident pantry areas observed.</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>An observation of the Spruce wing pantry freezer on June 29, 2021 at 9:30 AM revealed an uncovered styrofoam container of ice cream with two inverted sugar cones sticking out of the top of the container, with the word [NAME] written on the container. The container was not dated.</p> <p>Interview with the nursing home administrator on June 29, 2021, at approximately 1:00 pm revealed there was no resident by this name currently residing in the facility.</p> <p>Interview with the dietary manager on this date at 3:30 PM revealed that the the facility did not serve residents ice cream in this manner, but stated that on June 25, 2021 the activity department served cookies and cream ice cream during an activity and possibly this container had been prepared in that manner at that time.</p> <p>An observation of the North wing pantry freezer revealed a large frozen brown spill on the freezer shelf, which appeared to be melted chocolate ice cream.</p> <p>An observation of the food and nutrition services department on June 29, 2021 at 12:20 pm revealed a thick layer of dust on two ceiling vents located in the area of the trayline.</p> <p>Interview with the dietary manager at this time confirmed the observation.</p> <p>483.60(i)(1)(2) Food Procurement, Store/Prepare/Serve-Sanitary</p> <p>Continuing deficiency from survey ending 5/27/21</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility</p> <p>28 Pa Code 211.6(c) Dietary services</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 13456</p> <p>Based on review of the facility's plan of correction and the findings of the revisit survey ending June 29, 2021 it was determined the facility's Quality Assessment and Assurance committee failed to implement an effective corrective action plan to correct quality deficiencies related to infection control designed to improve the delivery of care and services and deter future quality deficiencies.</p> <p>Findings include:</p> <p>A review of the cited deficiencies under infection control and the facility's plan of correction for the survey ending May 27, 2021, revealed the facility developed a plan of correction that included quality assurance monitoring systems to ensure that solutions were sustained.</p> <p>The facility's plan of correction for the deficiency cited under infection prevention and control during the survey ending May 27, 2021, revealed that the last new resident admission to the facility was May 25, 2021, due to a ban on admissions imposed by the State Survey Agency as the result of the facility's recent survey compliance history. According to the facility's plan of correction, the facility's COVID-19 cohorting policy reflects the most current PA-HAN guidance regarding new resident admission cohorting. Nursing staff will be educated on verification of resident vaccine status. The NHA or designee will audit new admission records to determine if COVID vaccine status is verified and the resident is cohorted according to the PA HAN. Audits will be completed weekly X 4 weeks and monthly X 2 months with results reported to the Quality Assurance Performance Improvement Committee.</p> <p>Review of facility policy titled Emergency Procedure last revised by the facility March 2021, revealed the facility will designate an area (yellow zone), for new admissions/readmissions who upon admission, COVID-19 status is unknown or awaiting test results. Fully vaccinated admitted residents do not need to be quarantined for 14 days. Residents with possible exposure and awaiting test results, residents with signs and symptoms awaiting test results, place resident in a private room or cohort with another resident whose status is unknown and initiate transmission based precautions.</p> <p>Resident 3 was admitted to the hospital on June 8, 2021 and was readmitted to the facility on [DATE].</p> <p>According to her clinical record she was not vaccinated for COVID-19.</p> <p>Interview with the nursing home administrator (NHA) on June 29, 2021, at 2:30 PM revealed that if residents are out of the Facility for greater than 24 hours they are to be readmitted to a yellow zone as potentially exposed to COVID-19.</p> <p>However, a review of the resident's clinical record and observation revealed that Resident 3 was returned directly to the room in which she had previously resided upon her readmission to the facility. The resident was placed in her previous room, with a roommate, upon the resident's readmission to the facility after a hospital stay, which was longer than 24 hours in duration. The resident was not placed in the yellow zone for quarantine as per the facility's cohorting policy and plan of correction.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>A review of the facility's plan of correction infection control QA audits, revealed that the facility conducted audits on June 18, 2021 and June 25, 2021, which indicated there were no new admissions to audit. However, the facility's audits did not include a review of non vaccinated residents who were readmitted to the facility from a hospital admission.</p> <p>The NHA confirmed that as part of the facility's QA plan for the infection control deficiency cited during the survey of May 27, 2021, the facility audited only new admissions, despite the ban on new admissions in effect, and not readmissions. The facility's QA committee failed to identify that the facility had failed to develop and implement an appropriate plan of correction, in a manner consistent with the regulatory guidelines to ensure that solutions were sustained.</p> <p>28 Pa. Code 211.12(c) Nursing services</p> <p>28 Pa. Code 201.18(e)(1) Management.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>21738</p> <p>Based on observation and resident and staff interviews it was determined that the facility failed to ensure call bells were within reach for 2 of eight residents sampled (Residents 4 and 5).</p> <p>Findings include:</p> <p>Observation on June 29, 2021, at 10:00 AM revealed that Resident 4 was heard saying help from her room.</p> <p>Interview with Resident 4 at this time revealed that the resident wanted a drink.</p> <p>Observation at this time revealed that Resident 4 was in bed, but Resident 4's call bell was behind the bed and out of the reach of the resident.</p> <p>Resident 4 stated that she would use the call bell if it was within reach to request staff assistance.</p> <p>Observation at this time also revealed that Resident 5's call bell was also located behind the resident's bed and out of the reach of the resident.</p> <p>Interview with employee 1 (nurse aide) at this time confirmed the observation that these two residents did not have access to a call bell to summon staff assistance and verified that call bells are to be placed within reach of the residents.</p> <p>483.90 (g)(1) Resident call system each resident's bedside</p> <p>28 Pa Code 211.12 (a) Nursing services</p> <p>28 Pa. Code 201.29 (j) Resident rights</p> <p>28 Pa. Code 205.67 (j) Electric requirements for existing and new construction</p>		