STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395778	A. Building B. Wing	06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Communities at Indian Haven,	1675 Saltsburg Avenue Indiana, PA 15701

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 19102 Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that medications were provided as ordered by the physician for one of four residents reviewed (Resident 2) Findings include: The facility's policy regarding medication administration, dated January 25, 2023, indicated that residents would receive medications as per the orders of the physician including the correct dosage, time, route, and frequency. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated April 22, 2023, indicated that the resident was moderately cognitively impaired and had diagnoses that included atrial fibrillation (irregular heart rate). Physician's orders for Resident 2, dated May 19, 2023 and June 4, 2023, included an order for the resident to receive 12.5 mg of metropolol succinate (treats atrial fibrillation) twice a day related to atrial fibrillation. The medication was to be held if the resident's systolic blood pressure (the top number of a blood pressure reading) was less then 100 millimeters of mercury (mmHg), or if the heart rate was less than 60 beats per minute. Resident 2's Medication Administration Records (MAR's) for May and June 2023 revealed that the resident's systolic blood pressure was less than 100 mmHg during the morning on May 29 and June 19, and during the evening on May 29, June 14, and June 19, 2023; however, there was no documented evidence that metoprolol succinate was held as ordered by the physician. Interview with the Director of Nursing on June 20, 2023, at 8:15 p.m. confirmed that metoprolol succinate was not held on the above dates and times, and should have been held according to the physician's order. 28 Pa. Code 211.12(d)(1) Nursing services. 28 Pa. Code 211.12(d)(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19102 Based on review of policies and clinical records reviews, as well as observations and staff interviews, it was determined that the facility failed to ensure that air mattress safety assessments were completed prior to use of an air mattress for one of four residents reviewed (Resident 2). Findings include: The facility's air mattress safety assessment policy, dated January 25, 2023, indicated that the facility was to complete an air mattresses's safety screening prior to the installation of an air mattress to ensure that the resident's individual pressure relief and safety needs were met. Following each resident fall from a bed on which an air mattress was sued, a new air mattress safety screening tool was to be completed. An admission Minimum Data Set (MDS) assessment (mandated assessment of a resident's abilities and care needs) for Resident 2, dated April 22, 2023, indicated that the resident was moderately cognitively impaired and required extensive assistance from staff with bed mobility and transfers. A physician's order, dated April 15, 2023, included an order for an air mattress. An air mattress safety assessment, dated April 15, 2023, revealed Resident 2 was at risk for pressure ulcer development, safety checks for the use of the air mattress were completed, and a consent for was signed by the resident to use the air mattress. A nursing note, dated May 5, 2023, at 2:23 a.m. revealed Resident 2 was observed by staff kneeling on the floor to the right side of her bed. She had a skin tear to her right forearm and said that she rolled off the bed. However, there was no documented evidence that a safety assessment of the air mattress was completed, following the fall from bed on May 5, 2023, to determine if its use created any potential safety hazards for the resident. The resident continued to use the air mattress without a safety assessment being completed until her discharge on May 17, 2023. An admission MDS assessment for Resident 2, dated May 26, 2023, indicated that the resident was readmitted to the facility on [DATE], was cognitively intact and required extensive assistance from staff with bed mobility and transfers. A physician's order, dated June 15, 2023, included an order for an air mattress. Observations of Resident 2 on June 20, 2023, at 7:50 p.m. revealed that the resident had an air mattress on her bed. However, there was no documented evidence that a safety assessment of the air mattress was completed to determine if its use created any potential safety hazards for the resident. Interview with the Director of Nursing on June 20, 2023, at 7:45 p.m. confirmed that there were no safety assessments for air mattresses to determine if their use created any potential safety hazards following the fall from bed on May 5, 2023 or prior to placing the air mattress on the resident's bed on June 15, 2023. 28 Pa. Code 201.14(a) Responsibility of licensee. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(5) Nursing services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19102 Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that clinical records were complete and accurately documented for one of four residents reviewed (Resident 2). Findings include: An admission Minimum Data Set (MDS) assessment (mandated assessment of a resident's abilities and care needs) for Resident 2, dated April 22, 2023, indicated that the resident was moderately cognitively impaired and required extensive assistance from staff with bed mobility and transfers. A physician's order, dated April 15, 2023, included an order for an air mattress. An activities of daily living report for May 2023 revealed the resident used an air mattress up to her discharge from the facility on May 17, 2023. An admission MDS assessment for Resident 2, dated May 26, 2023, indicated that the resident was readmitted to the facility on [DATE], was cognitively intact and required extensive assistance from staff with bed mobility and transfers. An activities of daily living report for May and June 2023 revealed that Resident 2 used an air mattress from May 19 to June 15, 2023. A physician's order, dated June 15, 2023, included an order for an air mattress. Interview with the Director of Nursing on June 20, 2023, at 7:45 p.m. revealed that Resident 2 was not using an air mattress on her bed from the time she was readmitted to the facility on [DATE] until a physician's order for an air mattress was obtained on June 15, 2023. She confirmed that staff were inaccurately documenting that the resident used an air mattress from May 19 to June 15, 2023. 28 Pa. Code 211.5(f) Clinical records.