

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395892	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2023
NAME OF PROVIDER OR SUPPLIER  Grove at Latrobe, The		STREET ADDRESS, CITY, STATE, ZIP CODE  576 Fred Rogers Drive Latrobe, PA 15650	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>31760</p> <p>Based on a review of clinical records as well as staff interviews, it was determined that the facility failed to accommodate a resident's preference for a shower for one of 48 residents reviewed (Resident 38).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 38, dated February 8, 2023, revealed that the resident was understood, could understand, and required extensive assistance from staff for his daily care tasks, including with personal hygiene. A care plan for the resident, dated June 27, 2019, revealed that the resident required assistance with dressing, personal hygiene, walking, transferring, toileting, changing position in bed, and eating and that staff would follow the resident's preferred shower schedule.</p> <p>Review of Resident 38's bathing records for January and February 2023 revealed that the resident preferred to receive a shower and was scheduled to receive his shower on Tuesdays and Fridays during the evening (2:00 p.m. to 10:00 p.m.) shift. Documentation for Tuesday, January 3, 10, and 24, 2023, revealed that the resident received a bed bath and did not receive a shower as he preferred. Documentation for Tuesday, January 17 and 31, 2023, and February 14, 2023, revealed that staff documented N/A meaning non-applicable. Documentation for Friday, January 6, 13, 20, and 27, 2023, revealed that the resident received a bed bath and did not receive a shower as he preferred. Documentation for Friday, February 17, 2023, revealed that staff documented N/A meaning non-applicable.</p> <p>Interview with the Director of Nursing on February 24, 2023, at 3:45 p.m. confirmed that there was no documented evidence of why Resident 38 was provided bed baths instead of showers, as preferred. She indicated that they would have to provide education to the staff because they should not be documenting N/A.</p> <p>28 Pa. Code 211.12(d)(5) Nursing services.</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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>38012</p> <p>Based on resident and staff interviews, it was determined that the facility failed to ensure that mail was delivered to residents six days a week.</p> <p>Findings include:</p> <p>During a meeting with a group of residents on February 23, 2023, at 10:00 a.m. the residents revealed that their mail was not being delivered to them regularly. The residents indicated that the mail is delivered to a locked box outside the facility and a staff member in the business office goes out to get the mail. However, she does not go to collect it everyday. And there are days when she does go to collect the mail, but does not sort it or pass it for another day or two.</p> <p>Interview with the Activities Director on February 24, 2023, at 3:08 p.m. revealed that she received the mail from the business office and then delivered the mail to the residents. She indicated that she did not work the weekends and was the only staff member that delivered the mail to the residents; however, she only delivered the mail Monday through Thursday.</p> <p>Interview with the Business Office Manager on February 24, 2023, at 3:16 p.m. confirmed that she would get the mail from the mailbox, sort it, and then give it to the Activities Director to deliver to residents. She indicated that she only checked the mailbox Monday through Thursday and did not work the weekend to get the mail.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 201.29(j) 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 - Some</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>38012</p> <p>Based on observations and staff interviews, it was determined that the facility failed to provide a clean and homelike environment in residents' rooms for 15 of 48 residents reviewed (Residents 12, 14, 22, 23, 28, 32, 43, 49, 52, 57, 58, 70, 73, 78, 142).</p> <p>Findings include:</p> <p>Observations in Residents 12 and 28's room on February 22, 2023, at 3:06 p.m. revealed that the bathroom door had multiple scratches, cuts and nicks in it, the trim was missing behind the toilet, and the trim was missing on the wall by the entry to the room.</p> <p>Observations in Residents 14 and 73's room on February 22, 2023, at 3:05 p.m. revealed that the flooring was loose and there was a piece of the flooring buckled up under the resident's bed and there was missing trim on the wall under the window.</p> <p>Observations in Residents 22 and 57's room on February 22, 2023, at 3:05 p.m. revealed that the bathroom door had multiple scratches on it and a hole in it, there was erosion on the bottom corners, and the trim around the bathroom door had multiple scratches on it.</p> <p>Observations in Residents 23 and 32's room on February 22, 2023, at 3:13 p.m. revealed that the bathroom sink was rusty, the heater was rusty, and the paper towel dispenser was cracked and broken.</p> <p>Observations in Resident 43 and 49's room on February 22, 2023, at 2:57 p.m. revealed that there was a section of trim around the bathroom sink missing and the dressers had multiple scratches on them.</p> <p>Observations in Residents 52's room on February 22, 2023, at 3:11 p.m. revealed that there was a hole in the wall behind her bed.</p> <p>Observations in Resident 58 and 78's room on February 22, 2023, at 3:02 p.m. revealed that the privacy curtain for Resident 58 was stained and had holes in it and the trim was missing from the wall under the window.</p> <p>Observations in Resident 70's room on February 22, 2023, at 3:00 p.m. revealed that the trim was loose around the wall in the room, the wall in the bathroom was stained and had multiple cuts in it, and the trim around the bathroom door had multiple scratches on it.</p> <p>Observations in Resident 142's room on February 22, 2023, at 3:14 p.m. revealed that the trim around the sink was rotted, peeling, and had sharp edges, and the wall trim was loose and peeling away.</p> <p>Observations in the west hall on February 22, 2023, at 2:59 p.m. and 3:09 p.m. revealed a foul pungent smell and the wall heater was rusty.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations of the west hall emergency exit doors revealed that there was a large collection of dust and dead insects lying between the double doors. There was a hole the size of a softball in the wall near the floor next the double doors. The hole exposed the inside of the wall, which included dirt and debris.</p> <p>Interview with the Maintenance Director on February 22, 2023, at 3:18 p.m. confirmed that the above residents' rooms needed repaired and painted. He stated the odor was coming from the visitor's bathroom and that the grinder was clogged and he had worked on it earlier that morning. He further stated that there was no active plan to fix any of the rooms or bathrooms, or to replace any of the furniture that was in ill repair.</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility.</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>19102</p> <p>Based on review of clinical records, Resident Council meeting minutes, and grievance records, as well as staff interviews, it was determined that the facility failed to make ongoing efforts to resolve grievances for the residents.</p> <p>Findings include:</p> <p>The facility's policy regarding grievances, dated November 28, 2022, indicated that the facility will support each resident's right to voice grievances and to ensure that after receiving a complaint/grievance, the facility actively seeks a resolution and keeps the resident appropriately apprised of its progress toward resolution. The facility will acknowledge complaint/grievances and actively work toward resolution of that complaint/grievance.</p> <p>Resident Council meeting minutes, dated November 30, 2022, and December 28, 2022, revealed that the residents wanted fresh ice water each shift.</p> <p>Observations on February 21, 2023, at 11:33 a.m. and February 22, 2023, at 4:15 p.m. revealed that residents did not have fresh ice water in their rooms.</p> <p>Interview with a group of residents on February 23, 2023, at 10:01 a.m. revealed that the residents stated they were not getting fresh ice water on a regular basis.</p> <p>Interview with the Nursing Home Administrator on February 24, 2023, at 12:12 p.m. confirmed that grievances were not resolved to the residents' satisfaction and they should have been.</p> <p>Resident Council meeting minutes, dated December 28, 2022, and January 27, 2023, revealed that the residents complained that the floor scrubber being run at night time was too loud while they were trying to sleep.</p> <p>Interview with a group of residents on February 23, 2023, at 10:01 a.m. revealed that the floor scrubber was still being run at night and was still loud and waking them up.</p> <p>Interview with the Maintenance Director on February 22, 2023, at 3:19 p.m. indicated that they are still running the floor scrubber at night. He stated the the machine is loud.</p> <p>Interview with Nursing Home Administrator on February 24, 2023, at 12:13 a.m. confirmed that the residents' grievance regarding the floor scrubber was not resolved to their satisfaction and it should have been.</p> <p>28 Pa. Code 201.29(i)Resident rights.</p> <p>28 Pa. Code 211.12(d)(5)Nursing services.</p>

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>38012</p> <p>Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that comprehensive annual Minimum Data Set assessments were completed in the required time frame for one of 48 residents reviewed (Resident 49).</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 required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2019, indicated that an annual MDS assessment was to be completed no later than the assessment reference date (ARD - the last day of the assessment's look-back period) plus 14 calendar days.</p> <p>An admission comprehensive MDS assessment for Resident 49, with an ARD of January 25, 2023, was due to be completed by January 31, 2023, but was not signed as completed until February 3, 2023, which was three days from the ARD until completion.</p> <p>An interview with the Registered Nurse Assessment Coordinator (RNAC- a registered nurse responsible for the completion of MDS assessments) on February 22, 2023, at 3:52 p.m. confirmed the MDS assessment was not completed within the required timeframe.</p> <p>28 Pa. Code 211.5(f) Clinical records.</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>38012</p> <p>Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that quarterly Minimum Data Set assessments, Medicare 5-day assessments, and End of PPS assessments were completed within the required timeframe for six of 48 residents reviewed (Residents 2, 3, 4, 7, 39, 342).</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 required Minimum Data Set (MDS) assessments (mandated assessments of residents' abilities and care needs), dated October 2019, indicated that the completion date for a quarterly assessment is the Assessment Reference Date (ARD - the last day of an assessment's look-back period) plus 14 days. A quarterly assessment is due every 92 days (ARD of most recent assessment + 92 days).</p> <p>An End of PPS assessment for Resident 2, with an ARD of January 14, 2023, was completed on January 29, 2023, which was two days late.</p> <p>A quarterly MDS assessment for Resident 3, with an ARD of November 19, 2022, was completed 98 days after the last MDS, which was six days late.</p> <p>A quarterly MDS assessment for Resident 4, with an ARD of December 22, 2022, was completed on February 7, 2023, which was 34 days late.</p> <p>A quarterly MDS assessment for Resident 7, with an ARD of January 21, 2023, was completed on February 15, 2023, which was 13 days late.</p> <p>An end of PPS MDS assessment for Resident 39, with an ARD of January 18, 2023, was completed on February 15, 2023, which was 15 days late.</p> <p>A Medicare 5-day MDS assessment for Resident 342, with an ARD of January 13, 2023, was completed on January 31, 2023, which was five days late.</p> <p>An interview with the Registered Nurse Assessment Coordinator (RNAC- a registered nurse responsible for the completion of MDS assessments) on February 22, 2023, at 3:52 p.m. confirmed that the MDS assessments referenced above were not completed within the required timeframe.</p> <p>28 Pa. Code 211.5(f) Clinical records.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>31760</p> <p>Based on review of the Pennsylvania Nurse Practice Act, facility policies, and residents' clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders were clarified for two of 48 residents reviewed (Residents 3, 142).</p> <p>Findings include:</p> <p>The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.11 (a)(1)(2)(4) indicated that the registered nurse was to collect complete and ongoing data to determine nursing care needs, analyze the health status of individuals and compare the data with the norm when determining nursing care needs, and carry out nursing care actions that promote, maintain and restore the well-being of individuals.</p> <p>The facility's policy regarding pain management guidelines, dated November 28, 2022, revealed that the policy was to provide guidance for consistent assessment, management, and documentation of pain in order to provide maximum comfort and enhanced quality of life, in concert with the resident's plan of care and goals for pain management. The resident identifies pain on a 0 (zero) to 10 scale. 0 (zero) equals no pain and 10 equals the worst pain imaginable (very severe or horrible).</p> <p>A quarterly Minimum Data Set (MDS) assessment (a federally-mandated assessment of a resident's abilities and care needs) for Resident 3, dated December 29, 2022, revealed that the resident was understood, could understand, and required extensive assistance from staff for her daily care tasks. A care plan for the resident, dated August 9, 2022, revealed that the resident had pain related to Rheumatoid Arthritis (a autoimmune disease that causes joint inflammation and pain) and that staff were to administer her as needed medications for breakthrough pain per the physician's orders, as well as note the effectiveness.</p> <p>Physician's orders for Resident 3, dated August 8, 2022, included orders for the resident to receive two 325 milligram (mg) tablets of Tylenol (an over-the-counter pain medication) every six hours as needed for pain.</p> <p>Physician's orders for Resident 3, dated August 30, 2022, included orders for the resident to receive one 50 mg tablet of Tramadol (used to relieve moderate to moderately severe pain) every six hours as needed for breakthrough pain.</p> <p>Resident 3's pain medication orders did not include parameters for what pain intensity ratings were to be considered mild, moderate and severe pain, so that nurses could determine which medication to administer.</p> <p>(continued on next page)</p>		



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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 3's Medication Administration Records (MAR's) for January and February 2023 revealed that staff administered a dose of Tylenol for pain that was rated as a 2 on February 1, 12, and 18, 2023; for pain that was rated as a 3 on January 23, and 30, 2023, and February 6, 9, 15, and 22, 2023; for pain that was rated as a 4 on January 27, 2023, and February 1, and 4, 2023; for pain that was rated as a 5 on February 2, and 17, 2023; for pain that was rated as a 6 on January 1, 5, 6, 12, 16, 18, 26, 28, 29, and 31, 2023, and February 14, 2023; for pain that was rated as a 7 on January 9, 2023; for pain that was rated as an 8 on January 10, 2023, and for pain that was rated as a 10 on January 25, 2023.</p> <p>Resident 3's MAR's for January and February 2023 revealed that staff administered a dose of Tramadol for pain that was rated as 3 on January 5, 2023, and February 1, and 15, 2023; for pain that was rated as 4 on January 19 and 24, 2023, and February 4, 2023; for pain that was rated as 5 on January 11, 20, 21, 23, 27, 28, 29, 30, and 31, 2023, and February 3, 6, 10, 12, 15, 18, 19, 20, and 22, 2023; for pain that was rated as 6 on January 1, 13, 15, 16, and 29, 2023, and February 6, 7, 8, 11, 17, and 19, 2023; for pain that was rated as 7 on January 4, 18, 22, 25, and 29, 2023, and February 1, 4, and 10, 2023; for pain that was rated as 8 on January 2, 9, and 12, 2023, and February 1, 13, and 21, 2023; and for pain that was rated as 10 on January 22, and 26, 2023.</p> <p>There was no documented evidence that Resident 3's physician's orders for Tylenol and Tramadol were clarified with the physician to include parameters for what was considered mild, moderate and severe pain.</p> <p>Interview with the Director of Nursing on February 24, 2023, at 3:56 p.m. revealed that they should have obtained orders from Resident 3's physician to include the intensity of pain, so that the proper medication could be administered consistently.</p> <p>An admission MDS assessment for Resident 142, dated February 5, 2023, revealed that the resident was understood and could understand. A care plan for the resident, dated February 16, 2023, revealed that the resident had an actual/potential for skin integrity impairment related to a surgical wound to the resident's abdomen.</p> <p>A progress note for Resident 142, dated February 16, 2023, revealed that the resident returned to the facility from the hospital and was in minimal pain to her abdomen after having surgery.</p> <p>An admission/re-admission assessment for Resident 142, dated February 16, 2023, revealed that the resident had a 13 centimeter (cm) by 0.1 cm surgical incision to her abdomen.</p> <p>As of February 23, 2023, there was no documented evidence that the resident's physician was contacted to obtain orders regarding the care to the resident's abdominal surgical incision.</p> <p>Interview with Licensed Practical Nurse 1 on February 23, 2023, at 2:59 p.m confirmed that there were no orders regarding the care of Resident 142's abdominal surgical incision.</p> <p>Observations of Resident 142 on February 23, 2023, at 3:03 p.m. revealed that the resident had an undated dry dressing covering her abdominal surgical incision. Interview with Resident 142 at the time of observation revealed that she would prefer to have her abdominal surgical incision covered with a dry dressing.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with the Director of Nursing on February 23, 2023, at 4:40 p.m. revealed that this particular physician usually leaves his surgical incisions open to air and that she was notified today that Resident 142 was requesting her abdominal surgical incision to be covered. She indicated that they were contacting the resident's physician today to clarify what treatment was to be completed.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>19102</p> <p>Based on review clinical records, as well as observations and staff interviews, it was determined that the facility failed to provide appropriate services to maintain personal hygiene, by failing to provide showers as scheduled for two of 48 residents reviewed (Residents 23, 55), and failing to provide nail care for one of 48 residents reviewed (Resident 23)</p> <p>Findings include:</p> <p>A quarterly admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 23, dated December 10, 2022, revealed that the resident was cognitively intact and required extensive assistance of two staff for all care needs. The facility's current shower schedule revealed that Resident 23 was to receive showers on the 2:00 p.m. to 10:00 p.m. shift every Wednesday and Saturday. However, the resident's bathing records for December 2022, January 2023, and February 2023, revealed that staff did not provide showers as scheduled.</p> <p>Observation during a resident interview on February 22, 2023, at 2:34 p.m. revealed that all of Resident 23's fingernails were long and had a brown, crusty substance under each nail.</p> <p>Interview with Resident 23 on February 22, 2023, at 2:34 p.m. revealed that he did not receive showers and that he was provided with bed baths. Resident 23 stated that he would like to have showers once in a while instead of a bed bath all of the time. He also stated that he would like to have his fingernails cleaned and trimmed.</p> <p>Interview with Director of Nursing on February 22, 2023, at 4:50 p.m. confirmed that there was no documented evidence that Resident 23 received showers as scheduled and that his fingernails should be clean and trimmed as a part of daily care.</p> <p>A quarterly MDS assessment for Resident 55, dated November 23, 2022, revealed that the resident was cognitively intact and required physical help from staff with part of her bathing. The resident's current care plan revealed that she required assistance with showers.</p> <p>Interview with Resident 55 on February 23, 2023, at 10:01 a.m. revealed that she was not receiving her showers as scheduled and staff were telling her that they did not have enough staff to get showers done.</p> <p>The facility's current shower schedule revealed that Resident 55 was to receive showers on the 6:00 a.m. to 2:00 p.m. shift every Monday and Thursday. However, the resident's bathing records for December 2022, as well as January and February 2023, revealed that staff did not provide showers on Mondays and/or Thursdays on December 1, 5, 15, 19, 29, 2022, and January 2, 5, 9, 16, 23, and February 2, 13, 16, 20, 2023. The shower temperature logs for December 2022 and January and February 2023 revealed that there was no shower provided to the resident on the mentioned dates. There was no documented evidence that Resident 55 was offered and refused a shower on any of these days.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with Nurse Aide 2 on February 24, 2023, at 1:46 p.m. confirmed that residents were to be showered twice a week and the water temperature was to be taken and recorded prior to each resident's shower.</p> <p>Interview with the Director of Nursing on February 24, 2023, at 1:06 p.m. confirmed that there was no documented evidence that Resident 55 received showers as scheduled.</p> <p>28 Pa. Code 211.12(d)(5) Nursing services.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>38012</p> <p>Based on clinical record reviews, observations, and resident and staff interviews, it was determined that the facility failed to provide adequate, ongoing activities designed to meet the needs of residents for seven of 48 residents reviewed (Residents 5, 21, 39, 44, 55, 67, 74).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated February 14, 2023, indicated that the resident was cognitively intact and required supervision from staff for daily care needs. Resident 5's care plan, dated February 17, 2014, indicated that he enjoyed activities such as conversing about current events with others in the facility and that the daily activity menu should be read to him.</p> <p>A quarterly MDS assessment for Resident 21, dated January 29, 2023, revealed that the resident was cognitively intact and required staff assistance for her daily care needs. Resident 21's care plan, dated August 19, 2021, indicated that she enjoyed activities such as bingo, movies, special events, talking about children/family, life events and music and that she should be provided with an activity calendar.</p> <p>A comprehensive MDS assessment for Resident 39, dated January 13, 2023, revealed that the resident was cognitively intact, and was independent with his daily care needs. Resident 39's care plan, dated March 6, 2019, indicated that the resident enjoyed activities such as card games, sports, outdoor programs, movies, gardening, seasonal parties/events, and should be provided an activity calendar.</p> <p>A quarterly MDS assessment for Resident 44, dated December 21, 2022, revealed that the resident was cognitively intact and required supervision for her daily care needs. Resident 44's care plan, dated May 7, 2022, revealed that she enjoyed activities such as bingo, movies, special events, talking about her husband and dog, life events, and that she should be provided an activity calendar.</p> <p>A quarterly MDS assessment for Resident 55, dated November 23, 2022, revealed that the resident was cognitively intact and required supervision from staff for her daily care needs. Resident 55's care plan, dated May 4, 2022, revealed that she enjoyed activities such as bingo, movies, special events, talking about current events and specific life events, arts and crafts and books, and that she should be provided with an activity calendar.</p> <p>A quarterly MDS assessment for Resident 67, dated August 1, 2022, revealed that the resident was cognitively intact and required supervision from staff for her daily care needs. Resident 67's care plan, dated August 1, 2022, revealed that the resident enjoyed activities such as games, food and drink socials, crafts, and that she should be provided an activity calendar.</p> <p>A comprehensive MDS assessment for Resident 74, dated February 17, 2023, revealed that the resident was cognitively intact and that he required physical assistance from staff for his daily care needs. Resident 74's care plan, dated March 24, 2022, revealed that he enjoyed activities such as bingo, movies, special events, talking about life events and family, sports, foods, and that he should be provided an activity calendar.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with a group of residents on February 23, 2023, at 10:00 a.m. revealed that there are not enough activities for them and they would like more. They stated that there is usually only one before lunch if the activity worker has time for it, then one after lunch. There are no activities on the weekend and they would like some.</p> <p>Interview with the Activity Director on February 24, 2023, at 3:28 p.m. revealed that she is the only staff member in her department and that she is not able to transport residents from all three units to the activity by herself and then hold the activity. She stated that after she gets residents into the activity she is not able to leave the room because the residents from the upstairs unit wander out and she must stay with them. After the activity starts if a resident wants to leave, she has to leave to take them back to their room, which interrupts or stops the activity. She stated she is not able to get the activities on the calendar completed because she does not have enough time but that she knows the residents would like more activities. She further stated that she does not work seven days a week and therefore there are only activities on the days that she is able to work.</p> <p>Interview with the Nursing Home Administrator on February 24, 2023, at 3:45 p.m. confirmed that the activities department only has one staff member and that she is not able to do as much as the residents would like her to do.</p> <p>28 Pa. Code 211.11(d) Resident care plan.</p> <p>28 Pa. Code 211.12(d)(3) Nursing services.</p> <p>28 Pa. Code 211.12(d)(5) Nursing services.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>31760</p> <p>Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents received care and treatment in accordance with professional standards of practice, by failing to ensure that physician's orders were followed for eight of 48 residents reviewed (Residents 21, 27, 30, 49, 60, 67, 242, 243) and failed to ensure that the attending physician was notified timely about hospital discharge recommendations for follow-up appointments for one of 48 residents reviewed (Resident 49).</p> <p>Findings include:</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 49, dated January 25, 2023, revealed that the resident was understood, usually understands, and required extensive assistance from staff for her daily care tasks.</p> <p>Physician's orders for Resident 49, dated January 18, 2023, included an order for staff to apply skin prep (a liquid film-forming dressing that, upon application to intact skin, forms a protective film to help reduce friction) to medial (toward the middle or center) aspect of her left great toe and bunion area every shift, and an order for staff to apply Calmoseptine (helps to protect and heal skin irritations) to her buttocks every shift.</p> <p>Review of Treatment Administration Records (TARs) for Resident 49, dated January and February 2023 revealed no documented evidence that staff completed the treatments as ordered to her left great toe and bunion area or to her buttocks during the evening shift on January 20, 2023, during the night shift on January 24 and 28, 2023, and February 3, 2023.</p> <p>Interview with the Director of Nursing on February 23, 2023, at 4:40 p.m. confirmed that there was no documented evidence that Resident 49's skin prep and Calmoseptine treatments were completed as ordered by the physician on the above dates.</p> <p>Hospital discharge instructions for Resident 49, dated January 18, 2023, revealed that the resident was to follow up with orthopedics (medical specialty that focuses on injuries and diseases of your body's musculoskeletal system) within one to two weeks and with the cancer center within two to five weeks after discharge from the hospital.</p> <p>A physician's note for Resident 49, dated January 20, 2023, revealed that the resident has a chronic left hip prosthetic (an artificial device that replaces a missing body part) dislocation. The resident saw orthopedics in the hospital, who said the issue was stable and the resident could be followed as an outpatient.</p> <p>A physician's note for Resident 49, dated February 6, 2023, revealed that the resident has a chronic left prosthetic hip dislocation. Will follow up with orthopedics.</p> <p>A physician's note for Resident 49, dated February 22, 2023, revealed that the resident has a chronic left prosthetic hip dislocation. Will follow up with orthopedics as indicated.</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 - Some</p>	<p>There was no documented evidence as of February 23, 2023, that Resident 49 had appointments scheduled to see orthopedics or the cancer center and/or went to see orthopedics or the cancer center as recommended by the hospital discharge instructions.</p> <p>Interview with Medical Records/Scheduler 7 on February 23, 2023, at 9:50 a.m. revealed that she will receive appointment papers from nursing and she will then schedule the appointments. She indicated that she received Resident 49's appointment papers from nursing within the past week and has not gotten to scheduling the appointments yet because she has been working the floor.</p> <p>Interview with the Director of Nursing on February 24, 2023, at 2:40 p.m. revealed that Resident 49 does not wish to follow up with orthopedics, and that she was trying to find the documentation supporting the resident's request. She also revealed that there was no documented evidence until February 24, 2023, that arrangements for the cancer center appointment was made.</p> <p>An annual MDS assessment for Resident 67, dated November 2, 2022, revealed that the resident was understood, could understand, and had a diagnosis of diabetes. A care plan for the resident, dated January 15, 2021, revealed that the resident had diabetes and that staff were to provide the resident's insulin coverage per the resident's individual physician's order.</p> <p>Physician's orders for Resident 67, dated August 20, 2022, included an order for the resident to receive Novolog Insulin (rapid-acting insulin) per a sliding scale (the amount of insulin given is determined by the blood sugar level). Staff was to call the physician with a blood sugar level of 451 milligram/deciliter (mg/dL) and higher.</p> <p>MARs for Resident 67 for February, 2023, revealed that the resident had a blood sugar level of 457 mg/dL on February 1, 2023, at 4:30 p.m. and a blood sugar level of 597 mg/dL on February 19, 2023, at 8:00 p.m.</p> <p>There was no documented evidence that Resident 67's physician was contacted regarding the elevated blood sugars on the above dates.</p> <p>Interview with the Director of Nursing on February 23, 2023, at 4:40 p.m. confirmed that there was no documented evidence that Resident 67's physician was contacted regarding the elevated blood sugars on the above dates.</p> <p>The facility's policy regarding medication administration, dated November 28, 2022, indicated that medications were to be administered as ordered by the physician.</p> <p>A quarterly MDS assessment for Resident 21, dated December 2, 2022, revealed that the resident was cognitively intact and required supervision with daily care needs. Current physician's orders for the resident included orders for 10 milligrams (mg) Aripiprazole (anti-psychotic), 8.6 mg (2 tablets) senna (stool softener), 50 mg trazodone (antidepressant), 1000 micrograms (mcg) vitamin B12, 100 mg vitamin B6, 5000 international units (iu) vitamin D3; 5000 mcg biotin (vitamin), 100 mg colace (stool softener), 10 mg baclofen (muscle relaxer), 500 mg Tylenol (2 tablets), 1 percent Voltaren gel (pain gel).</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 - Some</p>	<p>A quarterly MDS assessment for Resident 27, dated December 19, 2022, revealed that the resident was cognitively intact and required assistance from staff for her daily care needs. Current physician's orders included orders for the resident to receive 81 mg aspirin, 10 mg lisinopril (blood pressure), 187.5 mg Effexor (antidepressant), 100 mg colace, 0.5 mg lorazepam (antianxiety), 10 mg memantine (memory loss), 500 mg Metformin (diabetes), 17 gm miralax (stool softener), 3 mg risperdal (antipsychotic), and 50 mg Trazodone (antidepressant).</p> <p>A quarterly MDS assessment for Resident 30, dated December 22, 2022, indicated that the resident was cognitively intact and required staff assistance for daily care needs. Current physician's orders included orders for the resident to receive 900 mg gabapentin (neuropathy medication), 2.5 mg lisinopril (blood pressure), 1 capsule probiotic (vitamin), 18 mcg Spiriva one puff (asthma), 250 mg calcium citrate, 20 mg famotidine (indigestion), 12 units Humalog (diabetes), and sliding scale Humalog insulin coverage.</p> <p>A quarterly MDS assessment for Resident 60, dated December 18, 2022, indicated that the resident was cognitively intact and required assistance from staff for her daily care needs. Current physician's orders included orders for the resident to receive 50 mg Aldactone (blood pressure), 10 mg amlodipine (blood pressure), 81 mg aspirin, 325 mg iron, 20 mg Fluoxetine (antidepressant), 1 multi-vitamin tablet, and 10 mg baclofen (anti-spasmodic).</p> <p>A quarterly MDS assessment for Resident 242, dated October 23, 2022, indicated that the resident was cognitively intact and required assistance from staff for transfers. Current physician's orders included orders for the resident to receive 200 mg Amiodarone (heart medication), 5 mg amlodipine (blood pressure), 500 mg ascorbic acid (supplement), 10 mg atorvastatin (high cholesterol), 1 mg bumetanide (water pill), iron 325 mg, 1 mg folic acid (supplement), 1 mg Miralax, 40 mg pantoprazole, 100-62.5-25 mg 1 inhalation Trelegy Ellipta (for breathing), 10000 units Vitamin A, 220 mg zinc (vitamin), and 12.5 mg Metoprolol (blood pressure).</p> <p>A comprehensive MDS assessment for Resident 243, dated October 17, 2022, indicated that she was cognitively intact and required assistance from staff for daily care needs. Current physician's orders included an order for the resident receive 10 mg Lexapro (antidepressant), Fluoxetine (antidepressant) 20 mg, 200 mg methadone (pain management), 10 mg oxybutynin, (overactive bladder), 40 mg pantoprazole (indigestion).</p> <p>A review of the facility's investigation report, dated November 18, 2022, revealed that Licensed Practical Nurse 3 failed to medicate Residents 21, 27, 30, 60, 242, 243 during her shift on November 12, 2022. The Assistant Director of Nursing was called and told that Licensed Practical Nurse 3 did not medicate her residents on the daylight shift.</p> <p>Housekeeper 6 indicated in her statement, dated November 13, 2022, that she observed Licensed Practical Nurse 3 standing at the medication cart and playing with her fingernails but not going in and out of resident rooms.</p> <p>Registered Nurse 5 indicated in her statement, dated November 12, 2022, that she asked Licensed Practical Nurse 3 if she had medicated her residents and she stated that she had, but that she was behind. She stated that when she went to interview Licensed Practical 3 again that she was in the bathroom for over 20 minutes and would not come out.</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 - Some</p>	<p>The investigation determined that Residents 21, 27, 30, 60, 242, and 243 did not received their medications as ordered by the physician on November 12, 2022.</p> <p>Interview with the Nursing Home Administrator and Director of Nursing on February 22, 2023 at 10:05 a.m. revealed that Licensed Practical Nurse 3 was not permitted to return to the building and that she should have medicated her residents per the physician's orders.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>43856</p> <p>Based on clinical record reviews and staff interviews, it was determined that physician-ordered treatments for pressure ulcers were not completed as ordered for two of 48 residents reviewed (Residents 23, 58).</p> <p>Findings include:</p> <p>The facility's policy on pressure ulcers, dated November 28, 2022, revealed that a resident with existing pressure ulcers receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 23, dated December 10, 2022, revealed that the resident was understood, could understand, and required extensive assistance from staff for his daily care tasks.</p> <p>Physician's orders for Resident 23, dated December 22, 2022, included an order to cleanse the Stage 4 sacral ulcer (a visible deep tissue wound) with Vasche solution (a wound cleansing solution) and apply calcium nitrate with silver (an antibiotic cream) and a superabsorbant pad every evening shift. A review of Resident 23's Treatment Administration Record (TAR) for February 2023 revealed that there was no documented evidence that Resident 23's wound treatment was done on February 9, 10, 21 and 22, 2023.</p> <p>Physician's orders for Resident 23, dated August 12, 2022, included an order to apply skin prep wipes (a liquid film-forming dressing that, upon application to intact skin, forms a protective film to help reduce friction) topically to both heels of feet every day and evening shift for preventative skin care. A review of Resident 23's TAR for January 2023 and February 2023 revealed that there was no documented evidence that Resident 23's wound treatment was done on January 3, 5, 9, 12, 13, 26 and 30, 2023, or February 9, 10, 21 and 22, 2023.</p> <p>An interview with the Director of Nursing on February 23, 2023, at 2:45 p.m. confirmed that there was no documented evidence that Resident 23's wound treatments were done on January 3, 5, 9, 12, 13, 26 and 30, 2023, or February 9, 10, 21 and 22, 2023.</p> <p>A quarterly MDS assessment for Resident 58, dated February 1, 2023, revealed that the resident was understood, could usually understand, and required extensive assistance from staff for his daily care tasks.</p> <p>Physician's orders for Resident 58, dated December 22, 2022, included an order to cleanse the buttocks/coccyx (sacral area) with soap and water and apply zinc-based barrier cream (protective cream) every shift for preventative skin care. A review of Resident 58's TAR for January 2023 revealed that there was no documented evidence that Resident 58's preventative treatment was done on January 8, 19, 20, 22, 24, and 28, 2023, or February 9, 10, 21 and 22, 2023.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with the Director of Nursing on February 23, 2023, at 2:45 p.m., confirmed that there was no documented evidence that Resident 58's preventative treatments were done on January 8, 19, 20, 22, 24, and 28, 2023, or February 9, 10, 21 and 22, 2023.</p> <p>28 Pa. Code 211.12(d)(5) Nursing services.</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate foot care.</p> <p>43856</p> <p>Based on review of policies and clinical records, as well as observations and resident and staff interviews, it was determined that the facility failed to ensure that foot care needs were provided timely for one of 48 residents reviewed (Resident 23).</p> <p>Findings include:</p> <p>The facility's policy regarding podiatry services (specialized foot care), dated November 28, 2022, indicated that the facility would assist residents in obtaining needed podiatry services, including routine services. This requirement makes the facility directly responsible for the podiatry needs of the residents. The facility will make provisions to ensure that the resident receives medically-necessary services associated with disease process to include diabetic care, including nail care as appropriate.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 23, dated December 10, 2022, indicated that the resident was alert and oriented and required extensive assistance for bed mobility, dressing and hygiene. A diagnosis record, dated August 11, 2022, revealed that the resident had diabetes (disease that interferes with blood sugar control).</p> <p>Observations on February 21, 2022, at 12:56 p.m.; February 22, 2022, at 3:45 p.m.; and February 23, 2023, at 11:35 a.m. revealed that all of Resident 23's toenails were thick, elongated and curved with a length that varied from approximately one-half inch to one inch over the ends of his toes.</p> <p>Interview with Resident 23 on February 21, 2023, at 12:56 p.m. revealed that since admission on August 11, 2022, the facility had not offered to cut his toenails or provide podiatry care.</p> <p>Interview with Director of Nursing on February 22, 2023, at 4:50 p.m. confirmed that podiatry services were available to the residents in the facility and that Resident 23 had not received any since his admission but should have.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing services.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>19102</p> <p>Based on a review of facility policies, facility reports, and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident's environment remained as free of accident hazards as possible by failing to provide assistance and supervision during an outdoor activity for one of 48 residents reviewed (Resident 13), which resulted in a fracture; failed to provide ongoing supervision in the bathroom for one of 48 residents reviewed who was identified as a fall risk, which resulted in a fall with a fracture for the resident (Resident 74); failed to ensure that a safe environment was provided by failing to secure syringes and lancets for two of 48 residents reviewed (Residents 6, 76) who had wandering behaviors; failed to ensure that a safe environment was provided by not following the facility's policy/protocol for elopements for one of 48 residents reviewed (Resident 24); and failed to complete thorough investigations into incidents for two of 48 residents reviewed (Residents 38, 74).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 13, dated May 10, 2022, revealed that the resident was cognitively impaired, did not walk, used a wheelchair, required supervision with locomotion (how resident moves between locations in wheelchair), and had diagnoses that included intellectual disabilities and schizophrenia (a serious mental disorder in which people interpret reality abnormally).</p> <p>A Certified Registered Nurse Practitioner (CRNP) note for Resident 13, dated May 12, 2022, at 10:27 a.m. revealed that the resident was seen for pain to his left middle finger that had swelling and bruising. He said his finger got caught in his wheelchair yesterday. The plan was to x-ray his left middle finger.</p> <p>A nursing note, dated May 12, 2022, at 10:48 a.m. revealed that while was passing medications to Resident 13 the resident showed the nurse a bruise on his left third finger and indicated that he did it on his wheelchair. He complained of pain and was unable to bend his finger. Staff witnessed the resident outside at a picnic yesterday and he started rolling down an embankment and therapy staff stopped him.</p> <p>X-ray results, dated May 12, 2022, revealed that Resident 13 had a fracture of the left third distal phalanx (tip of the finger).</p> <p>The facility's investigation report, dated May 12, 2022, revealed that Resident 13 had a dark purple bruise measuring 5.0 x 4.0 centimeters (cm) on his left third finger.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A witness statement from Occupational Therapist 11, dated May 12, 2022, revealed that on May 11, 2022, during a picnic, Resident 13 had been cued to wheel himself to the picnic. The resident made his way out the door and proceeded to lose control as he rolled down the hillside. The other therapist yelled and everyone was alerted to the situation. Occupational Therapist 11 ran to the resident; however, by the time she got to him the wheelchair brakes were on. She grabbed the back handles of his wheelchair to prevent him from advancing further down the hill. The resident had no indication of injury after the incident.</p> <p>A statement from Resident 13, dated May 13, 2022, revealed that during an interview with the Director of Nursing on May 12, 2022, he revealed that he injured his finger at the picnic while propelling in his wheelchair.</p> <p>Interview with the Rehabilitation Director on February 23, 2023, at 3:42 p.m. revealed that during an outside picnic an activity staff assisted Resident 13 from inside the building to outside. The activity staff did not assist the resident while outside and he was going down the hill. He should have been assisted due to not being safe to go down the hill by himself. He put the break of his wheelchair on and hurt his finger.</p> <p>Interview from Occupational Therapist 11 on February 24, 2023, at 3:00 p.m. revealed that during an outside picnic staff left Resident 13 at the top of the hill and he lost control of his wheelchair and started to go down the hill unassisted. She indicated that the parking lot has a downhill dip and then continues to an embankment, which he could have gone over. The resident had his hands in the wheels of the wheelchair and put his brakes on half way down. She indicated that the resident could propel himself in his wheelchair but was not safe to propel himself down the hill of the parking lot.</p> <p>The facility's policy regarding falls, dated November 28, 2022, indicated that residents who experienced an actual fall (after one fall) would have an investigation completed to determine the root cause of the fall and/or if the event was isolated in nature. Immediate preventative measures would be implemented, and the fall would be reviewed to ensure the interventions were appropriate and evaluate the need for further interventions. The resident's care plan was to be updated with the new fall interventions.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 74, dated June 13, 2022, revealed that the resident was alert and oriented and required extensive assistance from staff for bed mobility and transfers. He required extensive assistance of one staff for personal hygiene and total dependence for bathing and showers.</p> <p>Resident 74's care plan, dated March 21, 2022, included that he was at risk for falls, he was to be assisted with transfers, his bed was to be in a low position, and his call bell was to be always within reach.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A nursing note for Resident 74, dated March 25, 2022, at 03:20 a.m. revealed that the resident was lying on his back on the bathroom floor. The resident indicated that he was attempting to take himself to the bathroom. The resident was assisted to a standing position and back to bed. X-rays were ordered of his right hip, shoulder and knee. He had no injuries from the fall, his bed was in low position, and he was reminded to use the call bell for assistance. There was no documented evidence that this fall was thoroughly investigated or that the resident's fall prevention care plan was updated with new and/or revised fall prevention interventions following this fall.</p> <p>A nursing note for Resident 74, dated April 5, 2022, at 10:00 a.m. indicated that the resident was found on the floor of his room in front of his wheelchair. The resident stated that he slid out of his wheelchair after using the bathroom. The resident complained of right hip pain and an x-ray was ordered with negative results. The resident was reminded to ask for assistance when needed. There was no documented evidence that this fall was thoroughly investigated or that the resident's fall prevention care plan was updated with new and/or revised fall prevention interventions following this fall.</p> <p>A nursing note for Resident 74, dated April 10, 2022, at 17:23 p.m. indicated that the resident was attempting to self-transfer from his wheelchair to bed and slipped at the side of the bed landing on his knees facing the bed with his arms on the bed. The bed was not in its lowest position. The resident was assisted back to bed. The resident complained of knee pain and x-rays were ordered with negative results. There was no documented evidence that this fall was thoroughly investigated or that the resident's fall prevention care plan was updated with new and/or revised fall prevention interventions following this fall.</p> <p>A nursing note for Resident 74, dated May 7, 2022, at 14:20 p.m. indicated that the resident was found on the floor of his bathroom after attempting to self-transfer from his wheelchair to the toilet. The resident denied pain or injury, and he was assisted back to his wheelchair. There was no documented evidence that this fall was thoroughly investigated or that the resident's fall prevention care plan was updated with new and/or revised fall prevention interventions following this fall.</p> <p>A nursing note for Resident 74, dated June 15, 2022, at 10:47 a.m. indicated that the resident had reported that he had a fall in the shower on June 14, 2022, in the afternoon. He was self-transferring from a shower chair to his wheelchair after waiting for 45 minutes for assistance. The resident was placed back in bed with no registered nurse assessment completed. The resident complained of hip pain and was immediately assessed on June 15, 2022, at 10:47 a.m. and x-rays of right hip were obtained. Results indicated that resident had a right femoral neck fracture. He was sent to the emergency room and was admitted . He had surgery to repair the right femoral neck fracture.</p> <p>There was no documented evidence that this fall was thoroughly investigated or that the resident's fall prevention care plan was updated with new and/or revised fall prevention interventions following this fall.</p> <p>Interview with the Director of Nursing on February 23, 2023, at 2:45 p.m. confirmed that Resident 74's fall incidents were not thoroughly investigated and there were no new or revised interventions attempted after each of Resident 74's falls to try to prevent further falls and/or injury.</p> <p>The facility's policy regarding medication storage, dated November 28, 2022, indicated that medications and medical products would be stored safely.</p> <p>(continued on next page)</p>		



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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A quarterly MDS assessment for Resident 6, dated January 30, 2023, revealed that the resident was cognitively impaired, required staff assistance with care, and was able to self propel around the unit in his wheelchair.</p> <p>A quarterly MDS assessment for Resident 76, dated February 1, 2023, revealed that the resident was cognitively impaired and could ambulate independently.</p> <p>Observations in the second dining room on the second floor on February 21, 2023, at 12:50 p.m. revealed that there were four boxes of insulin syringes, nine boxes of lancets (contains small needle to prick the finger), oxygen tubing, nasal cannulas, and wound care supplies in the room. The door to the room was propped open and the supplies were sitting inside the room in boxes. They were not secured or locked up. At that time, Resident 6 was sitting outside the room near the window and Resident 76 was observed walking around in the hallway and wandering in and out of various rooms.</p> <p>Interview with Licensed Practical Nurse 4 on February 21, 2023, at 12:55 p.m. revealed that they have been using the room as a store room because the storage room is full and the supply person recently quit so the new person does not know where to put the stuff. She then left the room and did not pull the door shut or secure the supplies. At 1:02 p.m. the Director of Nursing and Nursing Home Administrator arrived on the unit.</p> <p>Interview with the Nursing Home Administrator and Director of Nursing on February 21, 2023, at 1:02 p.m. confirmed that medical supplies should not have been in the dining room and that they should have been secured.</p> <p>The facility's policy for resident elopement, dated November 28, 2022, revealed that cognitively impaired residents at risk for elopement would be appropriately monitored to reduce the potential for injury. Elopement was defined as a resident leaving the physical structure of the facility without the knowledge of facility staff. Cognitively impaired residents with the physical ability to leave the facility without assistance, and who have demonstrated or vocalized a desire to leave the facility, will be placed on a unit with an electronic monitoring system or similarly secured unit. In the event that a resident was identified as missing, the following steps were to be taken: The charge nurse would initiate a search on the unit to determine if the resident was in another location. The charge nurse would notify the nursing supervisor or designee that they have been unable to locate a resident during a routine check. The nursing supervisor was to notify the other units. Each unit would conduct a search for the resident. The nursing supervisor was to assign staff members to search non-resident areas and the facility perimeter. If the resident was not located within ten minutes the Director of Nursing and Nursing Home Administrator would be notified of the possible elopement.</p> <p>A quarterly MDS assessment for Resident 24, dated November 2, 2022, indicated that the resident was cognitively impaired, required supervision from staff for ambulation, and had diagnoses that included anxiety and depression.</p> <p>A physician's order and nursing note, dated June 14, 2022, indicated that Resident 24's wanderguard (alarm system that alerts when too close to exit doors) was discontinued due to no attempts to elope. An elopement risk assessment, dated September 26, 2022 revealed Resident 24 was not an elopement risk.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A nursing note, dated December 4, 2022, at 3:57 p.m. revealed that therapy staff informed the registered nurse that Resident 24 was witnessed walking outside of the building and past the therapy room at approximately 2:15 p.m. The breezeway door alarm was heard shortly beforehand but was then silenced. Therapy staff and the nurse aide went outside and redirected and escorted the resident back into the building with no incident. The resident was wearing socks and shoes, long pants, and a t-shirt, and the temperature outside was 38 degrees Fahrenheit.</p> <p>The facility's investigation report, dated December 4, 2022, revealed that an employee reported a resident being observed outside of the physical therapy room along the side of the building. The resident was walking along side the building on the pavement.</p> <p>A witness statement from Nurse Aide 12, dated December 4, 2022, revealed that at approximately 2:15 p.m. the therapist went to the nurse's station and said that a resident from upstairs was outside. When they went outside they found Resident 24 outside at the side of the building.</p> <p>A witness statement from Physical Therapy Assistant 13, dated December 24, 2022, revealed that while he was completing his documentation in the rehabilitation office, he noticed Resident 24 walking alone outside of the building.</p> <p>A witness statement from Nurse Aide 14, dated December 24, 2022, revealed that while in the nurse's station around 2:15 p.m. she heard the buzzing of the breezeway door and about one minute or so afterwards Physical Therapy 13 notified her that he just saw a resident from upstairs walking outside.</p> <p>A witness statement from Cook 15, dated December 4, 2022, revealed that she was in the cooler and when she heard the alarm sound, she went over and turned the alarm off and then stepped out as far as she could without letting the door close. After looking in both directions and not seeing anyone, she went back into the building and shut the door behind her.</p> <p>Interview with Cook 15 on February 24, 2023, at 1:23 p.m. revealed that she heard the door alarm sound, opened the door and looked up and down, and did not see anybody. She indicated that she did not do a thorough search for the resident and did not notify a supervisor that the alarm had sounded and that no resident was seen. She indicated that she did not recall receiving any training regarding resident elopements and that the alarm to the breezeway door was sounding.</p> <p>Interviews with the Nursing Home Administrator on February 22, 2023, at 3:33 p.m. and February 23, 2023, at 12:14 p.m. confirmed that Resident 24 did elope outside and the staff member who responded to the alarm and shut it off went outside to look but did not do a thorough search for the resident or notify the supervisor that the alarm to the outside door had sounded and that no resident had been found. He indicated that Resident 24 was confused, resided upstairs, and must have gotten on the elevator to come downstairs. He confirmed that he could find no completed elopement training for Cook 4.</p> <p>The facility's policy regarding accidents, incidents, investigating and recording, dated November 28, 2022, revealed that an investigation is implemented and witness statements obtained.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An annual MDS assessment for Resident 38, dated November 5, 2022, revealed that the resident was usually understood, could usually understand, required assistance from staff for his daily care tasks, had a diagnosis of dementia and used a Wander/Elopement alarm daily. A care plan for the resident, dated December 28, 2018, revealed that the resident was an elopement risk.</p> <p>A quarterly elopement risk assessment for Resident 38, dated November 4, 2022, revealed that the resident was at risk for elopement.</p> <p>A progress note for Resident 38, dated November 6, 2022, at 8:39 a.m. revealed that the resident eloped from the building via the breezeway door. The resident stated that he was going home. The resident was redirected back into his room in the facility and 15-minute safety checks were initiated. A progress note for the resident on November 6, 2022, at 2:29 p.m. revealed that the registered nurse supervisor had notified the nurse that the resident was observed sitting outside in his wheelchair near the breezeway door at approximately 8:45 a.m. The nurse administered his morning medications around 8:10 a.m. At that time, the resident was sitting in his room in his wheelchair wearing sweatpants, a zip-up hoodie, boots, and a hat. The resident was compliant with the medication administration and was not agitated. He was last observed eating breakfast in his room.</p> <p>A facility investigation report for Resident 38, dated November 6, 2022, revealed that the resident eloped from the facility around 8:49 a.m. through the breezeway door that had been propped open by dietary staff. Resident 38 was wearing a grey sweatshirt, sweatpants, boots, and a hat. He was sitting in his wheelchair directly outside of the building. The resident was easily directed back into his room in the facility and was placed on 15-minute checks for elopement prevention.</p> <p>A witness statement completed by Licensed Practical Nurse 16, dated November 6, 2022, revealed that she was administering morning medications to Resident 38 around 8:10 a.m. The resident was sitting in a wheelchair in his room wearing sweat pants, a zip-up hoodie, boots, and a hat. The resident was compliant with medication administration, was not agitated, and was last observed eating breakfast in his room. Registered Nurse Supervisor 17 notified the nurse that the resident was observed outside the breezeway door around 8:45 a.m.</p> <p>A witness statement completed by Registered Nurse Supervisor 17, dated November 6, 2022, revealed that Resident 38 eloped from the building at 8:39 a.m. She was escorting Emergency Medical Services (EMS) through the hallway when the breezeway door alarmed. Cook 15 saw the resident going through the door and into the parking lot. She assisted with getting the resident back into the facility. He stated, I was going home. The resident was easily able to be redirected back into his room in the facility. She last saw the resident in his room at 7:00 a.m. eating breakfast.</p> <p>A corrective action form, dated November 8, 2022, was provided to Dietary Worker 18 for failure to follow instructions. The entryway door was propped open while Dietary Worker 18 removed garbage. She accidentally left the door propped open. Corrective action included keeping the door securely closed at all times when deliveries are received and the door will remain closed upon completion.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Cook 15 on February 24, 2023, at 1:05 p.m. revealed that she was in the freezer and heard the door alarm, so she came out to investigate. When she looked outside she saw Resident 38 outside. She went out to get the resident and convinced him to come back in by offering him some food. She indicated that the door was closed when she went to see why the alarm was sounding. She indicated that there are two alarms to that door. One door alarm, which she said was the one that was sounding, and another one that is louder and you need to use the keypad to deactivate it. She indicated that she had asked about providing a statement, but they told her that they would take care of it.</p> <p>Interview with Dietary Worker 18 on February 24, 2023, at 1:45 p.m. revealed that she was working alone that weekend and placed a rag in the door so that she could get back into the facility. She indicated that she did not complete a statement and that she received re-education from the registered nurse supervisor and then received a disciplinary action from the dietary manager.</p> <p>There was no documented evidence that witness statements were obtained from Cook 15 and Dietary Worker 18 when the incident occurred.</p> <p>Interview with the Director of Nursing on February 24, 2023, 2:05 p.m. confirmed that statements were not obtained from Cook 15 and Dietary Worker 18 and should have been.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 201.14(a) Responsibility of the licensee.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>19102</p> <p>Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents received care and treatment in accordance with professional standards of practice by failing to ensure that the attending physician was notified timely about hospital discharge recommendations for follow-up appointments for one of 48 residents reviewed (Resident 49) and failed to change an indwelling urinary catheter as ordered by the physician for one of 48 residents reviewed (Resident 92).</p> <p>Findings include:</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 49, dated January 25, 2023, revealed that the resident was understood, usually understands, and required extensive assistance from staff for her daily care tasks. A care plan for the resident, dated January 20, 2023, revealed that the resident had an indwelling catheter related to hydronephrosis (a blockage of flow of urine due to an anatomical or functional cause)</p> <p>Hospital discharge instructions for Resident 49, dated January 18, 2023, revealed that the resident was to follow up with the urologist (a medical doctor specializing in conditions that affect the urinary tract) within one to two weeks after discharge from the hospital.</p> <p>However, as of February 23, 2023, there was no documented evidence that Resident 49 had an appointment scheduled to see the urologist as recommended by the hospital discharge instructions.</p> <p>Interview with Medial Records/Scheduler 7 on February 23, 2023, at 9:50 a.m. revealed that she will receive appointment papers from nursing and she will then schedule the appointments. She indicated that she received Resident 49's appointment papers from nursing within the past week and has not gotten to scheduling the appointments yet because she has been working the floor.</p> <p>Interview with the Director of Nursing on February 24, 2023, at 2:40 p.m. confirmed that there was no documented evidence as of February 24, 2023, that Resident 49 had an appointment scheduled with the urologist.</p> <p>A quarterly MDS assessment for Resident 92, dated November 28, 2022, indicated that the resident was cognitively impaired, required extensive assistance with daily care tasks, had an indwelling urinary catheter, and had diagnoses that included neurogenic bladder (a lack of bladder control due to a brain, spinal cord, or nerve condition) and dementia.</p> <p>Physician's orders for Resident 92, dated August 25, 2023, included an order for the resident to have an indwelling urinary catheter and it was to be changed every month. A care plan, dated September 6, 2020, indicated that the resident was to receive urinary catheter care every shift and as needed for soilage.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A urology consult, dated August 25, 2022, revealed that Resident 92 was seen for recurrent urinary tract infections and incomplete bladder emptying. The plan was to continue the urinary catheter, have nursing staff change the catheter every thirty days, and return in six months.</p> <p>Treatment Administration Records (TAR's) for September through December 2022 and January 2023 revealed that Resident 92's urinary catheter was not changed every month.</p> <p>Interview with the Director of Nursing on February 24, 2023, at 2:45 p.m. confirmed that there was no documented evidence that Resident 92's urinary catheter was changed every month and should have been.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395892	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2023
NAME OF PROVIDER OR SUPPLIER  Grove at Latrobe, The		STREET ADDRESS, CITY, STATE, ZIP CODE  576 Fred Rogers Drive Latrobe, PA 15650	
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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>47819</p> <p>Based on observations, as well as resident and staff interviews, it was determined that the facility failed to ensure that there was sufficient nursing staff available to provide dining services in the facility's main and restorative dining areas for the lunch and dinner meals.</p> <p>Findings include:</p> <p>Review of the facility's dietary delivery times, undated, revealed that breakfast meals were to be delivered to the units from 7:00 a.m. to 7:15 a.m., lunch meals were to be delivered to the units from 12:00 p.m. to 12:15 p.m., and dinner meals were to be delivered to the units from 5:00 p.m. to 5:15 p.m.</p> <p>Interview with the Dietary Manager on February 21, 2023, at 9:14 a.m. revealed that the residents were not eating in the dining room due to a nursing staff shortage.</p> <p>Observations on February 21, 2023, at 12:20 p.m. revealed that no residents were in the main dining room for lunch.</p> <p>Interview with Dietary Manager on February 21, 2023, at 12:20 p.m. confirmed that no residents were in the dining room for lunch and stated that there is not enough nursing staff to get the residents into the dining room for the meals.</p> <p>Interview with a group of residents on February 23, 2023, at 10:00 a.m. revealed that they preferred to eat their meals in the dining room. They stated they were told that the dining room was closed because of COVID and because of staffing.</p> <p>Interview with Nurse Aide 8 on February 23, 2023, at 12:15 p.m. revealed that no residents were in the dining room for lunch and that she thought it was because of staffing.</p> <p>Interview with Licensed Practical Nurse 9 on February 24, 2023, at 1:02 p.m. revealed that the staff do not use the dining room because it is easier for them to serve the residents in their rooms rather than get them all to the dining room.</p> <p>Interview with Director of Nursing on February 23, 2023, confirmed that the dining room should be open for the residents and that she was not sure why the residents were not using it.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 211.12(d)(5) Nursing services.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>38012</p> <p>Based on a review of manufacturer's instructions, as well as observations and staff interviews, it was determined that the facility failed to label medications with the date they were opened for one of one bottles in the medication refrigerator, and failed to provide a separately-locked, permanently-affixed compartment in the refrigerator for the storage of controlled drugs in the main medication room.</p> <p>Findings include:</p> <p>Tubersol Manufacturer's Instructions, dated November 1, 2021, indicated that a multi-dose vial of Tubersol solution should be discarded 30 days after it is opened.</p> <p>Observations in the facility's medication room, east second floor refrigerator on February 23, 2023, at 8:45 a. m. revealed one opened and undated bottle of Tubersol Tuberculin injection for Mantoux TB skin test (to test for tuberculosis).</p> <p>Interview with Licensed Practical Nurse 9 on February 23, 2023, at 8:45 a.m. confirmed that the bottle of Tubersol was not properly labeled, and that it should have been dated when opened.</p> <p>Interview with the Director of Nursing on February 23, 2023, at 3:01 p.m. confirmed that the opened vial of Tubersol should have been properly dated when opened.</p> <p>Observations of the Main Medication room between first and west halls on February 24, 2023, at 1:02 p.m. revealed that the refrigerator was not locked and did not have a lock on it. Inside the refrigerator was a locked box that was not secured to the refrigerator. Inside the locked box were two single-dose vials of Ativan (controlled medication) and two multi-dose bottles of Ativan.</p> <p>Interview with Registered Nurse 10 on February 24, 2023, at 1:02 p.m. revealed that she was not aware that there was no lock on the refrigerator and that the locked box within the refrigerator should have been affixed to the refrigerator and it was not.</p> <p>Interview with the Director of Nursing on February 24, 2023, at 1:11 p.m. confirmed that the locked box with the controlled substance should have been secured to the refrigerator and the refrigerator should have been locked.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy 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>47819</p> <p>Based on review of the facility's plans of correction for previous surveys, 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 ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies.</p> <p>Findings include:</p> <p>The facility's deficiencies and plan of correction for the State Survey and Certification (Department of Health) surveys ending December 20, 2022; September 8, 2022; July 25, 2022; June 13, 2022; and March 31, 2022, revealed that the facility developed plans of corrections that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of these audits were to be reported to the QAPI committee for review. The results of the current survey, ending February 24, 2023, identified repeated deficiencies related to clean/homelike environment, resolving grievances, timing of minimum data sets, activities of daily living, quality of care, pressure ulcer development/prevention, safety/accidents, and profession standards.</p> <p>The facility's plan of correction for a deficiency regarding clean/homelike environment, cited during the survey ending March 31, 2022, 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, revealed that the QAPI committee was ineffective in correcting deficient practices related to the clean/homelike environment.</p> <p>The facility's plan of correction for a deficiency regarding resolving grievances, cited during the survey ending December 20, 2022, 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 F585, revealed that the QAPI committee was ineffective in correcting deficient practices related to resolving grievances.</p> <p>The facility's plan of correction for a deficiency regarding timing of Minimum Data Sets, cited during the survey ending March 31, 2022, 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 F636, revealed that the QAPI committee was ineffective in correcting deficient practices related to timeliness of minimum data sets.</p> <p>The facility's plan of correction for a deficiency regarding professional standards, cited during the survey ending July 25, 2022, 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 F658, revealed that the QAPI committee was ineffective in correcting deficient practices related to professional standards.</p> <p>(continued on next page)</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>The facility's plan of correction for a deficiency regarding activities of daily living, cited during the surveys ending March 31, 2022, and September 8, 2022, 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 F677, revealed that the QAPI committee was ineffective in correcting deficient practices related to activities of daily living.</p> <p>The facility's plan of correction for a deficiency regarding quality of care, cited during the surveys ending March 31, 2022, and June 13, 2022, 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 F684, revealed that the QAPI committee was ineffective in correcting deficient practices related to quality of care.</p> <p>The facility's plan of correction for a deficiency regarding development of pressure sores, cited during the survey ending March 31, 2022, 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 F686, revealed that the QAPI committee was ineffective in correcting deficient practices related to pressure sores.</p> <p>The facility's plan of correction for a deficiency regarding safety/accidents, cited during the survey ending March 31, 2022, 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 F689, revealed that the QAPI committee was ineffective in correcting deficient practices related to safety/accidents.</p> <p>Refer to F584, F585, F636, F658, F677, F684, F686, F689.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p>		