| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395494 | A. Building<br>B. Wing | 02/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Slate Belt Health & Rehabilitation Center | 701 Slate Belt Blvd, Rd 3<br>Bangor, PA 18013 |

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

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45244<br><br>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to notify the resident's physician of an incident for two of 23 sampled residents. (Residents 75, 109)<br><br>Findings include:<br><br>Review of the facility policy entitled, Resident Change in Condition, last reviewed March 16, 2023, revealed that the physician would be notified as soon as the nurse identified a change in condition, accident, or incident. The nurse would record the notification in the resident's health record.<br><br>Clinical record review revealed that Resident 75 was admitted to the facility on [DATE], with diagnoses that included muscle weakness, senile degeneration of the brain, and repeated falls. Review of a nurse's noted dated November 30, 2023, revealed that Resident 75 had a fall. There was no documented evidence that the resident's physician was notified of the fall.<br><br>In an interview on February 2, 2024, at 9:42 a.m., the Regional Nurse confirmed that there was no documented evidence that the resident's physician was notified of the fall.<br><br>Clinical record review revealed that Resident 109 was admitted to the facility on [DATE], with diagnoses that included hemiplegia and hemiparesis following a cerebral infarction (weakness or paralysis after a stroke), low back pain, anxiety, and depression. Review of a nurse's noted dated January 31, 2024, revealed that Resident 109 was found in possession of unmarked pills, empty medication bottles, medication bottles containing pills, and empty medication cards. There was no documented evidence that the resident's physician was notified of the incident per facility policy.<br><br>In an interview on February 2, 2024, at 9:30 a.m., the Regional Nurse confirmed that there was no documented evidence that the resident's physician was notified at the time of the incident.<br><br>28 Pa. Code 211.12(d)(1)(5) Nursing services. |

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

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

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| F 0607<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Develop and implement policies and procedures to prevent abuse, neglect, and theft.<br><br>45125<br><br>Based on facility policy review, personnel file review, and staff interview, it was determined that the facility failed to obtain reference checks prior to the start of employment for five of five newly hired employees. (Employees 1, 2, 3, 4, and 5)<br><br>Findings include:<br><br>Review of the facility policy entitled, Pennsylvania Resident Abuse, last reviewed March 16, 2023, revealed that the facility prohibited abuse, mistreatment, neglect, misappropriation of resident property, and exploitation for all residents. The facility was to implement an abuse prohibition program by screening potential hires, including obtaining references from two prior employers from an applicant.<br><br>Review of the personnel files for newly hired employees revealed the following: Employee 1 started on September 25, 2023, Employees 2 and 3 started on October 23, 2023, and Employees 4 and 5 started on November 13, 2023. For all five new hires, there was no documented evidence that reference checks were obtained through the screening process.<br><br>In an interview on February 2, 2024, at 9:45 a.m., the Regional Nurse stated that reference checks were to be obtained through the screening process prior to hire. The Regional Nurse further stated that there was no documented evidence that reference checks were obtained for Employees 1, 2, 3, 4, and 5.<br><br>28 Pa. Code 201.14(a) Responsibility of licensee.<br><br>28 Pa. Code 201.19 Personnel policies and procedures. |

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| F 0623<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Some | Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.<br><br>39422<br><br>Based on clinical record review and staff interview, it was determined that the facility failed to notify the resident's representative(s) of transfer and the reasons for the move in writing for three of 23 sampled residents. (Residents 3, 57, 72)<br><br>Findings include:<br><br>Clinical record review revealed that Resident 3 was transferred to and admitted to the hospital on November 28, 2023, after a change in condition. There was no documented evidence that the resident's responsible party was provided with written information regarding the resident's transfer to the hospital.<br><br>Clinical record review revealed that Resident 57 was transferred to the hospital on January 14, 2024, after a change in condition. There was no documented evidence that the resident's responsible party was provided written information regarding the resident's transfer to the hospital.<br><br>Clinical record review revealed that Resident 72 was transferred to the hospital on January 9, 2024, after a change in condition. There was no documented evidence that the resident's responsible party was provided written information regarding the resident's transfer to the hospital.<br><br>In an interview on February 2, 2024, at 10:30 a.m., the Administrator confirmed that written transfer information, including the reasons for the move, was not provided to residents' representative(s). |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45125<br><br>Based on clinical record review and staff interview, it was determined that the facility failed to develop a comprehensive care plan to meet each resident's needs as identified in the comprehensive assessment for one of 23 sampled residents. (Resident 67)<br><br>Findings include:<br><br>Clinical record review revealed that Resident 67 was admitted to the facility on [DATE], with diagnoses that included hallucinations and dementia with mood disturbances, anxiety, and behavior disturbances. The Minimum Data Set assessment Care Area Assessment (CAA) summary dated December 30, 2023, noted that the resident's psychotropic drug use was to be addressed in the care plan. There was no documented evidence that interventions to address Resident 67's psychotropic drug use were included in the care plan.<br><br>In an interview on February 2, 2024, at 9:40 a.m., the Regional Nurse confirmed that there was no documented evidence that the identified care area (psychotropic drug use) was addressed in Resident 67's current care plan.<br><br>28 Pa. Code 211.12(d)(1)(5) Nursing services. |

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| F 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe, appropriate pain management for a resident who requires such services.<br><br>39422<br><br>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to attempt non-pharmacological interventions to alleviate pain prior to the administration of pain medication prescribed on an as needed basis for one of 23 sampled residents. (Resident 3)<br><br>Findings include:<br><br>Review of the facility policy entitled, Pain Management, last reviewed March 16, 2023, revealed that non-pharmacological interventions would be attempted prior to the administration of an as needed pain medication. Interventions for pain would be monitored for effectiveness in the electronic medication record.<br><br>Clinical record review revealed that Resident 3 had diagnoses that included rheumatoid arthritis and muscle weakness. A physician's order dated January 15, 2024, directed staff to administer the narcotic pain medication, oxycodone, every four hours as needed for pain rated at four through seven of ten. Review of the care plan revealed the resident had chronic pain and interventions included that staff offer relaxation techniques to assist with pain control. Review of the January 2024, Medication Administration Record revealed that the resident received the as needed oxycodone 37 times without evidence to support that non-pharmacological interventions were offered prior to the administration of the as needed pain medication.<br><br>In an interview on February 3, at 9:42 a.m., the Regional Nurse confirmed that there was no documented evidence staff offered non-pharmacological interventions prior to the administration of the as needed pain medication.<br><br>28 Pa. Code 211.12(d)(1)(5) Nursing services. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45125<br><br>Based on facility policy review, observation, and staff interview, it was determined that the facility failed to properly store food and maintain sanitary conditions in the dietary department.<br><br>Findings include:<br><br>Review of the facility's policy entitled, Use-By Guide-Quick Reference, last reviewed [DATE], revealed that the use-by date marked on a container should be followed and that time/temperature control for safety directed that foods (milk and meat items) would not be held more than seven days.<br><br>Review of the facility's policy entitled, Storage of Dry Food Policy, last reviewed [DATE], revealed that containers holding food removed from the original packaging were to be labeled and dated.<br><br>Observation during the kitchen tour on [DATE], at 9:40 a.m., revealed the following:<br><br>In the dessert cooler, there was a pitcher of water with lemon slices in it and six small dishes of various salad dressings that were not dated. There was a container of frosting that was dated [DATE].<br><br>In the cook's cooler, there was an open container of cottage cheese with a use-by date of [DATE]. There was a package of sliced cheese and a bag of bread with illegible dates noted. There was a container of mozzarella cheese that was dated [DATE]. There was a large pan of chocolate mousse that was not labeled or dated. There were three packages of angel food cake and four bags of bread slices that were not dated.<br><br>In the trayline cooler #1, there was a small cup of milk that was not dated. In trayline cooler #2, there was a pitcher of honey thick milk that was dated [DATE], and 14 cups of milk that were not dated. In the walk-in cooler, there were 24 cartons of chocolate milk with a use-by date of [DATE].<br><br>In dry storage, there were two bins of white substances that were not labeled or dated. One bin had white food debris covering the top of the lid.<br><br>The dish machine required a chemical solution to sanitize the dishware and when measured, the sanitizing solution did not meet the required parts per million to sanitize dishes.<br><br>In an interview on [DATE], at 11:00 a.m., the Registered Dietitian confirmed that the food items should have been labelled and dated and were not, the expired items should have been removed, and that during observation the dish machine was not properly sanitizing dishes.<br><br>28 Pa. Code 201.14(a) Responsibility of licensee. |