

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER PLEASANT ACRES REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 118 PLEASANT ACRES RD,RD7 YORK, PA 17402	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review and staff interview, it was determined that the facility failed to provide treatment and care to ensure the highest practicable level of well-being regarding timely treatment for [REDACTED]. Findings include: Review of facility policy, Wound Care Management Protocol, created August 2016, revealed, choose the appropriate option (wound type) and secure an MD (physician) order specifying type, size, and amount of all dressing utilized. Review of Resident 3's clinical record revealed [DIAGNOSES REDACTED]. Review of Weekly Skin Check form dated March 16, 2020, revealed Resident 3 had a blister on the left front thigh and excoriation between bilateral thighs. Review of risk management report provided by the facility (line listing of any adverse occurrence that is not consistent with the routine operation of the facility or care of a particular resident) revealed that a skin alteration was noted for Resident 3 on March 16, 2020. Review of physician progress notes [REDACTED]. Review of nursing progress notes dated March 21, 2020, revealed Open areas found during AM care. Refused to let writer measure open areas both inner thighs, scrotum, and under right chest wall RN noted. Wound team notified via voicemail. Area cleaned, [MEDICATION NAME] applied and covered with ABD pad per RN. Review of physician progress notes [REDACTED]. Review of nursing progress notes dated March 23, 2020, revealed Wound nurse visit at 0940 to evaluate alteration in skin condition noted at the following sites. Noted Right Lateral Breast fold, Bilateral inner thighs and scrotum to have MASD (Moisture Associated Skin Damage). V.O. (verbal order) for treatment was obtained and written. Review of email correspondence received from the Director of Nursing on April 17, 2020, at 10:55 AM, revealed that she was unable to confirm that the physician was notified when the skin alteration was first discovered and that the wound nurse was not notified of the skin alteration until the date she rounded on March 23, 2020. She also revealed that a new skin alteration report form was created on March 26, 2020, after documentation concerns were discovered. Per the Director of Nursing, this form was put into place for use by the wound nurse and clinical team so nothing is missed. During an interview with the Director of Nursing on April 30, 2020, at 3:15 PM, she confirmed that the delay in treatment and documentation of Resident 3's new skin alteration that was discovered on March 16, 2020, was a concern. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.		
F 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, observation and staff interviews, it was determined that physician-ordered treatments for pressure ulcers were not completed as ordered for one of six residents reviewed (Residents 3). Findings include: Review of the clinical record for Resident R3A, who was admitted to the facility on [DATE], revealed [DIAGNOSES REDACTED]. (Full thickness area with exposed bone, tendon or muscle). Review of Resident 3A's physician orders [REDACTED]. Review of Resident 3A's treatment record for May 2020, revealed on May 28, 2020, the treatment to the left hip was initiated as done on night shift. During an observation of the the left hip dressing change on May 29, 2020, at 11:05 AM by Licensed Practical Nurse (LPN)1 the old dressing was dated May 28, 2020 at 13:46 (1:46 PM), LPN one confirmed the dressing was not done on night shift. Interview with Resident 3A on May 28, 2020, at 11:05 AM confirmed the dressing was not done on night shift. 28 Pa. Code 211.12(d)(5) Nursing services.		
F 0688 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to provide treatment and services to prevent further decline in range of motion and functional ability for two of 9 residents reviewed (Residents 4, 7). Findings include: Review of facility policy, Range of Motion, created January 2017, revealed, Assist the resident as necessary and assess the resident's ability to perform active range of motion exercises .When the resident's activity level or joint function is at risk or decreases, range of motion should be started as soon as possible. Joints begin to stiffen within 24 hours of disuse .Encourage the resident to participate in the exercise .Document procedure in the medical record. Review of Resident 4's clinical record revealed [DIAGNOSES REDACTED]. Review of Resident 4's Care Plan revealed care Focus area Resident is on a restorative active range of motion program (AROM related to prevention of functional decline through daily activity with a noted initiation date of August 22, 2019. Interventions include Resident has an active range of motion (AROM) restorative program for : B/L LE's (bilateral lower extremities) and UE's (upper extremities). 7 days per week, 15 mins per day with a noted initiation date of August 22, 2019. Review of facility Task documentation for Resident 4's AROM revealed numerous dates for which 15 minutes daily of AROM was not provided. On April 27, 2020, at 11:42 AM, Director of Nursing (DON) was provided list of dates, via e-mail, for which Resident 4's AROM documentation failed to reflect that 15 minutes daily was being provided. These included 11 dates from March 23 through April 12, 2020, in which daily AROM minutes provided ranged from zero to 10 minutes. It was noted that four dates had zero minutes (3/24, 3/26, 4/5 and 4/12/2020), that three dates had five minutes provided (3/23, 4/3 and 4/4/2020), that three dates provided eight minutes (3/27, 3/30 and 3/31/2020) and one date provided 10 minutes (4/08/2020). The DON was also requested via this e-mail to provide any information regarding any extenuating circumstances (if applicable) that might have interfered with the completion of the 15 minutes daily. Via e-mail on April 27, 2020, at 1:09 PM the DON confirmed the dates in which no AROM was provided with Resident 4 and statedI know that (resident) refuses care from time to time. I see the care plan for resistive to care was implemented 3/27. I have no documentation to support that she refused care. On April 27, 2020, at 3:01 PM, via e-mail, the DON was interviewed as to whether due to Resident 4's risk for functional decline, would it be your expectation that the AROM would be provided as ordered? On April 27, 2020, at 3:05 PM, the DON responded Yes. Review of Resident 7's clinical record revealed [DIAGNOSES REDACTED]. Review of Resident 7's April 2020 care plan revealed a care plan for a restorative active range of motion program (AROM) to prevent functional decline through daily activity. The initiation date for this care plan was July 13, 2019. The care plan revealed that Resident 7 Resident was to receive an active range of motion (AROM) restorative program for bilateral upper extremities and bilateral lower extremities seven days per week, fifteen minutes per day. Further review of Resident 7's April 2020 care plan revealed a care plan for a restorative walking to prevent decline in functional ability by participating in a restorative walking program seven days per week to maintain present level of ability. This care plan was initiated on January 8, 2020. The care plan revealed that Resident 7 was to walk up to five hundred feet with close supervision and no assistive device seven days per week. Additional review of Resident 7's April 2020 care plan revealed a care plan for a		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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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>(continued... from page 1)</p> <p>restorative eating and swallowing program to prevent decline in functional ability. This care plan was initiated on July 13, 2019. The care plan specified that Resident 7 should receive assist of one with cues for self feeding seven days per week, fifteen minutes per day. Review of Resident 7's task documentation for the range of motion, restorative ambulation and restorative eating/swallowing programs for the time frame of March 26, 2020 to April 24, 2020, revealed that restorative eating/swallowing was not documented as having been done for at least fifteen minutes on two occasions, active range of motion exercises were not documented as being completed on one occasion, and restorative ambulation was not documented as having been completed on eleven occasions. Review of Resident 7's clinical record, including task documentation and nursing progress notes, failed to reveal any refusals or other rationale as to why resident did not participate in the programs on the above occasions. Review of email correspondence received from the Director of Nursing on April 28, 2020 at 10:31 AM, revealed that no information was available to determine why the restorative and range of motion programs were not completed and documented for Resident 7 as noted above. During an interview with the Director of Nursing on April 30, 2020, at 3:15 PM, she revealed the expectation that Resident 7 should have gotten all of the range of motion and restorative services he was careplanned for. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		