

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395745	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2022
NAME OF PROVIDER OR SUPPLIER Baldwin Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1717 Skyline Drive Pittsburgh, PA 15227	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35785</p> <p>Based on review of facility policy, clinical records, dining observations and staff interview it was determined that the facility failed to provide a dignified dining experience for one out of six residents (Resident R132).</p> <p>Findings include:</p> <p>The facilities Resident rights policy last reviewed on 2/7/22, indicated that the facility will provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents. Care for residents will be provided in a safe and respectful manner.</p> <p>Review of Resident R132's admission record indicated that she was admitted on [DATE], with diagnoses that included Vascular dementia (a condition caused by lack of blood flow to the brain impacting judgement and memory), communication deficit, and muscle weakness.</p> <p>Review of Resident R132's quarterly MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 6/27/22, indicated that the diagnoses were the current upon review.</p> <p>Review of Resident R132's care plan dated 5/23/22, indicated that staff are to assist with all meals.</p> <p>Review of Resident R132's physician orders dated 5/23/22, indicated that staff are to assist with all meals.</p> <p>During lunch observations on 8/01/22, at 1:39 p.m. the Nursing C2 lunch cart arrived for the residents. Lunch included pork loin, potatoes, broccoli, cake, juice and coffee.</p> <p>At 1:48 p.m. Resident R132 was observed in the C1/C2 dining area. No staff were in the room at the time of observations. Resident R132 was screaming and making vocalizations. Her meal was mechanical grade and in front of her out of reach. She was observed struggling to reach her meal.</p> <p>Resident R152 was observed seated at a separate table. He was observed eating his meal.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During lunch observations on 8/01/22, at 1:53 p.m. Resident R132 was still observed without any assistance and her meal was in front of her out of reach. No staff were observed assisting her. Resident R152 was observed seated at a separate table and he was almost done eating his lunch.</p> <p>During an interview on 8/01/22, at 3:01 p.m. the Director of Nursing (DON) confirmed that the facility failed to provide a dignified dining experience for Resident R132 as required.</p> <p>28 Pa Code: 201.19 (i) Resident rights</p> <p>Previously cited 8/16/19 and 6/4/21</p> <p>28 Pa Code: 211.12(d)(1)(3)(5) Nursing Services.</p> <p>Previously cited 8/16/19 and 6/4/21</p>		

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<p>F 0575</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p>35785</p> <p>Based on review of facility policy, observations and staff interview, it was determined that the facility failed to post the Department of Health State Survey Agency (phone number, addresses, and email) and the complaint hotline information in a manner accessible to all residents and families on two of four nursing unit (C1/C2 nursing unit and D1/D2 nursing unit).</p> <p>Findings include:</p> <p>The facility Resident Grievance policy last reviewed on 2/7/22, indicated that the facility will make available to all residents posting in a prominent location in the facility information of the right to file grievances orally or in writing and contact information of independent entities with whom grievances may be filed, such as the State agency, Quality improvement organization and State Long-term care ombudsman.</p> <p>During observations on 8/03/22, at 9:24 a.m. observations of the C-Nursing unit found no posting of the Department of Health State Survey Agency (phone number, addresses, and email) and the complaint hotline information.</p> <p>During an interview on 8/03/22, at 9:42 a.m. interview with Licensed Practical Nurse (LPN) Employee E1 confirmed that the facility failed to post the Department of Health State Agency and complaint hotline information as required.</p> <p>During observations on 8/04/22, at 8:55 a.m. observations of D1/D2 Nursing unit found no posting of the Department of Health State Survey Agency (phone number, addresses, and email) and the complaint hotline information</p> <p>During an interview on 8/04/22, at 9:13 a.m. the Activities Director Employee E2 confirmed that the facility failed to post the Department of Health State Agency and complaint hotline information as required.</p> <p>28 Pa. Code 201.29(i): 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43724</p> <p>Based on observations and staff interview, it was determined that the facility failed to maintain a safe and homelike environment on one of four nursing units (A Wing).</p> <p>Findings include:</p> <p>During an observation on 8/1/22, at 10:00 a.m., and 8/2/22 at 8:30 a.m., showed that following rooms were not providing a home like environment;</p> <p>room [ROOM NUMBER]-bathroom light switch not working properly for Resident R335 and R336.</p> <p>room [ROOM NUMBER]-bathroom light switch not working properly, and floor light bulb burned out for Resident R184 and R347.</p> <p>room [ROOM NUMBER]-bathroom light switch not working properly, floor light bulb burned out, and ceiling light burned out for Resident R45 and R337.</p> <p>room [ROOM NUMBER]-bathroom light switch not working properly, and drywall needed repaired on bathroom ceiling for Resident R123.</p> <p>room [ROOM NUMBER]-bathroom light switch not working properly for Resident R157 and R168.</p> <p>room [ROOM NUMBER]-bathroom light switch not working properly for Resident R340.</p> <p>room [ROOM NUMBER]-bathroom light switch not working properly, and floor light bulb burned out for Resident R144 and R180.</p> <p>room [ROOM NUMBER]-bathroom light switch not working properly for Resident R341 and R343.</p> <p>room [ROOM NUMBER]-bathroom light switch not working properly for Resident R342.</p> <p>room [ROOM NUMBER]-bathroom light switch not working properly for Resident R70 and R345.</p> <p>room [ROOM NUMBER]-bathroom light switch not working properly, and floor light bulbs burned out for Resident R109.</p> <p>room [ROOM NUMBER]-bathroom light switch not working properly, floor light bulbs burned out, and ceiling in bathroom has big crack with hole. This room was empty.</p> <p>room [ROOM NUMBER]-bathroom had black mold in the upper corner of the shower for Resident R23.</p> <p>room [ROOM NUMBER]-bathroom ceiling cracked drywall needing repaired for Resident R16 and R112.</p> <p>room [ROOM NUMBER]-ceiling light burned out for Resident R25.</p> <p>(continued on next page)</p>		

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<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>35785</p> <p>Based on review of facility policy, resident group interview, observations of resident areas and nursing units, and staff interviews it was determined that the facility failed to make certain anonymous grievance policy was clearly posted on two of four nursing units (C1/C2 nursing unit and D1/D2 nursing unit) and that the facility failed to document, resolve, and provide response to residents regarding concerns related to Resident Food Committee.</p> <p>Findings include:</p> <p>The facility Resident Grievance policy last reviewed on 2/7/22, indicated that the facility will make available to all residents posting in a prominent location in the facility information of the right to file grievances orally or in writing, the right to file grievances anonymously and the contact information for the Grievance official.</p> <p>During an interview on 8/2/22, at 8:18 a.m. Resident R6 states that she asked kitchen staff why she no longer receives soup, and she was told because it's summer. Resident R6 states that she and the other residents have requested soup and more salads, but they have not received them.</p> <p>During an interview on 8/2/22 at 8:22 a.m. Resident R20 stated they have better food in Vietnam.</p> <p>During an interview on 8/2/22 at 9:05 a.m. Resident R14 stated that there is Food Committee but that nothing changes.</p> <p>During a resident council group interview on 8/02/22, at 2:01 p.m. three out of seven residents were unaware the name of the facility grievance official.</p> <p>During observations on 8/03/22, at 9:24 a.m. observations of the C1/C2 Nursing unit found no grievance policy posted.</p> <p>During an interview on 8/03/22, at 9:42 a.m. interview with Licensed Practical Nurse (LPN) Employee E1 confirmed that the facility failed to make certain anonymous grievance policy was clearly posted on the C1/C2 nursing unit as required.</p> <p>During observations on 8/04/22, at 8:55 a.m. observations of D1/D2 Nursing unit found no grievance policy posted.</p> <p>During an interview on 8/04/22, at 9:13 a.m. the Activities Director Employee E2 confirmed that the facility failed to make certain anonymous grievance policy was clearly posted on the D1/D2 nursing unit as required.</p> <p>During an interview on 8/5/22 at 8:35 a.m. with Nursing Home Administrator (NHA), it was stated that Culinary Manager Employee E10 may have minutes of Resident Food Committee meetings on the computer.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/5/22 at 2:15 p.m. NHA confirmed that the facility failed to document, resolve, and provide response to residents regarding concerns related to Resident Food Committee.</p> <p>28 Pa Code: 201.29(l) Resident rights.</p> <p>Previously cited 6/4/21</p> <p>28 Pa Code: 201.18 (e)(4) Management.</p> <p>Previously cited 6/4/21</p>

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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>46167</p> <p>Based on a review of employee personnel files and staff interviews, it was determined that the facility failed to properly screen one out of five employees sampled to ensure that they were eligible for employment in a long-term care nursing facility.</p> <p>Findings include:</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>Review of the personnel files revealed that Registered Dietitian (RD) Employee E23 relocated from the state of Oregon and revealed a copy of RD Employee E23's Oregon driver's license. Further review of the personnel file revealed that RD Employee E23 did not have an FBI clearance.</p> <p>During an interview on 8/2/22, at 1:22 p.m., Human Resources (HR) Employee E25 confirmed that RD Employee E23 worked at the facility from 6/7/21, through 7/3/22.</p> <p>During an interview on 8/5/22, at 10:10 a.m. HR Employee E25 confirmed that the facility failed to obtain FBI clearance for an out of state employee prior to working.</p> <p>28 Pa Code 201.18 (e)(1) Management</p> <p>28 Pa. Code 201.29(a)(c) Resident rights</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43724</p> <p>Based on review of clinical record, facility policy, and staff interview, it was determined that the facility failed to develop a baseline care plan that includes diabetes instructions and interventions needed to provide effective and person-centered care for one of five residents (Resident R340).</p> <p>Findings include:</p> <p>The facility policy Plan of Care Overview review date 2/7/22, indicated that the facility will provide resident centered care that meets the psychosocial, physical, and emotional needs and concerns of the resident.</p> <p>Review of the clinical record indicated that Resident R340 was admitted on [DATE], with diagnoses which included fracture of the neck of the left femur (bone in the upper leg), fracture of the Humerus (upper arm bone), and Rheumatoid arthritis (an inflammatory disorder effecting many joints).</p> <p>During a review of Resident R340 baseline care plan completed on 7/30/22, and revised on 8/2/22, did not include a baseline care plan indicating interventions for pain control.</p> <p>During an interview on 8/5/22, at 12:03 p.m. the RNAC (Registered Nurse Admission Coordinator) Registered Nurse E3 confirmed that the baseline care plan for Resident R340 did not include her immediate care needs.</p> <p>28 Pa. Code: 211.11 (a)(c)(d) Resident care plan.</p> <p>Previously cited 6/4/21.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35785</p> <p>Based on review of facility policy, clinical records, dining observations and staff interview it was determined that the facility failed to provide feeding assistance for one out of six residents dependent on staff for meal assistance (Resident R132).</p> <p>Findings include:</p> <p>The facilities Resident rights policy last reviewed on 2/7/22, indicated that the facility will provide resident centered care that meets the psychosocial, physical and emotional needs.</p> <p>The facilities Routine resident care policy dated 4/6/16, last reviewed on 2/7/22, indicated routine resident care is not necessarily clinically based, but necessary for quality of life promoting dignity. Provide routine daily care not limited to assisting with personal care, bathing, dressing, eating and hydration.</p> <p>Review of Resident R132's admission record indicated that she was admitted on [DATE], with diagnoses that included Vascular dementia (a condition caused by lack of blood flow to the brain impacting judgement and memory), communication deficit, and muscle weakness.</p> <p>Review of Resident R132's quarterly MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 6/27/22, indicated that the diagnoses were the current upon review.</p> <p>Review of Resident R132's care plan dated 5/23/22, indicated that staff are to assist with all meals.</p> <p>Review of Resident R132's physician orders dated 5/23/22, indicated that staff are to assist with all meals.</p> <p>During lunch observations on 8/01/22, at 1:39 p.m. the Nursing C2 lunch cart arrived for the residents. Lunch included pork loin, potatoes, broccoli, cake, juice and coffee.</p> <p>At 1:48 p.m. Resident R132 was observed in the C1/C2 dining area. No staff were in the room at the time of observations. Resident R132 was screaming and making vocalizations. Her meal was mechanical grade and in front of her out of reach. She was observed struggling to reach her meal.</p> <p>Resident R152 was observed seated at a separate table. He was observed eating his meal.</p> <p>During lunch observations on 8/01/22, at 1:53 p.m. Resident R132 was still observed without any assistance and her meal was in front of her out of reach. No staff were observed assisting her. Resident R152 was observed seated at a separate table and he was almost done eating his lunch.</p> <p>During an interview on 8/01/22, at 3:01 p.m. the Director of Nursing (DON) confirmed that the facility failed to provide feeding assistance for Resident R132 as required.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35785</p> <p>Based on observation, clinical record review, staff interview, and facility policy it was determined that the facility failed to notify a physician of abnormal glucose readings as per physician's order for one out of two sampled residents (Resident R42) and failed to conduct weekly skin evaluations as per physician's orders for one out of two sampled residents (Resident R81).</p> <p>Findings include:</p> <p>The facility Physician orders policy dated 10/18/13, last reviewed on 3/2/22, indicated that the purpose of the policy is to provide guidance to accurately document physician and provider orders. The nurse that takes the physician order will be responsible for executing the order.</p> <p>The facility Blood glucose point of care testing dated 5/23/18, last reviewed on 3/2/22, indicated that blood glucose is a measure of the concentration of glucose levels (sugar) in the blood. Hyperglycemia is persistently high level of glucose in the blood that e may be indicative of a medical condition and may require treatment. The importance of ongoing glucose monitoring is necessary to detect extreme high or low blood glucose and to evaluate the effectiveness of treatment. Blood glucose is performed as ordered by a physician.</p> <p>The facility Daily skin care policy dated 7/1/16, last reviewed on 2/7/22, indicated that residents receive skin care daily. Inspect area under skin folds at least weekly, manage moisture to prevent skin alterations, and document preferences in care plan.</p> <p>Review of Resident R42's admission record indicated he was originally admitted on [DATE], with diagnoses that included diabetes (metabolic disorder impacting organ function related to glucose levels in the human body), Vascular dementia (a condition caused by lack of blood flow to the brain impacting judgement and memory), and peripheral vascular disease (a progressive narrowing of the blood vessels impacting blood flow to the limbs).</p> <p>Review of Resident R42's quarterly MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 11/4/21, indicated that the diagnoses were current upon review.</p> <p>Review of Resident R42's care plan indicated to administer medication as per medical provider order and to monitor for signs and symptoms of hypoglycemia and hyperglycemia.</p> <p>Review of Resident R42's physician order's dated 2/27/22, indicated to administer insulin (Lispro solution) subcutaneously via insulin pen using blood glucose monitoring and the following protocol:</p> <p>Blood Glucose lower than 70, 0 units, initiate hypoglycemia protocol and call the physician</p> <p>150-200=3 units</p> <p>201-250=5 units</p> <p>251-300=7 units</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>301-350=9 units</p> <p>351-400=11 units</p> <p>Blood glucose greater than 400, give 13 units and call the physician.</p> <p>Review of Resident R42's physician order's dated 3/22/22, indicated to administer insulin (Novolog solution) subcutaneously via insulin pen using blood glucose monitoring and the following protocol:</p> <p>Blood Glucose lower than 70, give 0 units, initiate hypoglycemia protocol and call the physician</p> <p>150-200=3 units</p> <p>201-250=5 units</p> <p>251-300=7 units</p> <p>301-350=9 units</p> <p>351-400=11 units</p> <p>Blood glucose greater than 400, give 11 units and call the physician.</p> <p>Review of Resident R42's blood glucose monitoring documentation from March 2022, to April 2022, indicated the following abnormal glucose levels:</p> <p>3/11/22-473</p> <p>3/21/22- 483</p> <p>4/5/22-465</p> <p>Review of Resident R42's clinical nurse notes, physician notes, and Certified Registered Nurse Practitioner (CRNP) documentation did not include a notification to the physician about the abnormal glucose levels on 3/11/22, 3/21/22, and 4/5/22.</p> <p>During an interview on 8/03/22, at 2:49 p.m. the Director of Nursing (DON) confirmed that the failed to notify a physician of Resident R42's abnormal glucose readings as per physician's order.</p> <p>Review of Resident R81's admission record indicated she was admitted on [DATE], with diagnoses which included adult failure to thrive, hypertension (a condition impacting blood circulation through the heart related to poor pressure), and depressive disorder.</p> <p>Review of Resident R81's quarterly MDS dated [DATE], indicated that the diagnoses were current at time of review.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R81's care plan dated 4/21/21, and last reviewed on 4/29/22, indicated Resident R81 had weight fluctuations, incontinent of urine and bowel, apply barrier creams, and to complete weekly skin checks.</p> <p>Review of Resident R81's physician's orders dated 11/24/21, indicated to conduct weekly skin checks.</p> <p>Review of Resident R81's weekly skin evaluations, nurse progress notes and physician visits did not include a weekly skin check for the week of 11/7/21.</p> <p>During an interview on 8/04/22, at 10:38 a.m. the Licensed Practical Nurse (LPN) Employee E1 confirmed that the facility failed to conduct weekly skin evaluations as per physician's orders for Resident R81 as required.</p> <p>28 Pa. Code: 211.10(c)(d) Resident care policies.</p> <p>Previously cited 6/4/21, 1/2/21, 8/16/19 and 9/11/18</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p> <p>Previously cited 6/4/21, 1/2/21, 8/16/19 and 9/11/18</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</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** 31343</p> <p>Based on review of facility policy and clinical records, observation, and staff interviews, it was determined that the facility failed to provide treatment and services, causing actual harm for two of five residents, causing the development of bilateral foot wounds (Resident R2) and the worsening of a pressure ulcer to the hand (Resident R140).</p> <p>Findings include:</p> <p>Review of the facility policy Skin Care and Wound Management last reviewed 2/7/22, with previous review date of 4/5/21, indicated that the facility staff strive to prevent resident skin impairment and promote the healing of existing wounds. All residents upon admission identify areas of skin impairment and pre-existing signs of potential breakdown. Residents receive daily skin care and weekly skin sweeps. Skin is monitored for any changes and areas under skin folds and adaptive equipment are assessed. With any skin concerns care plans are developed, review of appropriate treatments, staff obtain a physician's order for the treatments and monitor it's progress and modify interventions as indicated.</p> <p>Review of clinical record revealed that Resident R2 was readmitted on [DATE], with diagnoses that included heart disease, diabetes, and deep tissue injury (a localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear) on the left heel.</p> <p>A review of the quarterly Minimum Data Set assessment (MDS-a periodic assessment of resident care needs) dated 4/27/22, indicated the diagnoses remain current.</p> <p>Review of clinical record for Resident R2 included documentation from consulted Wound Care Certified Registered Nurse Practitioner (CRNP) Employee E13 dated 5/4/22, that indicated that Resident R2 was to have heel boots (a medical device applied to the feet which is used to take pressure off the heels to promote healing and prevention of pressure ulcers).</p> <p>Review of clinical record for Resident R2 revealed documentation dated 5/22/22, from Wound Care CRNP Employee E13, stated new Stage II pressure injury (partial-thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed) was identified on left lateral foot. Review of the clinical record for Resident R2 revealed no other documentation from 5/4-5/22/22 to indicate that this area was being monitored or assessed.</p> <p>Review of clinical record for Resident R2 revealed documentation dated 6/22/22, from Wound Care CRNP Employee E13, that indicated a new deep tissue injury was identified on the right heel. This wound did not include any description or measurements.</p> <p>Review of Resident R2's clinical record indicated Resident R2 did not have heel boots in place from 5/4/22, through 8/4/22 which caused Resident R2 to develop pressure ulcers and worsened wounds causing actual harm.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation of 8/4/22, at 11:50 a.m., Resident R2 was observed lying in bed with no heel boots present.</p> <p>During an interview on 8/4/22, at 1:40 p.m. with Wound Nurse Employee E8, confirmed that the facility failed to provide heel boots which caused Resident R2 to develop wounds of her bilateral heels; CRNP Employee E13 did not write an order for the boot application. There is no other method of communication in place to make certain orders are obtained.</p> <p>Resident R2's plan of care did not include care for heels with elevating or use of heel boots.</p> <p>Review of the clinical record indicated that Resident R140 was admitted to the facility on [DATE], with diagnoses which included Alzheimer's disease (dementia), overactive bladder, stiffness of the left hand, repeated falls. An MDS dated [DATE], indicated the diagnoses remained current. Resident R140 was also indicated as being a Hospice resident. The initial care plan had no care/interventions noted for this problem upon admission.</p> <p>Review of the admission assessment dated [DATE], indicated Resident R140's left hand contracture with the center of her palm bleeding and pus on it from her fingernails digging into it.</p> <p>Review of a progress note dated 2/22/22, indicated the Hospice nurse assessed the resident and the facility Registered Nurse Employee E14 indicated Hospice Registered Nurse (RN) Employee E15 told her Resident R140's left hand has always been like that and no new orders were provided. The clinical record did not contain any initial measurements or full description of this wound.</p> <p>Review of the facility's Wound Care CRNP Employee E13 did not include an assessment of Resident R140's left contracted hand.</p> <p>Review of Resident R140's care plan did not include interventions for the contracted left hand until after evaluated by OT and splint was placed.</p> <p>During an interview on 8/3/22, at 1:25 p.m. including the Director of Nursing (DON), the Regional Director of Clinical Operations (RDC) Employee E7, the Wound Care CRNP Employee E13, the Wound Nurse Employee E8, the RDC Employee E7 stated that Resident R140 was on Hospice, they dictate her care. The facility confirmed that Resident R140 had a delay of service for failure to assess and monitor the wound upon admission which caused worsening to the area.</p> <p>Review of Resident R140's progress notes indicated that on 4/18/22, Registered Nurse Employee E14 identified that Resident R140's left contracted hand had crust and foul-smelling odor. Resident R140 was examined by Nurse Practitioner Employee E16 who indicated it took two staff to open Resident R140's hand, then an open wound was identified with foul odor from nails digging into hand and an antibiotic with a probiotic was started and ordered from 4/18/22, through 5/2/22. A rolled towel was placed in Resident R140's left hand and Occupational Therapy (OT) was notified to assess Resident R140 for a palm guard.</p> <p>Review of the clinical record did not include any skin assessments of Resident R140's left hand until 4/18/22, when Employee E14 identified Resident R140's left hand having an odor.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 8/4/22, at 8:45 a.m. Licensed Practical Nurse(LPN) Employee E17 entered Resident R140's room and stated she had taken care of Resident R140 since her admission. Resident R140 was in her broda chair, a left palm guard was in place. Licensed Practical Nurse(LPN) Employee E17 stated that she had been caring for Resident R140 since admission and that her left hand had been contracted. LPN Employee E17 stated that she was aware of the nails digging into her left hand and was unsure why OT hadn't been aware of it before it got worse. She stated she thought everyone was aware.</p> <p>During an interview on 8/4/22, at 9:00 a.m., Nurse Aide Employee E30 indicated that she had also taken care of Resident R140 since admission and would try to wash her left hand but it was so tight she couldn't open it. Employee E30 indicated that she thought the nurses were aware.</p> <p>During a phone interview on 8/4/22, at 9:15 a.m., with Registered Nurse Employee E14, she indicated that she had asked the Hospice nurse and alerted the facility staff of Resident R140's contracted hand upon admission but nothing was done until her hand began to smell.</p> <p>During an interview on 8/3/22, at 1:25 p.m., the DON, RDC Employee E7 and Regional Director of Operations Employee E18 confirmed that the facility failed to ensure Resident R140 was provided care and services timely to prevent the development of a skin alteration which caused actual harm by a worsening wound to Resident R140's left hand.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee. Previously cited 6/4/21, 3/22/21, 1/15/21, 9/10/20, 9/22/19, 8/16/19, 7/11/19, 5/28/19, 4/2/19.</p> <p>28 Pa. Code 201.18(b)(1) Management. Previously cited 6/4/21, 3/22/21, 1/15/21, 9/10/20, 9/22/19, 8/16/19, 7/11/19, 5/28/19.</p> <p>28 Pa. Code 201.18(b)(3) Management. Previously cited 6/4/21, 3/22/21, 5/28/19.</p> <p>28 Pa. Code 201.18(e)(1) Management. Previously 6/4/21, 3/22/21, 1/15/21, 9/22/19, 8/16/19, 7/11/19, 5/28/19.</p> <p>28 Pa. Code 211.5(f)(h) Clinical records. Previously 6/4/21, 8/16/19.</p> <p>28 Pa. Code 211.10(d) Resident care policies. Previously cited 6/4/21, 3/22/21, 1/15/21, 1/2/21, 9/10/20, 8/16/19.</p> <p>28 Pa. Code 211.11(c)(d) Resident care plan. Previously cited 6/4/21.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.12(c) Nursing services. Previously cited 6/4/21, 1/2/21.</p> <p>28 Pa. Code 211.12(d)(3) Nursing services. Previously cited 6/4/21, 1/15/21, 8/16/19, 7/11/19, 5/28/19.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services. Previously cited 6/4/21, 3/22/21, 1/15/21, 1/2/21, 9/10/20, 9/22/19, 8/16/19, 7/11/19, 7/1/19, 5/28/19.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35785</p> <p>Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to monitor resident weights as per physician order for one out of five sampled residents (Resident R42).</p> <p>Findings include:</p> <p>The facility Resident height and weight policy dated on 7/16/21, and last reviewed on 2/7/22, indicated that weights will be obtained with changes in condition or as ordered by the physician. Document the weight in the electronic health record.</p> <p>Review of Resident R42's admission record indicated he was originally admitted on [DATE], with diagnoses that included diabetes (metabolic disorder impacting organ function related to glucose levels in the human body), Vascular dementia (a condition caused by lack of blood flow to the brain impacting judgement and memory), and peripheral vascular disease (a progressive narrowing of the blood vessels impacting blood flow to the limbs).</p> <p>Review of Resident R42's quarterly MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 11/4/21, indicated that the diagnoses were current upon review.</p> <p>Review of Resident R42's care plan indicated that Resident R42 has nutritional problems, weight fluctuations, and to obtain weights as per physician's order.</p> <p>Review of Resident R42's Nurse Practitioner note dated 12/28/21, indicated that Resident R42 had elevated blood pressure, weight was 151 lbs, and he had loss of appetite.</p> <p>Review of Resident R42's physician orders dated 12/29/21, indicated to obtain weekly weights for four weeks then monthly every Wednesday.</p> <p>Review of Resident R42's weekly weight documentation indicated the following:</p> <p>1/3/22-158 lbs</p> <p>2/5/22-163 lbs</p> <p>Review of Resident R42's nurse progress notes, physician notes, and other clinical documentation did not include weights for the weeks of 1/10/22, 1/17/22, and 1/24/22.</p> <p>During an interview on 8/04/22, at 9:28 a.m. the Registered Dietitian (RD) Employee E4 confirmed that the facility failed to monitor Resident R42's weight as per physician order.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code 211.6 (d) Dietary services.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Previously cited 6/4/21</p> <p>28 Pa. Code: 211.10(c)(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.</p> <p>Previously cited 6/4/21</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35785</p> <p>Based on review of the pharmacy review recommendations, review of the resident's clinical record and staff interview, it was determined that the facility failed to act on pharmacy recommendations in a timely manner and failed to review and respond to a consultant pharmacist recommendation for three out of five residents (Resident R12, R31, and Resident R42).</p> <p>Findings include:</p> <p>The facility Medication regimen review policy dated 2/16/17, last reviewed on 2/7/22, indicated the monthly medication review will be performed by a licensed pharmacists according to Federal and State regulations. The pharmacist will report any irregularities to the attending physician, and these reports must be acted upon in a timely manner. The resident's attending physician must document in the medial record that the identified irregularity has been reviewed and if any action has been taken to address it. Non-urgent medication irregularities will be addressed with the attending physician in a manner that meets the needs of the resident, but no later than their next routine visit or 60 days, whichever is sooner.</p> <p>Review of Resident R12's admission record indicated she was admitted on [DATE], and readmitted on [DATE], with diagnoses that included chronic kidney disease (loss of kidney function resulting in the swelling of feet, fatigue, high blood pressure and changes in urination), chronic obstructive pulmonary disease (COPD-a disease characterized by persistent respiratory symptoms involving breathlessness, coughing, and obstructed airflow to the lungs), and diabetes (metabolic disorder impacting organ function related to glucose levels in the human body).</p> <p>Review of Resident R12's annual MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs), dated 2/2/22, indicated that the diagnoses remained current upon review.</p> <p>Review of Resident R12's care plan dated 2/9/22, indicated to consult with pharmacy to consider dosage reduction when clinically appropriate.</p> <p>Review of Resident R12's physician order dated 2/14/22, indicated to administer Fluticasone Furoate-Vilanterol inhalation aerosol powder 25 mcg. Inhale one puff in the mouth in the morning for wheezing.</p> <p>Review of Resident R12's medication regimen review dated 3/24/22, indicated to consider adding rinse and spit after dose is administered to the Fluticasone Furoate-Vilanterol inhalation order to prevent the development of thrush as the inhaler contains a steroid.</p> <p>Review of Resident R12's physician order dated 7/20/22, indicated to administer Fluticasone Furoate-Vilanterol inhalation aerosol powder 25 mcg. Inhale one puff in the mouth for lung health. The order did not include to rinse, swish, and spit after use of the medication.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R12's physician notes, nurse clinical notes and Certified Registered Nurse Practitioner (CRNP) documentation did not include documentation to indicate that the Consultant pharmacy recommendation was addressed.</p> <p>During an interview on 8/4/22, at 11:02 a.m. the Registered Nurse Assessment Coordinator (RNAC) Employee E5 confirmed that the facility failed to review and respond to a consultant pharmacist recommendation.</p> <p>Review of Resident R31's admission record indicated she was originally admitted on [DATE], diagnoses include chronic obstructive pulmonary disease (COPD), diabetes, morbid obesity, and neuromuscular dysfunction of the bladder.</p> <p>Review of Resident R31's careplan dated 7/23/21 indicated to monitor and review medications for side effects</p> <p>Review of Resident R31's quarterly MDS assessment dated [DATE], indicated that the diagnoses remained current upon review.</p> <p>Review of Resident R31's medication regimen review dated 12/20/21, indicated to please consider the addition of lipid lowering therapy such as Atorvastatin 10 mg as Resident R31 has a history of cardiovascular disease and diabetes. The review was signed by the physician on 12/28/21.</p> <p>Review of Resident R31's Certified Registered Nurse Practitioner (CRNP) documentation dated 12/30/21, indicated to continue the current medication regimen and did not include a new order for a lipid lowering medication.</p> <p>Review of Resident R31's physician orders dated 1/12/22, indicated Rosuvastatin calcium 10mg was added due to hyperlipidemia (15 days after the original pharmacy recommendation was signed).</p> <p>During an interview on 8/4/22, at 11:21 a.m. the Assistant Director of Nursing (ADON) confirmed that the facility failed to respond to a consultant pharmacy recommendations in a timely manner.</p> <p>Review of Resident R42's admission record indicated he was originally admitted on [DATE], with diagnoses that included diabetes, Vascular dementia (a condition caused by lack of blood flow to the brain impacting judgement and memory), and peripheral vascular disease (a progressive narrowing of the blood vessels impacting blood flow to the limbs).</p> <p>Review of Resident R42's quarterly MDS assessment dated [DATE], indicated that the diagnoses were current upon review.</p> <p>Review of Resident R42's care plan indicated to evaluate the effectiveness of the medications.</p> <p>Review of Resident R42's Certified Registered Nurse Practitioner (CRNP) documentation dated 6/30/21, indicated that the plan is to decrease Metformin to 500 mg twice daily.</p> <p>Review of Resident R42's medication regimen review dated 7/23/21, indicated that Resident R42 was to receive 1000mg of Metformin twice daily. He was only receiving 500mg twice daily. Please considering increasing to 1000mg by mouth twice daily with meals for diabetes.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R42's physician notes, nurse clinical notes and Certified Registered Nurse Practitioner (CRNP) documentation did not include documentation to indicate that the Consultant pharmacy recommendation was addressed.</p> <p>During an interview on 8/5/22, at 10:21 a.m. the Assistant Director of Nursing (ADON) confirmed that the facility failed to review and respond to the pharmacy recommendations in a timely manner.</p> <p>28 Pa. Code 211.9 (k) Pharmacy services.</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>31343</p> <p>Based on review of facility policy, observation, manufacturer guidelines, clinical records, and staff interview, it was determined that the facility failed to assure that medications were administered with a medication error rate that was less than five percent for one of five residents reviewed (Resident R154).</p> <p>The facility had a calculated medication error rate of 32 percent based on eight errors in 25 opportunities.</p> <p>Findings include</p> <p>The facility Medication Administration policy last reviewed on 2/7/22, indicated that medications must be verified by observing the five rights in giving each medication: right resident, right medicine, right dose, right route, right time and read the label three times before administering medication.</p> <p>During a medication administration observation on 8/2/22, at 7:49 a.m., Registered Nurse (RN) Employee E27 administered Carvedilol (for treatment of heart failure and high blood pressure) 12.5mg, Aspirin (blood thinner) 81 mg, Bupropion (antidepressant) 75 mg, Optimum Vision (vision vitamin) 1 tablet, Senna (laxative) 8.6 mg two tablets, Spironolactone (high blood pressure medication) 25mg, Tamsulosin (for urinary retention) 0.4mg to Resident R154. Prior to the administration, RN Employee E27 was asked why she was not giving the medications via tube as on the medication cards, she indicated that his order was changed to be given by mouth, that he was now eating. His regular food tray was in front of him.</p> <p>Review of the physician orders for August 2022, indicated that Metamucil 2 teaspoons be given in eight ounces of water daily. This medication was not available.</p> <p>Review of the August 2022, physician orders and the medication pill cards, the medications were to be administered via tube.</p> <p>During an interview on 8/2/22, at 8:51 a.m., the Director of Nursing confirmed that RN Employee E27 failed to administer Resident R154's medications as ordered via tube and omitted the metamucil causing a medication error rate of greater than 5 percent.</p> <p>28 Pa. Code: 211.12(d)(2) Nursing services.</p> <p>28 Pa. Code: 211.9(a)(d) Pharmacy services.</p>		

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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35785</p> <p>Based on review of facility policy, resident clinical records and staff interview it was determined that the facility failed to obtain laboratory results and promptly report those results as per order for one out of three sampled residents (Resident R154).</p> <p>Findings include:</p> <p>The facility Laboratory and radiological services and results reporting policy dated 3/22/19, last reviewed on 2/7/22, indicated that the facility is responsible for the quality and timeliness of services. There are clinical and physiological risks when laboratory diagnostic services are not performed in a timely manner. The facility will request laboratory services only when ordered by a physician, diagnostic results will be reviewed by a nurse before placing in the medical chart, and the facility will review the results in a timely manner and notify the ordering physician.</p> <p>Review of Resident R154's admission record indicated he was admitted on [DATE], with diagnoses that included dysphagia (difficulty swallowing), diabetes(metabolic disorder impacting organ function related to glucose levels in the human body), chronic kidney disease chronic kidney disease (loss of kidney function resulting in the swelling of feet, fatigue, high blood pressure and changes in urination), and chronic obstructive pulmonary disease (COPD-a disease characterized by persistent respiratory symptoms involving breathlessness, coughing, and obstructed airflow to the lungs).</p> <p>Review of Resident R154's MDS quarterly assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 6/6/22, indicated that the diagnoses were current upon review.</p> <p>Review of Resident R154's care plan dated 6/15/22, indicated to obtain laboratory tests as ordered.</p> <p>Review of Resident R154's Certified Registered Nurse Practitioner (CRNP) note dated 6/30/22, indicated that Resident R154 is doing well and awaiting the gastrointestinal appointment for removal of his PEG tube (percutaneous endoscopic gastrostomy-PEG tube is placed directly into the abdominal wall for nutrition). His plan is to provide PEG tube care, aspiration precautions, and obtain laboratory test as ordered.</p> <p>Review of Resident R154's physician's orders dated 6/30/22, indicated to obtain the following laboratory test:</p> <p>A lipid panel (diagnostic test obtaining fatty cells in the blood) and liver function test every 12 months starting on the 7/1/22.</p> <p>A A1C lab test (diagnostic test to manage blood sugar) obtained on the night shift once every three months starting on 7/1/22</p> <p>(continued on next page)</p>

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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Complete blood count (CBC-blood diagnostic test to evaluate for several conditions) and A Basic Metabolic Panel (BMP- a diagnostic test to determine kidney function) during the night shift, once a month starting on 7/20/22.</p> <p>Review of Resident R154's clinical progress notes, nurse practitioner documents and laboratory results did not include the results from the test, did not include any indication that the laboratory diagnostic tests were completed, and did not include a notification or report to the ordering physician of the laboratory test results.</p> <p>During an interview on 8/03/22, at 11:57 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed that the facility failed to obtain laboratory results and promptly report those results as per order for Resident R154 as required.</p> <p>28 Pa Code: 211.12 (d)(1)(3)(5) Nursing services</p> <p>28 Pa Code: 211.5(f) Clinical records</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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 dietician.</p> <p>46167</p> <p>Based on a review of facility policy, documents, and staff interviews, it was determined that the facility failed to make certain that the Culinary Director maintained appropriate competencies and skill sets to carry out the daily functions of the Dietary Department as required (Culinary Director Employee E10).</p> <p>Findings Include:</p> <p>A review of the facility Professional Staffing policy last reviewed 2/7/22, indicated that a qualified director of food and nutrition services is one who is a certified dietary manager, or a certified food service manager, or has national certification for food service management and safety from a national certifying body; or an associate's, or higher degree in food service management or in hospitality, if the course of study includes food service or restaurant management, from an accredited institution of higher learning, and in states that have established standards for food service manager or dietary managers, meets state requirements for food service managers or dietary managers.</p> <p>During an employee file review of Culinary Director Employee E10, it was determined that date of hire was 12/8/21.</p> <p>During an interview on 8/1/22, at 2:28 p.m., Regional Manager Employee E19 confirmed that Culinary Director Employee E10 does not have Certified Dietary Manager qualifications.</p> <p>During an interview on 8/5/22, at 2:10 p.m. Human Resources Employee E 25 confirmed that Culinary Director Employee E10 had a degree in education and that the facility failed to make certain that it employed staff with competencies and skill sets to carry out the daily functions of the dietary department as required.</p> <p>28 Pa. Code: 211. 6 (c)(d) Dietary Services</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>46167</p> <p>Based on resident and staff observations, and staff interviews, it was determined that the facility failed to have sufficient dietary staff to perform essential kitchen duties in the Main Kitchen.</p> <p>Findings include:</p> <p>The facility Department Staffing policy dated 2/7/22, indicated the Dining Services department will employ sufficient staff, with appropriate competencies and skill sets to carry out the functions of food and nutrition services in a manner that is safe and effective.</p> <p>Review of Scheduled Cart Delivery provided at facility entrance, stated that last breakfast cart was to be delivered at 8:45 a.m.</p> <p>During an observation on 8/1/22, at 8:45 a.m., tray line was still in process with three employees present.</p> <p>During an observation on 8/1/22, at 9:00 a.m., tray line was still in process.</p> <p>During an interview on 8/1/22, at 11:37 a.m., Director of Nursing stated that she has worked the tray line due to staff shortages in the kitchen.</p> <p>During an interview on 8/1/22, at 11:40 p.m., Resident R75 stated they pull aides to work in the kitchen.</p> <p>Review of Scheduled Cart Delivery, indicated that lunch was to be delivered to Nursing Unit C1 at 12:50 p.m. and Nursing Unit C2 at 1:10 p.m.</p> <p>During an observation on 8/1/22, lunch was delivered to Nursing Unit C1 at 1:10 p.m. and Nursing Unit C2 at 1:39 p.m.</p> <p>During an interview on 8/01/22, at 2:28 p.m. the Regional Manager Employee E19 confirmed that the food was late.</p> <p>Review of Scheduled Cart Delivery, indicated that breakfast was to be delivered to Nursing Unit B2 at 7:15 a.m.</p> <p>During an observation on 8/2/22., breakfast was delivered to Nursing Unit B2 at 7:26 a.m.</p> <p>During an interview on 8/2/22, at 7:30 a.m. Nurse Aide Employee E11, confirmed that food was late but they are always late.</p> <p>During an interview on 8/2/22, at 8:15 a.m., Resident R6 stated, I call the kitchen to tell them what I want but nobody ever answers the phone.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 8/2/22, at 11:30 a.m., tray line had five employees present. Two of the five employees were corporate managers, and one out of five employees was a clinical dietitian.</p> <p>Review of Scheduled Cart Delivery, indicated that lunch was to be delivered to Nursing Unit C2 at 1:10 p.m.</p> <p>During an interview on 8/2/22 at 1:15 p.m., Unit Clerk Employee E20 stated the trays don't come until after 1:30.</p> <p>During an observation on 8/2/22, lunch was delivered to Nursing Unit C2 at 1:41 p.m.</p> <p>During an interview on 8/2/22, at 2:00 p.m., Unit Clerk Employee E20 confirmed that the food was late.</p> <p>During a resident council group interview 08/03/22 08:12 a.m., five out of seven residents stated the food arrives late for every meal.</p> <p>During an interview on 8/4/22, at 12:30 p.m. with Dietary Employee E21, it was stated that they are short staffed and that although corporate employees have been helping out all week, 'that doesn't normally happen.</p> <p>During an interview on 8/5/22, at 9:12 a.m. with Registered Dietitian employee E9, it was confirmed that Registered Dietitian employee E20 had been working in the kitchen the week of the survey. When Registered Dietitian Employee E9 was asked how often she works in the kitchen, Registered Dietitian Employee E9 replied just this week.</p> <p>During an interview on 8/5/22, at 9:30 a.m. Registered Dietician Employee E9 confirmed the facility failed to have sufficient dietary staff.</p> <p>28 Pa. Code: 211.6 (c) Dietary services.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>46167</p> <p>Based on review of facility policy, resident interview, meal tray observations and staff interviews, it was determined that the facility failed to provide menu selections according to the resident's preference for four out of nine residents (Resident R2, R7, R8, and Resident R9).</p> <p>Findings include:</p> <p>Review of the facility policy Service Line Procedures last reviewed on 2/7/22, indicated that employees will ensure delivery of accurate resident meals through proper service line set up and reducing distractions in the service area.</p> <p>During observations on 8/2/22, breakfast was observed with the following:</p> <p>At 7: 40 a.m. Resident R44 breakfast ticket was observed and indicated hashbrowns, white bread, jelly, margarine, coffee, apple juice, 2% milk and a tray note that stated no salt on tray.</p> <p>At 7:40 a.m. observation of Resident R44's breakfast tray did not include white bread and did include biscuit with sausage gravy and a salt packet.</p> <p>During an interview on 8/2/22, at 7:55 a.m., with Nurse Aide Employee E11, it was confirmed that the facility failed to provide resident with white bread and provided her with biscuit with sausage gravy and a salt packet. Employee E11 also stated that looks like they just throw anything on the trays most times.</p> <p>At 8:25 a.m. Resident R115 breakfast ticket was observed and indicated boiled egg, cold cereal of choice, hashbrowns, assorted yogurt cup, whole milk, and cranberry juice.</p> <p>At 8:25 a.m. observation of Resident R115 breakfast tray did not include cold cereal.</p> <p>At 8:27 a.m. Resident R386 breakfast ticket was observed and indicated cream of wheat, hashbrowns, mandarin oranges, hot tea, orange juice and, 2% milk</p> <p>At 8:27 a.m. observation of Resident R 386 breakfast tray did not include mandarin oranges</p> <p>During an interview on 8/2/22 at 8:30 a.m., Nurse Aide Employee E12 confirmed that Residents R115's breakfast tray did not include cold cereal and Resident R386's breakfast tray did not include mandarin oranges.</p> <p>28 Pa Code: 211.6(a)(c) Dietary service.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>46167</p> <p>Based on review of facility documents, and resident and staff interviews, it was determined that the facility failed to routinely provide meals with no more than 14 hours between evening meal and breakfast the following day and failed to provide a nourishing snack at bedtime snack for 14 of 14 residents (Resident R4, R6, R14, R20, R26, R33, R39, R47, R49, R64, R66, R85, R 115 and R171).</p> <p>Findings include:</p> <p>Review of the facility document Scheduled Cart Delivery has the following schedule:</p> <p>Schedule: Time lapsed:</p> <p>Unit B2 Supper 4:50 p.m. Breakfast 7:15 a.m. 14 hours and 25 minutes</p> <p>Unit D2 Supper 5:00 p.m. Breakfast 7:30 a.m. 14 hours and 30 minutes</p> <p>Unit D1 Supper 5:10 p.m. Breakfast 7:40 a.m. 14 hours and 30 minutes</p> <p>Unit B1 Supper 5: 25 p.m. Breakfast 7:55 a.m. 14 hours and 30 minutes</p> <p>Unit A1 Supper 5:35 p.m. Breakfast 8:05 a.m. 14 hours and 30 minutes</p> <p>Unit C1 Supper 5:45 p.m. Breakfast 8:20 a.m. 14 hours and 35 minutes</p> <p>Unit A2 Supper 6:00 p.m. Breakfast 8:35 a.m. 14 hours and 35 minutes</p> <p>Unit C2 Supper 6:10 p.m. Breakfast 8:45 a.m. 14 hours and 35 minutes</p> <p>During the Resident Council meeting on 8/3/22, at 8:12 a.m. seven of seven residents in attendance indicated that evening snacks are not offered.</p> <p>Review of Grievance Log revealed a grievance filed 2/28/22, by Resident R26 stated no snacks for residents on the unit. She feels she has to bring in snacks for all of the residents.</p> <p>Review of grievance filed 3/7/22, by Resident R64 stated not getting evening snacks.</p> <p>During an interview on 8/2/22, at 8:15 a.m., Resident R 14 stated if you go to Resident Council they will serve you a nice snack, but you will never see it again.</p> <p>During an interview on 8/2/22, at 8:18 a.m. Resident R6 stated I stopped asking for a snack because they never have them.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 8/2/22, at 8:22 a.m. Resident R85 reported not receiving snacks at bedtime and that I buy my own.</p> <p>During an interview on 8/2/22, at 8:40 a.m., Resident R33, and R66 stated that they did not receive evening snacks.</p> <p>During a group interview on 8/2/22, at 2:00 p.m. Residents (R4, R6, R14, R39, R47, R 115, and R171), reported that they consistently do not receive evening snacks.</p> <p>During an interview on 8/5/22, at 9:12 a.m. Registered Dietitian Employee E9 confirmed that the facility failed to provide meals with no more than 14 hours between evening meal and breakfast the following day and failed to provide a nourishing snack at bedtime.</p> <p>28 Pa. Code: 211.6(b)(c) Dietary 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 - 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>46167</p> <p>Based on observations and staff interview, it was determined the facility failed to store products in a manner to prevent foodborne illness in two of four Nourishment Rooms (B and C nursing unit nourishment rooms).</p> <p>Findings include,</p> <p>During observation on 8/5/22 at 8:25 a.m. on Nursing Unit B Nourishment Room, a bag of vanilla wafers was found to be removed from the original packaging and placed in a plastic bag that was not dated.</p> <p>During observation on 8/5/22 at 8:25 a.m. on Nursing Unit B Nourishment Room, two boxes of Oatmeal Squares cereal were found with the expiration date of November 2021.</p> <p>During an observation on 8/5/22 at 8:45 a.m. on Nursing Unit C Nourishment Room, a jar of opened peanut butter was found with an expiration date of 8/3/22</p> <p>During an interview on 8/5/22, at 9:12 a.m. Registered Dietitian Employee E9 confirmed the above observations and that the facility failed to store and label products in a manner to prevent the possibility of foodborne illness in the main kitchen floor.</p> <p>28 Pa. Code: 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35785</p> <p>Based on review of facility policy, resident clinical record, shower schedule documentation and staff interview it was determined that the facility failed to maintain complete and accurate wound treatment documentation for one out of seven residents at risk of skin breakdown (Resident R40).</p> <p>Findings include:</p> <p>The facility Clinical documentation standards policy dated 8/31/18, last reviewed on 2/7/22, indicated that the electronic health record system is used to maintain resident records. Maintaining the integrity, quality and safety of medical records can help to provide an effective communication between practitioners that may serve to enhance resident outcomes. A complete record contains an accurate and functional representation of actual experience of the resident and must contain enough information to show that the status of the individual resident is known. Chart in real time when an event is occurring or shortly thereafter.</p> <p>The facility Daily skin care policy dated 7/1/16, last reviewed on 2/7/22, indicated that residents receive skin care daily. Inspect area under skin folds at least weekly, manage moisture to prevent skin alterations, and document preferences in care plan.</p> <p>Review of Resident R40's admission record indicated she was admitted on [DATE], with diagnoses that included diabetes(metabolic disorder impacting organ function related to glucose levels in the human body), Chronic kidney disease (loss of kidney function resulting in the swelling of feet, fatigue, high blood pressure and changes in urination), and hypothyroidism (decrease in production of thyroid hormone).</p> <p>Review of Resident R40's significant change MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 5/8/22, indicated that the diagnoses were current upon review.</p> <p>Review of Resident R40's care plan dated 4/20/21, and updated on 6/23/22, indicated that Resident R40 has impaired skin integrity, administer treatments as ordered, and complete skin risk assessments.</p> <p>Review of Resident R40's skin/wound note dated 2/10/22, indicated that Resident R40 had wounds to her left great toe, left second toe, and left medial ankle.</p> <p>Review of Resident R40's physician orders dated 11/2/21, indicated the following:</p> <p>The treatment for the Left great toe wound: Cleanse with Normal Saline Solution (NSS), pat dry, apply betadine (antiseptic used for skin disinfection), cover with Army Battle Dressing (ABD), wrap with gauze, every day shift, three times per week and as needed every day</p> <p>shift on Monday, Wednesday, Friday for wound care.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R40's physician orders dated 12/31/21, indicated the following:</p> <p>The treatment for the Left medial ankle: Cleanse with NSS. Apply Iodosorb (antimicrobial dressing treatment). Cover with bordered gauze three times per week and as needed. Apply skin prep to peri-wound every day shift every Monday, Wednesday, Friday for wound care.</p> <p>The treatment for the Right heel wound: Cleanse with NSS. Apply Iodosorb. Cover with bordered gauze 3 times per week and as needed. Heel offloading boots while in bed every day shift every Monday, Wednesday, Friday for wound care.</p> <p>Review of Resident R40's orders dated 1/21/22, indicated the following:</p> <p>The treatment for the Left second toe wound: Cleanse with NSS, pat dry, apply Iodosorb and as needed every day shift every Monday, Wednesday, Friday for wound care.</p> <p>Review of Resident R40's Treatment Administration Record (TAR) for February 2022, did not include documentation for the following treatments:</p> <p>Left great toe wound treatment documentation missing for 2/11/22, 2/14/22, 2/16/22, 2/18/22 and 2/25/22.</p> <p>Left medial ankle wound treatment documentation was missing for 2/11/22, 2/14/22, 2/16/22, 2/18/22, and 2/25/22</p> <p>Left second toe wound treatment documentation was missing for 2/11/22, 2/14/22, 2/16/22, 2/18/22, and 2/25/22</p> <p>Right heel wound treatment documentation was missing for 2/11/22, 2/14/22, and 2/16/22.</p> <p>During an interview on 8/05/22, at 11:19 a.m. the [NAME] Director of Clinical Operations Employee E7 confirmed that the facility failed to maintain complete and accurate wound treatment documentation for Resident R40 as required.</p> <p>28 Pa Code: 211.5(f) clinical records.</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>31343</p> <p>Based on a review of the facility's policies, plans of corrections and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and make certain that plans to improve the delivery of care and services effectively addressed recurring deficiencies.</p> <p>Findings include:</p> <p>A review of the facility policy QAPI reviewed on 2/7/22, indicated that the facility program is ongoing and comprehensive and encompasses the full range of services offered by the facility and includes all departments. The program addresses all systems of care and management practices; including clinical care, quality of life and resident choice. The program strives for safety and high quality with all clinical interventions. The facility will use an ongoing data driven program of identifying systematic and resident choice concerns requiring further review and need for intervention and need for development of a performance improvement plan. The facility will use performance indicators to monitor quality of care and services and satisfaction of residents. The facility will track, investigate and monitor adverse events that must be investigated and action plans will be implemented.</p> <p>The facility's deficiencies and plans of correction for State Survey and Certification (Department of Health) surveys ending June 4, 2021, revealed that the facility would maintain compliance with cited nursing home regulations. The results of the current survey ending August 5, 2022, identified repeated deficiencies related to a failure to provide a clean, comfortable homelike environment, demonstrate responses to resident grievances, failure to provide a physician's order for a transfer and discharge to the hospital, failure to provide a baseline care plan, failure to provide assistance with Activities of daily living, failure to provide care and services to prevent pressure ulcers, failure to provide nutritional needs to prevent/ monitor weight loss, failure to label drugs and failure to maintain proper infection control practices.</p> <p>The facility's plan of correction for a deficiency regarding a failure to respond to grievances from residents, cited during the survey ending on June 4, 2021, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F584, F585, F622, F677, F686, F692, F761 and F880, revealed that the facility's QAPI committee failed to successfully implement their plan to make certain ongoing compliance with regulations regarding the response to maintaining a homelike environment, addressing grievances from residents, providing a physician's order for a transfer and discharge to the hospital, developing a baseline care plan for a new admission, failed to provide assistance for eating, failed to prevent pressure ulcers, failed to weigh resident per a physician order with identified weight loss, failed to label an inhaler, failed to maintain proper infection control practices during a dressing change, while transporting linens, while donning soiled personal protective equipment, and while sitting on a residents bed.</p> <p>During an interview on 8/5/22, at 8:52 p.m. the NHA confirmed that the facility did not have QA meetings from 6/2021, through January 2022, the facility had been cited from June 2021, FHS for QA due to repeated citations which had been identified but the facility failed to develop a corrective action, implement and monitor the action as a good faith effort.</p> <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Refer to F584, F585, F622, F655, F677, F684, F686, F692, F761 and F880</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>Previously cited 6/4/21, 3/22/21, 1/15/21, 9/10/20, 8/16/19, 5/28/19.</p> <p>28 Pa. Code: 201.18(e)(1) Management.</p> <p>Previously cited 6/4/21, 3/22/21.</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>31343</p> <p>Based on observations, review of facility policies and documents and staff interview, it was determined that the facility failed to consistently administer an effective plan of correction to to provide a clean, comfortable homelike environment, demonstrate responses to resident grievances, to provide a physician's order for a transfer and discharge to the hospital, to provide a baseline care plan, to provide assistance with Activities of daily living, to provide care and services to prevent pressure ulcers, to provide nutritional needs to prevent/ monitor weight loss, to label drugs and maintain proper infection control practices</p> <p>Findings include:</p> <p>As a result of deficiencies cited following the Medicare/Medicaid, State Licensure and Civil Rights Compliance Survey on 6/4/21, regarding the implementation of measures and monitoring to be certain that the interventions for the facility to provide a clean, comfortable homelike environment, demonstrate responses to resident grievances, to provide a physician's order for a transfer and discharge to the hospital, to provide a baseline care plan, to provide assistance with Activities of daily living, to provide care and services to prevent pressure ulcers, to provide nutritional needs to prevent/ monitor weight loss, to label drugs and maintain proper infection control practices. The facility developed action plans to serve as their allegation of compliance, which included quality assurance components to sustain their corrections however, continued deficient practice in the same areas was evident during the follow-up survey of 8/5/22.</p> <p>During an interview on 8/5/22, at 8:52 a.m., the Nursing Home Administrator confirmed that the facility's action plan failed to correct the deficiencies cited following the survey of 8/5/22, and new areas of deficient practice were identified.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>Previously cited 6/4/21, 3/22/21, 1/15/21, 9/10/20, 8/16/19, 5/28/19.</p> <p>28 Pa. Code: 201.18(e)(1) Management.</p> <p>Previously cited 6/4/21 and 3/22/21.</p>

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>31343</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on review of facility documents and staff interview, it was determined that the facility failed to make certain that the required members were in attendance at quarterly Quality Assurance Process Improvement (QAPI) Committee meetings for four of four quarters (June 2021 through June 2022). The facility failed to make certain QAPI meetings were held for two of four quarters (June 2021 through January 2022).</p> <p>Findings include:</p> <p>A review of the facility Quality Assurance/Performance Improvement (QAPI) Policy dated 2/7/22, indicated that the facility would conduct quarterly meetings with the Executive Director (Nursing Home Administrator), Director of Nursing, Medical Director, Infection Preventionist, three other staff members, and other state required attendees.</p> <p>A review of QAPI Committee meeting sign-in sheets for the period of June 2021, through January 2022, did not include sign in sheets and the January 2022, through June 2022, sign in sheets did not include required attendees.</p> <p>During an interview on 8/5/22, at 8:52 a.m., the Nursing Home Administrator confirmed that the facility failed to make certain that meetings were held at least quarterly from June 2021, and make certain required attendees were present for meetings at least quarterly from June 2021, through June 2022.</p> <p>28 Pa. Code 201.18(e)(1)(2)(3) Management.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on review of facility policy, observations and staff interviews, it was determined that the facility failed to maintain infection control practices to prevent the potential for cross contamination during a dressing change for one of nine residents (Resident R285) and failed to implement infection control measures to prevent the potential spread of infection on one of four nursing units (D wing- memory care unit).</p> <p>Findings include:</p> <p>Review of the facility Standard Precautions policy last reviewed on 2/7/22, indicated that the facility will adhere to CDC Guidelines and recommendations. The proper cleaning of hands is an effective way to prevent the spread of infections and germs. Hand hygiene is to be performed for care between residents. Policy also indicates hand hygiene is to be done after contact with wound dressings, after contact with inanimate objects, and when hands move from a contaminated body site to a clean site.</p> <p>Review of the facility policy Infection Control Practices for laundry/linens last reviewed on 2/7/22, indicated that staff soiled linens are to be handled as little as possible and in closed bags. Linen that is carried to the hamper should not come in contact with employees uniform.</p> <p>During an observation on 8/2/22, at 8:55 a.m. Nurse Aide (NA) Employee E28 was observed exiting Resident R133's room with gloves carrying soiled linens against her uniform. NA Employee E28 then placed soiled linens into cart and entered Resident R122's room without removing gloves and performing hand hygiene and sat on Resident R122's edge of the bed and was talking with Resident R122.</p> <p>During an interview on 8/2/22, at 8:45 a.m., the DON confirmed the above findings and that the facility failed to implement infection control measures to prevent the potential spread of infection.</p> <p>Review of Resident R285's admission record indicated resident was admitted to the facility on [DATE]. A review of the Minimum Data Set (MDS - periodic assessment of care needs) dated 7/31/22, included diagnoses of stage III pressure ulcers.</p> <p>Review of a physician's order dated 7/26/22, indicated for staff to change dressing on leg wounds daily. Instructions were to remove old dressing, clean with saline and pat dry, apply Medihoney (a wound gel treatment with manuka honey added), and cover with a 4x4 border gauze.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 8/2/22, at 12:00 p.m. Resident R285's dressing change was dated for 8/1/22. LPN Employee E8 brought the supplies into the room and set them on the bed side stand. Employee E8 then proceeded to clean the over the bed table and then place the supplies from the bed side table to the over the bed table. Employee E8 then proceeded to close the curtain and start the wound care. Employee E8 never washed her hands or changed her gloves. Employee E8 then proceeded to remove the two old dressings on the Residents R285 right leg then used hand sanitizer and changed gloves. Employee E8 then proceeded to clean the wounds and apply the wound treatment without changing gloves again. Employee E8 then removed the gloves and used hand sanitizer then gloved to put the clean 4x4 border gauze on the wounds without dating them. Employee E8 then proceeded to the Resident 285's left leg where E8 followed the same procedure as the right leg wounds. Employee E8 did not wash her hands before the wound care nor changed gloves after taking old dressings off and before cleaning the wound.</p> <p>During an interview on 8/2/22, at 12:45 p.m. LPN Employee E8 confirmed that she had not washed her hands before wound care and not changed her gloves at the appropriate intervals during wound care. Employee E8 also confirmed that the supplies brought in and sat on the bed side table and the clean field then was cross contaminated after the transfer from the bed side to the over the bed table.</p> <p>28 Pa. Code: 201.14 (a) Responsibility of licensee. Previously cited 6/4/21, 3/22/21, 1/15/21, 9/10/20, 8/16/19 and 5/28/19.</p> <p>28 Pa. Code: 201.18 (b) (1) (3) (e) (1) Management. Previously cited 6/4/21, 3/22/21, 1/15/21, 9/10/20, 8/16/19 and 5/28/19.</p> <p>28 Pa. Code: 201.20 (c) Staff development. Previously cited 6/4/21, 1/15/21 and 8/16/19.</p> <p>28 Pa. Code: 211.10 (c) (d) Resident care policies. Previously cited 6/4/21, 3/22/21, 1/15/21, 1/2/21, 9/10/20 and 8/16/19.</p> <p>28 Pa. Code: 211.12 (d) (1) (2) (3) (5) Nursing services. Previously cited 6/4/21, 3/22/21, 1/15/21, 1/2/21, 9/10/20, 8/16/19, 7/1/19 and 5/28/19.</p>		

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>46167</p> <p>Based on review of facility policy, personnel records and staff interview, it was determined that the facility failed to provide abuse training to personnel prior to working on the nursing unit for two out of five personnel records (Registered Dietitian (RD) Employee E23 and RD Employee E24).</p> <p>Findings include:</p> <p>Review of facility Abuse, Neglect and Misappropriation policy, reviewed on 2/7/22, indicated that it is the intent of the facility to employ only properly screened persons as a part of the resident care team by the applicable requirements. Employees will receive abuse prevention training as required as part of their orientation, as needed/indicated and annually thereafter.</p> <p>Review of Registered Dietitian (RD) Employee E23 personnel record indicated that RD Employee E23 started at the facility on 6/7/22. Further review of the record did not include abuse training.</p> <p>Review of RD Employee E24 personnel record indicated that Employee E24 started at the facility on 4/11/22. Further review of the record did not include abuse training.</p> <p>During an interview on 8/2/22, at 1:22 p.m., Human Resources (HR) Employee E25 confirmed that RD Employee E23 worked at the facility from 6/7/21, through 7/3/22, and that RD Employee E24 worked at the facility from 5/23/22, through 5/27/22.</p> <p>During an interview on 8/5/22, at 10:10 a.m., the HR Employee E25 confirmed that the facility failed to train agency staff personnel on resident abuse prior to working on the nursing unit.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee</p> <p>28 Pa Code: 201.18 (b)(1) Management</p> <p>28 Pa Code: 201.20 (a)(c) Staff development</p> <p>.</p> <p>28 Pa Code: 201.29 (d) Resident Rights</p>		