| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395309 | A. Building<br>B. Wing | 10/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| York South Skilled Nursing and Rehabilitation Ctr | 200 Pauline Drive<br>York, PA 17402 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>34631<br><br>Based on policy review, clinical record review, document review, and staff interview, it was determined that the facility failed to ensure its residents receive treatment and care in accordance with professional standards of practice and the comprehensive person-centered plan of care for two of eight residents reviewed (Residents 1 and 3).<br><br>Findings Include:<br><br>A review of Resident 1's clinical record revealed diagnoses that included Alzheimer's disease (a brain disorder that gradually destroys memory and thinking skills, and eventually the ability to perform daily tasks) and acute pancreatitis (a sudden inflammation of the pancreas).<br><br>A review of Resident 1's physician's orders revealed an order dated September 28, 2024, that read Daily Weight: Notify cardiology or PCP [primary care physician] if increased by 3 lbs.[pounds] in one day or greater than 5 lbs. in one week.<br><br>A review of Resident 1's weight information revealed no documented weights on September 30, 2024, and October 1, 2024.<br><br>A review of Resident 3's clinical record revealed diagnoses that included end-stage renal disease (also known as kidney failure, which is a terminal illness that occurs when the kidneys can no longer function properly) and a history of falling.<br><br>A review of Resident 3's physician's orders revealed an order dated October 3, 2024, that read Weigh every day shift Mon, Wed and Fri before departure for Dialysis.<br><br>Dialysis is a medical procedure that removes fluid from the blood when the kidneys are unable to function properly.<br><br>A review of Resident 3's weight information revealed no documented weights on October 4, 2024, or October 7, 2024.<br><br>A continued review of Resident 3's clinical record revealed dialysis treatment to begin on Wednesday, September 25, 2024.<br><br>(continued on next page) |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395309 | A. Building<br>B. Wing | 10/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| York South Skilled Nursing and Rehabilitation Ctr | 200 Pauline Drive<br>York, PA 17402 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of the facility's Incident Report, dated September 26, 2024, read, Was for Dialysis on Wed AM, transport issues, missed appt [appointment].<br><br>A review of the facility's Transportation and Escort: Patient policy, dated February 1, 2023, read, Centers will arrange for ambulance and other appropriate transportation services to provide transportation of patients/residents for scheduled appointments as well as emergencies. Also, Center staff will assist in scheduling transportation for patients who need transportation outside of the Center.<br><br>An interview with the Director of Nursing on October 7, 2024, at 1:40 PM, confirmed no information for the physician ordered daily weights on Residents 1 and 3 and that Resident 3 missed the scheduled dialysis treatment appointment due to no confirmed transportation arrangements. The interview also revealed that there was no documentation of Resident 3's physician being notified of the missed dialysis treatment appointment.<br><br>28 Pa. Code 211.12 (d) (1) (5) Nursing services |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395309 | A. Building<br>B. Wing | 10/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| York South Skilled Nursing and Rehabilitation Ctr | 200 Pauline Drive<br>York, PA 17402 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>34631<br><br>Based on policy review, clinical record review, and staff interview, it was determined that the facility failed to provide routine drugs for its residents and provide pharmaceutical services, including procedures that assure the accurate acquiring and administration of drugs to meet the needs of each resident, for one of eight residents reviewed (Resident 2).<br><br>Findings Include:<br><br>A review of the facility's policy, titled Provider Pharmacy Requirements, dated 2007, read, Regular and reliable pharmaceutical service is available to provide residents with prescription and non-prescription medications .<br><br>The policy continued, The provider pharmacy agrees to perform the following pharmaceutical services, including but not limited to accurately dispensing prescriptions based on authorized prescriber orders. Also, Providing routine and timely pharmacy service per contractual agreement and emergency pharmacy service 24 hours per day, seven days per week.<br><br>A review of Resident 2's clinical record revealed diagnoses that included diabetes mellitus Type II (a common condition that occurs when the body doesn't respond properly to insulin, causing high blood sugar levels), hypertension (elevated blood pressure), and insomnia (a sleep disorder that makes it difficult to fall asleep, stay asleep, or get quality sleep).<br><br>A review of Resident 2's Medication Administration Record (MAR) during the month of August 2024, revealed that on August 14, 2024, Resident 2 missed the following evening medications: Midodrine 2000 (8:00 PM), long-acting insulin 2100 (9:00 PM), and Trazadone, also at 2100. The documentation reviewed revealed that the medication was not yet available from the pharmacy.<br><br>An interview with the Director of Nursing on October 7, 2024, at 1:39 PM, confirmed Resident 2 had not received those evening medications as they were not yet available from the facility's contracted pharmacy and the medications were not available in the facility's emergency medication supply.<br><br>28 Pa. Code 211.9 (a) (1) Pharmacy services<br><br>28 Pa. Code 211.12 (d) (1) (5) Nursing services |