

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395791	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Harston Hall LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  350 Haws Lane Flourtown, PA 19031	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0550  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41471</p> <p>43923</p> <p>Based on interview with residents and staff and review of facility documentation, it was determined that facility failed to promote an environment that enhancement residents quality of life related to fresh air brakes to be free from residents who smoke for eight of 24 residents reviewed (Residents R87, R37, R69, R47, R85, R107, and R35). The facility failed to ensure that each resident was treated with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. (Resident R2)</p> <p>Findings include:</p> <p>June 17, 2024, at approximately 9:00 a.m. observation was conducted of one resident smoking in his wheelchair outside.</p> <p>June 18, 2024, at 9:32 a.m. Resident R90 was observed outside on the front porch and there was another resident who was observed smoking. The cigarette smell was strong.</p> <p>On June 17, 2024, at 10:07 a.m. an entrance meeting was conducted with the Administrator, Employee E1 who reported that facility is a non-smoking facility; however, he does have 9 residents who are independent and non-compliant with smoking policy. Those residents are care planned for non-compliant behaviors. Per the Administrator, Employee E1, facility does not have a designated times as smoking breaks and 9 smoking residents are able to smoke at any times at the front porch.</p> <p>In an interview on June 18, 2024, at 12:43 p.m., Resident R11 stated that she always smells cigarette smoke come through her window when residents and staff smoke outside.</p> <p>On June 18, 2024, at 3:00 p.m. observation was conducted on the facility's front porch with about 7-9 residents being outside participating in outside activity, table was set up with music playing in the background. There was smell of smoke coming from the side of the left side of the building. Then at approximately 30 feet away going towards the parking lot Director of Nursing, Employee E2 with another staff smoking cigarettes.</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  395791	Facility ID:  395791  If continuation sheet Page 1 of 32

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On June 20, 2024, at approximately 9:30 a.m. another observation was completed of Director of Nursing, Employee E2 smoking on the bench approximately 30 feet from the entrance front porch.</p> <p>On June 20, 2024, at 11:50 a.m. another resident was observed smoking on the front entrance porch while a transportation van dropped off another resident.</p> <p>During a resident council meeting on June 20, 2024, at 10:12 a.m. with eight residents, (Residents R87, R37, R69, R47, R85, R107, and R35) who were identified as being alert and oriented, revealed that the dependent residents who are able to go outside on their own for fresh air always interfere with smoking residents who are also outside smoking. Facility does not have designated smoking times nor fresh air times. Residents reported that facility is a non-smoking facility but there were several residents who smoke at their desired times. Facility only has one front porch where resident can get their fresh air and smokers also could come at any moment for a smoke break. Resident's have notified the administration; however, nonsmoking policy is not getting enforced.</p> <p>On June 20, 2024, at 11:34 an interview was held with the Activity Director, Employee E11 who reported that resident who desire fresh airtime are able to go outside at any time they desire. Smoker also able to go outside and there are no designated times for smokers. It was confirmed non-smoking policy is not being implemented.</p> <p>Review of an undated facility policy Abuse, revealed that Mental Abuse includes, but is not limited to humiliation, harassment, and threats of punishment or deprivation. Mental abuse may occur through either verbal or nonverbal conduct which causes or has the potential to cause the patient to experience humiliation, intimidation, fear, shame, agitation, or degradation. Examples of verbal or nonverbal conduct that can cause mental abuse, include but are not limited to, staff taking photographs or recordings of patients that are demeaning or humiliating using any type of equipment (e.g., cameras, smart phones, and other electronic devices) and keeping or distributing them through multimedia messages or on social media networks. Verbal Abuse is any use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to patients or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a patient, such as telling a patient that he/she will never be able to see his/her family again.</p> <p>Review of facility document dated November 29, 2023, revealed that Resident R2 reported to Unit manager, that during early morning care prior to dialysis, Nurse Aide, Employee E15 came in to assist her to get washed and ready for dialysis. resident stated the aide, was complaining to her stating, I washed your back why can't you wash yourself, why do I have to take you down to dialysis, resident stated, aid washed half of her back and when resident asked if she could do the other half employee stated I did that already. then refused to empty her colostomy bag and was very argumentative.</p> <p>Further review of the document revealed, statements obtained by social service and DON, were consistent. Resident R2 also stated the aide did have an attitude during care, did not complete rounds as directed, Q 2 hours. After a complete investigation of employee records, and resident statements, the allegation of verbal abuse and neglect have been substantiated.</p> <p>Review of a statement by Resident R2 obtained by the Director of Nursing dated December 1, 2023, revealed that DON met with Resident R2, asked her if there were any concerns or issues with her stay, how employees were treating her and did she feel comfortable.</p> <p>(continued on next page)</p>		

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F 0550  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Resident R2 stated that Employee E15 came to her room approx. 4:00 AM on November 29, 2023. Resident R2 had put her call bell on to be assisted to get washed and ready for Dialysis. She stated Employee E15 came into room and was verbally out loud saying these rooms are too small, not enough room, resident stated just complaining, the resident asked to be set up to get washed and stated she could herself wash face to knees in front. Employee E15 put a wash basin down, closed the curtain and walked out.</p> <p>Resident R2 put call bell back on, when Employee E15 entered, resident stated she said, Oh what do you need now, Resident stated you didn't give me soap, Employee E15 stated you should have told me that the first time. Resident stated, she will call when she is finished doing what she could, Employee E15, then went to room mate and was cleaning her, at same time resident stated she was ready.</p> <p>Resident then stated when Employee E15 came back to her, the resident asked if she could wash her lower body and back, she States Employee E15 stated what, you can't wash your toes? , resident stated no. resident states [NAME] was kind of moaning the whole time why she could not do more for herself, then resident stated she need her colostomy bag emptied, Employee E15, stated, No I am not doing that, I can but I am not, that's the nurse's job, nurses don't do my job and I don't do theirs. Resident stated she knew by this time, she was not going to engage with aid, because she knew it would get out of control.</p> <p>Employee E15 then was responsible for taking resident to the in-house dialysis center, as they entered the elevator,</p> <p>Employee E15 again started to complain why she must take resident to dialysis, why doesn't dialysis come and get her.</p> <p>Interview with the Director of Nursing, Employee E2, on June 21, 2024, at 11:00 a.m. confirmed that the verbal abuse allegation was substantiated based on facility investigation.</p> <p>28 Pa. Code 201.29(d) Resident rights</p>		

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F 0554  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>43923</p> <p>Based on observation and staff interview, it was determined that the facility failed to ensure that one of 24 residents reviewed was assessed for self administration of an inhaler medication. (Resident R47)</p> <p>Findings include:</p> <p>Observation of the Resident R47's and Resident R20's room on June 17, 2024 at 10:21 a.m. revealed that on the dresser near to Resident R20, there was an inhaler which was purple in color.</p> <p>Interview with Employee E14 on June 17, 2024 at 10:24 a.m. stated she gave the inhaler to Resident R47.</p> <p>Review of MDS (Minimum Data Set- Assessment of resident care needs) dated May 4, 2024 for Resident R47 with a BIMS (Brief Interview for Mental Status) score of 10, which indicated that the resident's cognitive status was moderately impaired.</p> <p>Review of care plan for Resident R47 dated June 6, 2024, revealed no evidence that the resident was care planned for self administration of medication or safe use of medication independently.</p> <p>Interview with the Assistant Director of Nursing, Employee E2, on June 21, 2024, at 11:00 a.m. confirmed that the nurse leaving the medication in resident room was in appropriate without proper self administration of medication evaluation.</p> <p>28 Pa Code 211.12(d)(1) Nursing services</p>		

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<p>F 0565</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 organize and participate in resident/family groups in the facility.</p> <p>43923</p> <p>Based on review of facility policy, resident council minutes, group interview, resident interviews, and staff interviews, it was determined that the facility failed failed to demonstrate a response to residents' concerns for resident group meeting and to meet privately for seven and seven residents reviewed. (Residents R87, R37, R69, R47, R85, R107, and R35)</p> <p>Findings include:</p> <p>A review of facility policy and procedure titled, Grievance Policy and Procedure revised June 24, 2023, indicated All residents, responsible parties, interested family members and staff of Complete Care have the right to voice grievances that are free from interference, coercion, discrimination, and reprisal concerning. Further under procedures it states Concerns can be filed verbally, or in writing and grievances may also be filed anonymously in receptacle boxes located in the facility. All information regarding in regard to the grievance will remain anonymous.</p> <p>Review of the Resident Council minute notes over the past three months from March 2024-June 21, 2024, revealed on going concerns with nursing staff not answering calls bells at night, nursing aides continuing to drop gloves and leaving food trays.</p> <p>During a resident council meeting on June 20, 2024, at 10:12 a.m. with eight residents, (Residents R87, R37, R69, R47, R85, R107, and R35) who were identified as being alert and oriented, shared concerns when concerns are discussed at the resident council they are not resolved. For example, nurse aides not answering call bells during the night shift, being disrespectful by lacking professionalism, discussing resident's concern in the hallway, not saying good morning when residents' greet them, some staff do not speak English. Concerns about food being cold, over cooked.</p> <p>Residents have also begun participating in the Pennsylvania Empowered Expert Residents Program (PEER), an initiative designed to empower long-term care residents to advocate for themselves and enhance their quality of life in care facilities which is provided through the ombudsman office. However, the facility did not allow residents to meet independently. During their most recent virtual meeting, the activity director was present, which contradicts the program's guidelines that stipulate no facility staff should be present.</p> <p>On June 20, 2024, at 11:23 a.m. an interview was held with the Activity Director, Employee E11 who did confirm that residents always met with an Employee E11 during the resident council meeting. Employee E11 did attend the PEER program to provide technical assistance and residents did not meet privately.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee</p> <p>28 Pa. Code 201.18 (e)(1)(4) Management</p> <p>28 Pa. Code 201.29(a) Resident rights</p>		

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F 0577  Level of Harm - Potential for minimal harm  Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.  43923  Based on review of admission packet and facility documents, observations, and resident and staff interviews, it was determined that the facility failed to post the results of the most recent survey results in a place readily accessible to residents on two out of two nursing units (Second Floor Nursing Unit and Third Floor Nursing Units).  Findings include:  On June 17, 2024, at 2:20 p.m. facility tour was conducted with Social Worker, Employee E5 which revealed there was no survey results binder that was accessible to residents, nursing staff or public on the First floor. Then, Administrator Employee E1 tried looking in different drawers of the cabinets and after several attempts located the binder in one of the drawers and confirmed that survey results binder was not available.  On June 17, 2024, at 2:29 p.m. facility tour was conducted with Social Worker, Employee E5 on the Second and Third floor the survey results binders were located behind the nursing station in one of the drawers. Employee E5 confirmed that survey binders were not accessible to residents, and representatives as it was stored behind the nursing station.  28 Pa. Code 201.14(a) Responsibility of licensee  28 Pa. Code 201.18(a) Management		

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F 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43923</p> <p>Based on observations, interviews with staff and residents, it was determined that the facility failed to maintain a safe, clean, homelike environment for two of two nursing units reviewed. (Second Floor Unit and Third Floor Unit).</p> <p>Findings include:</p> <p>Observations conducted of the made Third floor (unit two) between 10:02 a.m. - 11:00 a.m. revealed the following:</p> <p>room [ROOM NUMBER] bed A's trash can was dirty and had no trash can liner in it. Behind the head of the bed along the wall the floor was soiled with a brown spilled liquid and food crumbs. Observation of room [ROOM NUMBER] bed B revealed a trash can full of trash with no trash can liner. The resident's left side bedrail was soiled.</p> <p>Observation of room [ROOM NUMBER] revealed the resident in A bed had a lot of items that were not stored appropriately. The resident had peanuts, cereal, bread, honey, peanut butter stored in numerous places in his room including on top of his bed. The resident had a bariatric bed which did not have a sheet to cover the mattress. There was trash observed on the floor including food particles and paper trash. The resident had two trash cans in the room, both were full of trash. The resident also had a tray table next to the bed which was dirty with white and brown dried liquid.</p> <p>Observation of room [ROOM NUMBER] revealed the resident in B bed had grab bars that were soiled. The trash can was full and overflowing with dirty soiled linens.</p> <p>Observation of room [ROOM NUMBER] revealed the resident in A bed had paper trash and food particles on the floor under and around the bed.</p> <p>Observation of room [ROOM NUMBER] B bed revealed the resident had sheets on the bed that were dirty with brown stains.</p> <p>Observation room [ROOM NUMBER] A bed revealed the resident had a lot of food items in the room including empty soda cans on the bed and on the floor under the bed. There was trash on the floor under and around the bed including paper, empty soda cans, and food particles. The resident had a bottle dish soap bedside on her tray table. The resident had an excess of items on, around, and under her bed.</p> <p>On June 17, 2024, at 11:14 a.m. room [ROOM NUMBER] had privacy curtain which was green color had white dirty spots all over from top to bottom. Unit manager, Employee E3 confirmed the observation.</p> <p>Observation on June 17, 2024 at 11:10 a.m. revealed room [ROOM NUMBER] B bed had a trash can has no trash liner with trash in it including medicine cups and used medical gloves.</p> <p>(continued on next page)</p>		

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F 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>On June 17, 2024, at 11:28 a.m. observation with Unit Manager, Employee E3 confirmed a scrapped up wall with a small hole between the baseboard and the wall. Resident R94 had no sheets on his bed. room [ROOM NUMBER] had a strong urine and feces odor. There was a sheet on the floor dirty with feces. The bathroom toilet seat had brown spots all over the toilet seat.</p> <p>On June 17, 2024, R 1:10 p.m. observation with the unit manager, Employee E3 was conducted in the shower room on the second floor which revealed a shower chair had blood stains.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa Code 211.18 (b)(1) Management</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>43923</p> <p>Based on a resident group interview, resident interview, review of facility policy and procedures, and staff interview, it was determined that the facility failed to ensure that the grievance forms were available and accessible to residents on the nursing units for 7 of 24 residents (Residents R87, R37, R69, R47, R85, R107, and R35).</p> <p>Findings include:</p> <p>A review of facility policy and procedure titled, Grievance Policy and Procedure revised June 24, 2023, indicated All residents, responsible parties, interested family members and staff of Complete Care have the right to voice grievances that are free from interference, coercion, discrimination, and reprisal concerning. Further under procedures it states Concerns can be filed verbally, or in writing and grievances may also be filed anonymously in receptacle boxes located in the facility. All information regarding in regard to the grievance will remain anonymous.</p> <p>On June 17, 2024, at 2:20 p.m. an tour was conducted with the Social Worker Director, who was also a Grievance Officer, Employee E5 which revealed no grievance forms available on the First floor of the building. On the Second-floor nursing unit the grievance forms were stored at the nursing station in the filing cabinet and the Third-floor nursing unit the grievance forms were stored at the nursing station high up in a sleeve not accessible to residents. The residents did not have access to grievance forms, nor could they file a grievance anonymously. All three floors did not have any drop-off box available for residents to file an anonymous grievance.</p> <p>During a resident council meeting on June 20, 2024, at 10:12 a.m. with eight residents, (Residents R87, R37, R69, R47, R85, R107, and R35) who were identified as being alert and oriented, revealed that the residents were unaware of the identity of the grievance officer, the grievance procedure and where the grievance forms were located. The residents were unaware of any location of grievance/concern submission boxes to submit an anonymous grievance. During the meeting Resident R69 reported that his shoes were missing and his watch. R69 stated that there has not been a resolution to the missing items.</p> <p>On June 20, 2024, at 12:45 p.m. an interview was held with Social Worker Director, Employee E5 about Resident's R69 missing shoes and watch. Employee E5 reported that facility replaced the shoes, but she did not follow up about the watch as it was an issue for about 2 years. Employee E5 confirmed that she was aware about the watch missing but no action was taken to locate it.</p> <p>28 Pa. Code 201.14(a)Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(3) Management</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 201.29(a)(d)(i) Resident rights</p>		

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F 0679  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43923</p> <p>Based on observations, review of the activities calendar and staff interview, it was determined that the facility failed to meet the recreational needs of one of 24 residents reviewed. (Resident 13)</p> <p>Findings include:</p> <p>Review of Resident R13's clinical record revealed that Resident R13 was admitted to the facility on [DATE], and interview preferences was conducted on February 12, 2024, which indicated that going outside to get a fresh air was very important for Resident R13.</p> <p>Review of Resident R13's Minimum Data Set (MDS A periodic assessment of resident care needs) dated March 30 , 2024, revealed a brief interview for mental status (BIMS) with a score of 2 (measured 0-7 severely impaired cognition).</p> <p>On June 17, 2024, at approximately 11:30 a.m. Resident R13 was observed being in bed and License nurse, Employee E4 came into the room to take Resident R13 into the dining room to eat lunch.</p> <p>On June 18, 2024, at 12:19 p.m. a telephone interview was held with Resident's R13's family member who reported the importance for Resident R13 to go outside and Resident R13 required assistance to go outside. The family had requested the facility to take the resident outside multiple times a week.</p> <p>Observations throughout the survey on June 17, 2024, at 2:20 p.m. June 18, 2024, at 3:30 p.m. June 20, 2024, at 2:45 p.m. and June 21, 2024, 1:30 p.m. did not show any evidence that resident was taken outside for fresh airtime.</p> <p>On June 21, 2024, at 10:24 a.m. interview was held with Activity Director, Employee E11 who reported that there was no structure outside fresh air days for dependent residents. Only if activity staff are available and done with their responsibility then it's a possibility to take depended residents outside. Employee E11 confirmed that Resident R13 was possibly taken outside few weeks ago.</p> <p>28 Pa. Code:201.18(b)(3)Management.</p> <p>28 Pa. Code:207.2(a)Administrators Responsibility.</p>		

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F 0685  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Assist a resident in gaining access to vision and hearing services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41471</p> <p>Based on clinical record review, observation, and resident and staff interview, it was determined that the facility failed to ensure each resident received timely treatment and services to maintain visual abilities for one of one sampled residents. (Resident 16)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 16 diagnoses included congestive heart failure (excessive body/lung fluid caused by a weakened heart muscle) and hypertension (high blood pressure).</p> <p>Review of the Minimum Data Set assessment dated [DATE], revealed that the resident required corrective lenses.</p> <p>On June 17, 2024, at 10:23 a.m., Resident 16 stated she had vision problem and was using glasses. She stated she admitted to the facility almost two years ago and did not see an eye doctor since her admission.</p> <p>A request for ophthalmology evaluation for Resident R16 was requested on June 18, 19 and 20, 2024.</p> <p>Facility did not provide evidence of ophthalmology evaluation for Resident R16 as requested.</p> <p>There was no evidence in the clinical record that Resident 16 was seen by an eye doctor or scheduled to be seen an eye doctor.</p> <p>Interview with the Director of Nursing, Employee E2, on June 21, 2024, at 11:00 a.m. stated resident should see an eye doctor at least annually.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>41471</p> <p>Based on the observations, review of clinical records, facility policies, and interview with staff, it was determined that the facility failed to ensure that a resident with limited range of motion, received appropriate services to prevent further decline in range of motion and maintain appropriate positioning for one of 24 resident s reviewed. (Resident R1).</p> <p>Finding Include:</p> <p>Observation of Resident R1 on June17, 2024, at 10:05 a.m. revealed that the resident was laying in the bed. It was observed that both of the resident's hand's appeared to be contracted. The resident was not using any positioning devices or splints. There were 2 hand splints observed laying on top of the dresser.</p> <p>Observation of Resident R1 on June18, 2024, at 12:59 p.m. revealed that the resident was laying in the bed. Residents was not using any positioning devices or splints to the hands. There were 2 hand splints observed on top of the dresser.</p> <p>Interview with Employee E16, Licensed Practical Nurse, on June18, 2024, at 1:20 p.m., confirmed that the resident should be wearing a splint and a gauze roll to bilateral hands.</p> <p>Review of care plan for Resident R1 dated June 7, 2024, revealed that the resident was on restorative nursing program and required assistance with bracing right hand with gauze at all times, remove for care and exercising. Left hand roll for six hours.</p> <p>Review of restorative documentation for Resident R1 for June 17, 2024, and June 18, 2024 revealed no documented evidence that the resident refused the splint and gauze application.</p> <p>Interview with Employee E17, Rehab director, on June 10, 2024, at 10:58 a.m. stated the resident had contracture bilateral hand and required gauze roll to right hand at all times and left hand roll for six hours.</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services</p> <p>28 Pa. Code: 201.18 (b)(2) Management</p> <p>28 Pa. Code: 211.10 (d) Resident care policies</p>		

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F 0695  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41471</p> <p>Based on clinical record review and interviews with staff, it was determined that the facility failed to ensure that appropriate respiratory care was provided related to oxygen therapy for four of four residents receiving respiratory therapy. (Residents R1, R16, R31 and R52 )</p> <p>Findings include:</p> <p>Review of facility provided policy, titled Oxygen Administration, dated June 24, 2023, revealed that Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administrations.</p> <p>Observation of Resident R1 on June 17, 2024, at 10:04 a.m. revealed that the resident was on tracheostomy. Resident had a tracheostomy collar and trach tie dated June 4, 2024.</p> <p>Observation of Resident R1 on June 18, 2024, at 1:20 p.m. revealed that the resident was on tracheostomy. Resident had a tracheostomy collar and trach tie dated June 4, 2024. This observation was confirmed by Employee E16, Licensed Practical Nurse. Employee E16 stated the trach ties get changed twice weekly.</p> <p>Review of physician order for Resident R1 dated October 12, 2023, revealed an order to change trach ties after bath/shower.</p> <p>Review of shower schedule revealed that Resident R1 received shower on every Wednesdays and Saturdays.</p> <p>Further review of the shower documentation and physician order revealed that the resident's trach tie was not changed on June 5, 8, 12 and 15, 2024.</p> <p>Interview with Resident R16 on June 17, 2024, at 10:24 a.m. stated her BiPAP (a type of noninvasive ventilator that can help people breathe.) filter was not changed since she received the BiPAP a year and half ago.</p> <p>Observation of Resident R16's BiPAP machine on June 18, 2024, at 1: 24 p.m. revealed that there was thick layer of dust next to the machine.</p> <p>Observation of Resident R16' s oxygen concentrator on June 18, 2024, at 1:24 p.m. revealed that there was no filter for the oxygen concentrator.</p> <p>The above observations were confirmed by Employee E16, Licensed Practical Nurse. Employee E16 stated the trach ties get changed twice weekly.</p> <p>Review of clinical record Resident R31 was admitted to the facility on [DATE], with the diagnosis of end stage renal disease, dependence on renal dialysis, diabetes mellitus with diabetic neuropathy, cerebrovascular diseases, atherosclerotic heart diseases of native coronary artery without angina pectoris, restlessness and agitation.</p> <p>(continued on next page)</p>		

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F 0695  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Review of Resident R31's June 2024 physician order revealed that there was no physician order for Resident's R31 oxygen therapy.</p> <p>On June 17, 2024, at 12:13 p.m., Resident R31's was observed receiving 5 liters and not 3 liters as order by the physician and the oxygen tubing was not labeled. License nurse, Employee E4 confirmed the observation and reported that Resident R31 should be on liter 3. Then Employee E4 then says to Resident R31 did you increase the oxygen level Resident R31 responded see she's placing words into my mouth.</p> <p>A review of a clinical record Resident R52 was admitted to the facility on [DATE], with the diagnosis of acute respiratory failure with hypoxia (low levels of oxygen), pulmonary hypertension (high blood pressure). Review of Resident R52's physician order dated April 19, 2024 revealed that Resident R52 was on oxygen at 3L (liters) NC (nasal cannula) continuously.</p> <p>On June 17, 2024, at 12:34 an observation with the license nurse, Employee E4 confirmed that Resident R52 had an oxygen level at 4.5 liter and had no labeling on his oxygen tubing.</p> <p>Further review indicated a physician order for oxygen at 2 L/min via nasal cannula (PRN) which was obtained on June 17, 2024, at 12:42 p.m.</p> <p>On June 20, 2024, at 9:39 a.m. an interview was held with the license unit manager nurse, Employee E3 who confirm that Resident R31 was administered oxygen at level 5 liter with no physician order prior to administration.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p>		

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F 0699  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>41471</p> <p>Based on review of clinical records, staff and resident interviews, it was determined that the facility failed to provide culturally competent, trauma care in accordance with professional standards of practice, accounting for the resident's past experiences and preferences in order to eliminate and/or mitigate triggers that may cause re-traumatization of the resident for two of two residents sampled (Resident R57 and R63).</p> <p>Findings include:</p> <p>Review of facility policy Trauma Informed Care dated June 24, 2023, revealed that It is the policy of this facility to provide care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally-competent, account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization.</p> <p>Definitions:</p> <p>Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. Common sources of trauma may include, but are not limited to:</p> <ul style="list-style-type: none"><li>a. Natural and human caused disasters</li><li>b. Accidents</li><li>c. War</li><li>d. Physical, sexual, mental, and/or emotional abuse (past or present)</li><li>e. Rape</li><li>f. Violent crime</li><li>g. History of imprisonment</li><li>h. History of homelessness</li><li>i. Traumatic life events (death of a loved one, personal illness, etc.)</li></ul> <p>Trauma-Informed Care is an approach to delivering care that involves understanding, recognizing and responding to the effects of all types of trauma. A trauma-informed approach to care delivery recognizes the widespread impact and signs and symptoms of trauma in residents, and incorporates knowledge about trauma into care plans, policies, procedures and practices to avoid re-traumatization.</p> <p>(continued on next page)</p>		

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F 0699  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>6. The facility will identify triggers which may re-traumatize residents with a history of trauma. Trigger-specific interventions will identify ways to decrease the resident's exposure to triggers which re- traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident, and will be added to the residents care plan. While most triggers are highly individualized, some common triggers may include, but are not limited to:</p> <ul style="list-style-type: none"><li>a. Experiencing a lack of privacy or confinement in a crowded or small space.</li><li>b. Exposure to loud noises, or bright/flashing lights.</li><li>c. Certain sights, such as objects that are associated with their abuser.</li><li>d. Sounds, smells, and physical touch.</li></ul> <p>Trauma-specific care plan interventions will recognize the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety. These interventions will also recognize the survivor's need to be respected, informed, connected, and hopeful regarding their own recovery.</p> <p>A review of the clinical record revealed that Resident R57 was admitted to the facility, with diagnoses to include delusional disorder, right above knee amputation and post-traumatic stress disorder (PTSD)</p> <p>A quarterly Minimum Data Set assessment (MDS- a federally mandated standardized assessment process conducted at specific intervals to plan resident care) for Resident R57 dated March 19, 2024, Section I, Active Diagnoses, Psychiatric/Mood Disorder, question I6100, indicated the resident has post-traumatic stress disorder (PTSD).</p> <p>Resident R57's current care plan-initiated August 20, 2023, revealed a care plan for PTSD. Further review of the care plan did not address resident's actual diagnoses/condition of PTSD, identifying the resident's past experiences and possible triggers that may cause re-traumatization.</p> <p>A review of the clinical record revealed that Resident R63 was admitted to the facility, with diagnoses to include dementia, altered mental status, major depressive disorder, insomnia, and post-traumatic stress disorder (PTSD)</p> <p>A quarterly Minimum Data Set assessment (MDS- a federally mandated standardized assessment process conducted at specific intervals to plan resident care) for Resident R63 dated June 13, 2024, Section I, Active Diagnoses, Psychiatric/Mood Disorder, question I6100, indicated the resident has post-traumatic stress disorder (PTSD).</p> <p>Resident R63's current care plan-initiated August 17, 2023, revealed a care plan for PTSD. Care plan intervention included an intervention to include the family to identify PTSD triggers, Further review of the care plan did not address resident's actual diagnoses/condition of PTSD, identifying the resident's past experiences and possible triggers that may cause re-traumatization.</p> <p>(continued on next page)</p>		



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F 0699  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Interview with the Assistant Director of Nursing, Employee E2, on June 21, 2024, at 11:00 a.m. confirmed that Resident R57 R63's care plan for PTSD did not include resident's actual diagnoses/condition of PTSD, identifying the resident's past experiences and possible triggers that may cause re-traumatization.  28 Pa. Code 211.12(c)(d)(3)(5) Nursing services		

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F 0730  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Observe each nurse aide's job performance and give regular training.</p> <p>44882</p> <p>Based on clinical record review and interview with staff, it was determined that the facility did not ensure that nurse aides received a minimum of 12-hour annual training to ensure continuing competence as required.</p> <p>Findings include:</p> <p>A request for evidence of annual inservice training for nurse aides was made on June 20, 2024, at 2:30 p.m., to Employees E1, the Nursing Home Administrator, and Employee E2, the Director of Nursing, requested to be provided the following day. Multiple attempts were made on June 21, 2024, to obtain the information. At 1:00 p.m. on June 21, 2024, Employee E1 stated if we can't find it, we probably don't have it.</p> <p>The facility was unable to provided documented evidence that nurse aides received a minimum of 12 hours annual training.</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p> <p>28 Pa. 211.12(c) Nursing services</p>		

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F 0732  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Post nurse staffing information every day.  44882  Based on observation and staff interview, it was determined that the facility failed to accurately display facility daily nurse staff hours as required.  Findings include:  Observation in the entrance of the facility on June 17, 2024, at 2:00 p.m., revealed that posted nurse staffing numbers were for June 10, 2024. Employee E1, Nursing Home Administrator confirmed that the posted information was not accurate and timely for the current day.  28 Pa. Code 201.18(b)(1)(3) Management  28 Pa. 211.12(c) Nursing services		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>41471</p> <p>Based on review of clinical records and staff interviews, it was determined that the facility failed to ensure a response to the consultant pharmacist's recommendation related to the potentially unnecessary medications for two of five residents reviewed. (Resident R63 and Resident R8).</p> <p>Findings include:</p> <p>Review of pharmacy's consultant report for February 1, 2024, revealed a pharmacy consultant recommendation for Resident R63 which stated, Currently with 2 active orders for PRN (as needed) Guaifenesin liq which have not been used in over 30 days Please evaluate current need and discontinue these orders, if appropriate. Further review of the report revealed that the physician agreed to the recommendation and signed on February 1, 2024.</p> <p>Review of pharmacy's consultant report for June 4, 2024, revealed a pharmacy consultant recommendation for Resident R63 which stated, Currently with 2 active orders for PRN (as needed) Guaifenesin liq which have not been used in over 30 days Please evaluate current need and discontinue these orders, if appropriate. Further review of the report revealed that the physician agreed to the recommendation and signed on June 19, 2024 after the request for medication regimen review for Resident R63 was made on June 18, 2024.</p> <p>Review of a discontinued physician order for Resident R63 dated September 19, 2023 revealed an order for Guaifenesin liq, Give 5 ml by mouth every 4 hours as needed for Cough and give 5 ml by mouth every 4 hours as needed for cough. This order was only discontinued on June 6, 2024.</p> <p>Interview with the Assistant Director of Nursing, Employee E2, on June 21, 2024, at 11:00 a.m. confirmed that the pharmacy consultant recommendation made in the month of February 2024 was not addressed by the facility in a timely manner.</p> <p>Review of resident regimen reviews completed for Resident R8 revealed there were no regimen reviews completed for the months of January 2024 and April 2024.</p> <p>Review of pharmacy ' s consultant report from February 1, 2024, revealed the pharmacy consultant recommendation for Resident R8 stated, Currently receiving Nicotine patch 14mg over 2 weeks. Please evaluate for current dose and taper to Nicotine patch 7mg for 2 weeks, then discontinue, if appropriate. Further review of the report revealed to physician agreed to the recommendation and signed off on February 1, 2024.</p> <p>Interview held on June 21, 2024 at 1:11 p.m. with the Director of Nursing, Employee 2 confirmed that the pharmacy consultant recommendation made for the month of February 2024 was not addressed in a timely manner. The Director of Nursing, Employee E2 did state that the Nicotine patch should not be used for more than fourteen days typically. The Director of Nursing, Employee E2 stated that the physician actually did not agree to the recommendation due to the physician not wanting the resident to attempt to go outside to smoke.</p> <p>(continued on next page)</p>		

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F 0756  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Review of Resident R8 ' s clinical record and Medication Administration Record revealed the resident has been receiving the Nicotine Transdermal Patch 14mg transdermally one time a day for smoking cessation since February 1, 2024.  28 Pa. Code 211.9(k)Pharmacy services  28 Pa. Code 211.12(d)(3) Nursing services		

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F 0803  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>47975</p> <p>Based on observations, review of the facility policy, review of planned written menus, and staff interviews, it was determined that the facility failed to follow approved emergency menus for two of two nursing units. (Second-floor and Third-floor).</p> <p>Findings Include:</p> <p>The facility Emergency Food Policy was reviewed, and the policy stated, Emergency Menu Guide for No Electricity, No Gas, Day one lunch menu was listed as eight ounces Beef Stew, half a cup of carrots, six crackers, half a cup of peaches, two cookies, eight ounces of milk (reconstituted), and four ounces of water.</p> <p>Observation during the kitchen tour on June 17, 2024 at 9:41 a.m. revealed that there was a gas leak outside of the facility by the dumpster area. Due to the leak the facility gas was turned off for the day at 9:30 a.m.</p> <p>Observation of the lunch meal on the Third floor in the dining room on June 17, 2024 at 12:27 p.m. revealed most resident were being served a cold sandwich, pasta salad, and a fruit cup for lunch. The residents were not served the items from the Emergency Menu due to the facility not having the food items available.</p> <p>28 Pa. Code 211.6 (a) Dietary services.</p> <p>28 Pa. Code 201.18 (e)(2)(3) Management</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>43923</p> <p>Based on observations, review of facility policy and staff interviews, it was determined that the facility failed to provide food products based on the resident's food preference and intolerance for one of 24 residents (Resident R66).</p> <p>Findings include:</p> <p>Review of facility policy Dining and Food Preferences, last revised October 2022, indicates Individual dining, food and beverage preferences are identified for all residents/patients. The Diet Requisition form will notify dining services department of food allergies, upon admission and prior to any meals served. Dining Services Director or designee, will interview the resident or resident representative to complete a Food Preferences Interview within 72 hours of admission. The purpose of this interview will be to identify individual preferences for dining location, meal times including times outside of the routine schedule food, beverage preferences.</p> <p>A review of the Food Committee Meeting notes dated May 24, 2024 indicated a concerns brought by the resident council group that there is never any lactose milk.</p> <p>On June 18, 2024, at 9:39 a.m. Resident R66 was eating his breakfast. Reported that he has not received Lactaid milk in months. Resident's R66 preference ticket indicated Lactaid milk all meals. There was no Lactaid milk observed on the resident's breakfast tray.</p> <p>On June 18, 2024, at 9:45 a.m. Dietary Service Director, Employee E12 reported that facility was out of the Lactaid milk as of last Friday June 14, 2024, and it was ordered today and will be delivered on Thursday June 20, 2024. A request was made to provide a record of the last order of Lactaid milk and it was not provided to see when the facility last ordered Lactaid milk.</p> <p>On June 18, 2024, at 12:43 p. m. observation was made in the Resident R66's room of his lunch tray and Resident R66 did not receive his lunch tray. A confirmation was confirmed by the unit manager, Employee E3 that Resident R66 lunch was not delivered while the all resident's on the second floor received their lunch. Employee E3 asked the license nurse, Employee E7 to go into the kitchen to get a tray lunch for Resident R66.</p> <p>During a resident council meeting on June 20, 2024, at 10:12 a.m. with eight residents, (Residents R87, R37, R69, R47, R85, R107, and R35) who were identified as being alert and oriented, revealed that some resident's do not get their trays and get missed occasionally. Resident R107 reported that yesterday June 19, 2024, he/she did not get his dinner. Resident R66 revealed I felt embarrassed, and my daughter called to check on me I told her that I have cookies and will be able to survive until morning. Then my daughter had to call the facility and two aides came in and were upset that my daughter called the facility. I did get a dinner tray eventually.</p> <p>On June 21, 2024, at 10:30 a.m. an interview and observation was conducted with Dietary Service Director, Employee E12 who reported that facility only has one resident (Resident R66) who requires Lactaid milk and she was not able to provide when the last Lactaid milk was ordered.</p> <p>(continued on next page)</p>		

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/13/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395791	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Complete Care at Harston Hall LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  350 Haws Lane Flourtown, PA 19031	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0806  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	28 Pa Code 201.14(a) Responsibility of licensee  28 Pa Code 211.6(a) Dietary services		



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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43923</p> <p>47975</p> <p>Based on observation, review of facility policy, and interviews with staff, it was determined the facility failed to store food according to food service standards and failed to performed proper hand hygiene during the dining in one of two nursing units. (Second floor dining)</p> <p>Findings Include:</p> <p>Review of the facility policy titled Food Storage: Cold Folds dated February 2023 states, All Time/Temperature Control for Safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA Food Code. Under procedures the policy states, 5. All foods will be stored wrapped or in covered containers, labeled and dated and arranged in a manner to prevent cross contamination.</p> <p>Review of the policy titled Food Storage: Dry Goods dated February 2023, states All dry goods will be appropriately stored in accordance with the FDA Food Code. Under procedures the policy states, 6. Storage areas will be neat, arranged for easy identification, and date marked as appropriate.</p> <p>An initial kitchen tour was conducted on [DATE] at 9:20 a.m. with kitchen manager, Employee E12. During the kitchen tour observation was made of the dry storage area on the First-floor and the stock in dry foods was observed to be of limited quantity. Kitchen manager Employee E12 stated that this was true, and she had an order coming in on Wednesday [DATE].</p> <p>Observation of the walk-in freezer revealed a package of chicken breasts in a cardboard box unwrapped and exposed to the air making it prone to freezer burn. In the walk-in freezer there was a container of sausage gravy dated [DATE]. When asked if this should still be good, the kitchen manager Employee E12 stated it should have been throw out after seven days. There was a large bag of green beans unwrapped and exposed to the air making it prone to freezer burn. There were 3 packages of wrapped broccoli that were unlabeled and undated. The bottom of the walk in freezer had food particles and cups of ice cream underneath the racks.</p> <p>Observation of the walk-in refrigerator revealed a case of Thick and Easy supplements with an expiration of [DATE].</p> <p>Observation of the emergency food storage revealed four large cans of butterscotch pudding with an expiration date of [DATE]. Four large green beans cans with an expiration date of [DATE]. Two large can of beef stew with an expiration [DATE]. Four large cans of tuna with a received date of [DATE] with no expiration date. Four large cans of beef ravioli cans with an expiration date of [DATE].</p> <p>Further observation of the emergency food supply revealed a very limited quantity of food available in case of an emergency. There were four boxes of boost breeze shakes. Six cans of corned beef good until August of 2024. Six cans of green beans good until August of 2025</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Third-floor dining area was observed on [DATE], at 12:00 p.m. The side pantry in the dining room was observed and there were two bottles of opened ketchup with no expiration. In the same cabinet at the ketchup there were toiletries being stored. There was a small plastic bag of chips that was not labeled and not dated. Under the sink there was a dark substance resembling mold in the bottom left of the cabinet. In a drawer there was A&amp;D ointment and gloves stored with sugar packets. There was trash in drawers. In a bottom cabinet there was a foul smelled which was a Styrofoam cup that contained molded coffee grounds that were in a plastic bag.</p> <p>Observation of the Second dining room on the Third floor where the resident storage refrigerator was located there were several food items that were expired, undated, or unlabeled. Observation on [DATE] at 12:31 p. m. revealed the freezer had two ice cream cartons that were open unlabeled and undated. One carton of ice cream with a resident's name that was undated. The freezer also contained a an orange drink in freezer unlabeled and undated. The freezer had a frozen food in a bag in a plastic container unlabeled and undated.</p> <p>Observation of the refrigerator revealed spills of liquid on the bottom surface of the refrigerator. There was a [NAME] jar of an unidentifiable item that was unlabeled and undated. There was a grape jelly with an expiration of [DATE], unlabeled. There was a plastic container of peeled garlic with no expiration date that was moldy, unlabeled, and undated. There was a container of spicy ranch dressing unlabeled. There was pasta in a plastic container unlabeled and undated. There was another plastic container with food in that was unlabeled and undated.</p> <p>The storage refrigerator on the third floor had no temperature log.</p> <p>In the dining room area, there were three food trays containing breakfast that were sitting on one of the tables.</p> <p>The storage refrigerator on the Third floor had no temperature log.</p> <p>Observation made of the Second-floor resident storage refrigerator on [DATE] at 11:55 a.m.</p> <p>In the freezer there were six frozen meals for the resident in room [ROOM NUMBER]A with no date labeled. There was a frozen drink unlabeled and undated. There was a frozen iced tea drink unlabeled and undated.</p> <p>In the refrigerator there was a plastic cup of coffee half full unlabeled and undated. A vanilla yogurt with an expiration date of [DATE]. A vanilla yogurt with an expiration date of [DATE]. There was a hoagie sandwich and chips in a bag and the hoagie was very soft and molding. There were five prepared meals that were unlabeled and undated.</p> <p>Interview with the Unit manager, Employee E3 confirmed the food items were expired and stated that the unit manager and housekeeping were supposed to clean it the refrigerator out once a week.</p> <p>Observation of the Second-floor dining room on [DATE] at 12:05 p.m. revealed a black substance resembling mold under the sink. In the pantry drawer there were thick and easy honey packets with an expiration of [DATE]. In a cabinet in the pantry there were a pack of Raisinets undated and unlabeled. In the cabinet in the pantry there was a pack of roman noodles undated and unlabeled.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE], at 9:45 a.m. Dietary Service Director, Employee E12 was observed making tuna salad without a hair net. When questioned why she did not wear a hair net, Employee E12 reported I forgot.</p> <p>A review of the facility policy titled Infection Prevention at Meal Services dated [DATE], revealed to prevent the spread of bacteria that may cause foodborne illnesses. During tray/meal pass employees shall use hand hygiene if coming in direct contact with resident. After hands have touched anything unsanitary, i.e., garbage, soiled utensils/equipment, dirty dishes, etc. After coughing, sneezing, or blowing your nose, using [NAME] products, eating or drinking. After engaging in any activity that may contaminate the hands.</p> <p>Observations conducted on [DATE], at 12:34 p.m. of the Second floor dining room revealed that the lunch food cart arrived. There was 5 nurse aides (NA) including NA, Employees E8 and E9 started to unload the dining cart and deliver the lunch tray to residents who were sitting in the dining room. Nursing aides did not complete hand hygiene before or during the delivery of lunch trays. NA's were observed assisting resident with opened drinks, fruit cups and using resident's utensils to cut food. There was no available and accessible sanitizer for NA's to use. The four sanitizers which were built in the wall in the hallway were all out of sanitizer. This observation was confirmed by the Unit manager, Employee E3.</p> <p>On [DATE], at 1:05 p.m. an interview was conducted with Resident R103 and recreational aide, Employee E10 arrived with a cart of delivery of outside meal from Chick Fil A and Walmart. Employee E10 observed opening the Chick- Fil- A sauces, chicken strips box and getting fries out of the bag without performing hand hygiene before or after providing the resident with the meal.</p> <p>28 Pa Code: 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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F 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44882</b></p> <p>Based on clinical record review and interview with staff, it was determined that the facility did not maintain complete and accurate medical records for one of 24 records reviewed (Resident R11).</p> <p>Findings include:</p> <p>Review of clinical documentation revealed that Resident R11 was admitted to the facility on [DATE], and had diagnoses of calculus of the kidney (commonly referred to as kidney stones), presence of urogenital implants (the resident had a suprapubic catheter, a tube inserted into the bladder through the abdominal wall), retention of urine, calculus of the ureter (stones present in the tubes connecting the kidneys to the bladder), acute pyelonephritis (inflammation of the kidney as a result of bacterial infection), hydronephrosis (swelling of the kidneys), encounter for attention to other artificial openings of the urinary tract (referring to the suprapubic catheter), and obstructive and reflux uropathy (a condition which interferes with the normal functioning of the bladder).</p> <p>Further review of the resident's record revealed a physician order obtained on April 24, 2024, for Hiprex Oral Tablet 1 GM (gram). Give one tablet by mouth two times a day for [sic] Hiprex is an antibiotic used to control bacteria in the urinary tract. The order had no end date. No diagnosis was documented in the order to justify use long-term use of an antibiotic.</p> <p>Interview with Employee E2, Director of Nursing on June 21, 2024, at 2:45 p.m. confirmed that the order was missing a diagnosis, and that a diagnosis was required in order to be complete.</p> <p>28 Pa. Code 211.12(c) Nursing service</p> <p>28 Pa. Code 211.12(d)(1) Nursing service</p> <p>28 Pa. Code 211.12(d)(2) Nursing service</p> <p>28 Pa. Code 211.12 (d)(5) Nursing service</p>		

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F 0881  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Implement a program that monitors antibiotic use.</p> <p>41471</p> <p>Based on a review of facility documentation, facility policies, Centers for Disease Control and Prevention (CDC) guidelines and staff interview, it was determined that the facility failed to maintain an effective antibiotic stewardship program that includes a system to effectively monitor antibiotic usage for two of two months of antibiotic stewardship program data reviewed. (April 2024 and May 2024).</p> <p>Findings include:</p> <p>A review of CDC (Centers for Disease Control and Prevention) guidelines, The core element of Antibiotic Stewardship for Nursing Homes, revealed that Improving the use of antibiotics in healthcare to protect patients and reduce the threat of antibiotic resistance is a national priority. 1. Antibiotic stewardship refers to a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use.2 The Centers for Disease Control and Prevention (CDC) recommends that all acute care hospitals implement an antibiotic stewardship program (ASP) and outlined the seven core elements which are necessary for implementing successful ASPs.2 CDC also recommends that all nursing homes take steps to improve antibiotic prescribing practices and reduce inappropriate use.</p> <p>Nursing homes monitor both antibiotic use practices and outcomes related to antibiotics in order to guide practice changes and track the impact of new interventions. Data on adherence to antibiotic prescribing policies and antibiotic use are shared with clinicians and nurses to maintain awareness about the progress being made in antibiotic stewardship. Clinician response to antibiotic use feedback (e.g., acceptance) may help determine whether feedback is effective in changing prescribing behaviors.</p> <p>Integrate the dispensing and consultant pharmacists into the clinical care team as key partners in supporting antibiotic stewardship in nursing homes. Pharmacists can provide assistance in ensuring antibiotics are ordered appropriately, reviewing culture data, and developing antibiotic monitoring and infection management guidance in collaboration with nursing and clinical leaders.</p> <p>Identify clinical situations which may be driving inappropriate courses of antibiotics such as asymptomatic bacteriuria or urinary tract infection prophylaxis and implement specific interventions to improve use</p> <p>Perform reviews on resident medical records for new antibiotic starts to determine whether the clinical assessment, prescription documentation and antibiotic selection were in accordance with facility antibiotic use policies and practices. When conducted over time, monitoring process measures can assess whether antibiotic prescribing policies are being followed by staff and clinicians.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Track the amount of antibiotic used in your nursing home to review patterns of use and determine the impact of new stewardship interventions. Some antibiotic use measures (e.g., prevalence surveys) provide a snap-shot of information; while others, like nursing home initiated antibiotic starts and days of therapy (DOT) are calculated and tracked on an ongoing basis. Selecting which antibiotic use measure to track should be based on the type of practice intervention being implemented. Interventions designed to shorten the duration of antibiotic courses, or discontinue antibiotics based on post-prescription review (i.e., antibiotic time-out), may not necessarily change the rate of antibiotic starts, but would decrease the antibiotic DOT.</p> <p>Review of facility policy Antibiotic Stewardship Program Quick Reference, dated October 19, 20 16, revealed Utilize the CDC Core Elements of Antibiotic Stewardship for Nursing Homes checklist to monitor center implementation-report results to QAPI,</p> <p>Further review of the policy revealed Front Line Staff: Empower nurses, algorithms easily and readily available, use antibiogram.</p> <p>Communicate patient status to providers in a timely manner utilizing SBAR PCC Change in Condition E-Interact.</p> <p>Discuss with providers if the patient meets criteria for antibiotic use or if alternative measures for treatment are warranted (i.e., watchful waiting, increased hydration)</p> <p>Document in the medical record education regarding antibiotic use and antibiotic stewardship provided to the patient and their patient representative.</p> <p>Contact providers for reassessment (time-out) of the ongoing need for and choice of an antibiotic once more data is available including clinical response, additional diagnostic information, alternate explanations for the status change which prompted the antibiotic start.</p> <p>Consultant Pharmacist: During monthly Medication Regimen Review (MRR): Reviews antibiotic courses for appropriateness of administration and/or indication. Reviews microbiology culture data to assess and guide antibiotic selection for patient Monitors for adverse drug events from antibiotics All pharmacist recommendations must be addressed by the prescriber. Assists with monitoring provider compliance with proper documentation of antibiotic orders - dose, Juration and indication (in order and pharmacy label), and antibiotic use algorithms remove italics. May provide education to nurses on provider considerations when selecting antibiotics (i.e.; for UTI, IV vs PO). Participates in quarterly QAPI - reporting on center's antibiotic utilization.</p> <p>Laboratory: Compares with center antibiogram to look for commonalities. Provides antibiograms to Centers. Alerts center if certain antibiotic resistant organisms are identified (i.e. CRE). Provides education, as needed, about laboratory testing and proper specimen collection. Monitoring outcomes of antibiotic use. Monitor rates of C. difficile infection through use of line listings and Monthly Infection Control Report Monitor rates of antibiotic-resistant organisms through use of Monthly Infection Control Report and MDRO specific line listings. F. new MDROs, drill down as to which specific MDRO, compare with antibiogram, location on units, types of patients. Monitor rates of adverse drug events due to antibiotics through use of RMS.</p> <p>(continued on next page)</p>		

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F 0881  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Continued review of the policy revealed Algorithm for antibiotic use with UTI for patient without catheter, Respiratory tract infections, sepsis, Bacterial Pneumonia, UTI with an indwelling catheter, acute bronchitis, cellulitis and soft tissue infections.</p> <p>Review of facility antibiotic tracking log from April 1, 2024, to May 28, 2024, revealed that there were 38 infections that were treated with antibiotics. It was documented that 22 of the prescribed antibiotics did not meet the criteria.</p> <p>Continued review of the facility antibiotic stewardship documents revealed no documented evidence that the facility utilized the Algorithms for antibiotic use for any of the antibiotics ordered. Facility records did not include consultant pharmacists reports and laboratory reports according to the facility antibiotic stewardship program. Facility did not provide any other information related to the antibiotic stewardship program during the survey.</p> <p>During an interview with Infection Preventionist, on June 20, 2024, at 11:53 a.m. confirmed that the facility antibiotic stewardship program did not include reports or data from pharmacist and/or laboratory. Employee also confirmed that the facility did not utilize the Algorithms for antibiotic use for any of the antibiotics ordered.</p> <p>28 Pa. Code 211.12 (a)(c)(d)(1)(3)(5) Nursing services</p> <p>28 Pa. Code 211.10(a) Resident care policies</p>		

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F 0921  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>47975</p> <p>Based on the review of facility policy, observations, and staff interviews, it was determined that the facility failed to ensure a safe and sanitary environment related to hand sanitizers for two of two nursing units reviewed. (Second Floor and Third Floor)</p> <p>Findings Include:</p> <p>Review of the facility policy titled Hand Hygiene undated states, Purpose: Cleaning your hands is one of the most effective ways to prevent the spread of germs. The policy states hand hygiene should be completed, Before and after contact with the resident, Before performing an aseptic task, After contact with blood, body fluids, visibly contaminated surfaces or after, contact with objects in the resident's room, After removing personal protective equipment (e.g., gloves, gown, facemask), After using the restroom,</p> <p>Observation of June 17, 2024 of the third floor at 10:15 a.m. revealed six wall hand sanitizers in a row on one side of the wall were not working. Observation of three of the six wall hand sanitizer revealed the sanitizer had a black x placed on them.</p> <p>Interview on June 17, 2024 at 9:50 a.m. confirmed the wall hand sanitizers on the nursing floor were broken.</p> <p>Observation on June 20, 2024 at 9:29 a.m. of the second floor revealed that there were six hand sanitizers at the end of the hall were broken. Four of the six hand sanitizers had a black x on them.</p> <p>An interview was held on June 20, 2024 at 9:32 a.m. with nurse aide employee E13 who was asked how long the wall hand sanitizers had been broken. Nurse aide Employee E13 stated, it has been weeks and half the time the wall hand sanitizers in the resident rooms are empty too, we have to go to the bathroom to wash our hands.</p> <p>Observation on June 21, 2024, at 12:09 p.m. on the first floor by the resident's dining bistro the wall sanitizer box was out of sanitizer liquid.</p> <p>28 Pa. Code. 207.2(a) Administrator's responsibility.</p>		