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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395985 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/13/2020 |
| NAME OF PROVIDER OF SUPPLIER ALTOONA CENTER FOR NURSING CARE | | STREET ADDRESS, CITY, STATE, ZIP 1020 GREEN AVENUE ALTOONA, PA 16601 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the resident's attending physician was notified about changes in condition for one of seven residents reviewed (Resident 1). Findings include: The facility's policy regarding physician notification, dated January 6, 2020, revealed that the physician would be notified in a timely manner when a change in a resident's condition, or when an unusual incident involving the resident, has occurred. An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated March 2, 2020, revealed that the resident was understood and could understand, and required extensive assistance from staff for daily care tasks. Meal intake documentation for Resident 1 for March and April 2020 revealed that the resident refused at least one meal during the day on April 2, 5 and 12, 2020; refused at least two meals during the day on March 29 and 30, and April 1, 3, 4, 7, 10 and 11, 2020; and refused three meals during the day on March 31 and April 6, 8, 9 and 13, 2020. There was no documented evidence that the resident's attending physician was notified regarding the resident's increased refusal of meals. Interview with the Director of Nursing on July 13, 2020, at 3:27 p.m. confirmed that Resident 1's physician was not notified regarding the resident's increased refusal of meals. 28 Pa. Code 211.12(d)(3) Nursing services. | | |
| F 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality. Based on review of Pennsylvania's Nursing Practice Act and residents' clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a professional (registered) nurse completed ongoing assessment for a change in condition for one of seven residents reviewed (Resident 1). Findings include: The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.11 (a)(1)(2)(4) indicated that the registered nurse was to collect complete and ongoing data to determine nursing care needs, analyze the health status of individuals and compare the data with the norm when determining nursing care needs, and carry out nursing care actions that promote, maintain and restore the well-being of individuals. An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated March 2, 2020, revealed that the resident was understood and could understand, and required extensive assistance from staff for daily care tasks. A nursing note for Resident 1, dated April 10, 2020, at 4:57 a.m., and completed by a licensed practical nurse, revealed that the resident displayed increased confusion and had to be reoriented to place and time, he was diaphoretic (sweating profusely), but displayed a temperature of 98.2 degrees Fahrenheit. The resident had no complaints of pain or distress when asked. There was no documented evidence that a professional (registered) nurse completed an assessment of Resident 1 with his change in condition on April 10, 2020. Interview with the Director of Nursing on July 13, 2020, at 3:27 p.m. confirmed that there was no documented evidence that a professional (registered) nurse completed an assessment of Resident 1 with his change in condition on April 10, 2020. 28 Pa. Code 211.12(d)(1) Nursing services. | | |
| F 0676 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | Ensure residents do not lose the ability to perform activities of daily living unless there is 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 the appropriate treatment and services to maintain or improve ambulation (walking) abilities for one of seven residents reviewed (Resident 4). Findings include: The facility's policy regarding ambulation, dated June 6, 2020, revealed that nursing/trained staff were to provide the resident with an ambulation program in accordance with orders, staff were to document in the clinical record, the restorative nurse was to monitor the documentation for compliance weekly, and any negative findings were to be reported to the licensed staff for follow-up and intervention as needed. A [DIAGNOSES REDACTED]. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs), dated June 15, 2020, revealed that the resident had limited range of motion (joint mobility) of the upper and lower extremities on one side, that he was alert and oriented, required maximum assistance from two for ambulation, and he did not have any refusals of care during the assessment period. Physical care documentation for Resident 4 for April 14, 16, 17, 20 and 21, 2020, revealed that he ambulated 30 feet using a grab bar (handrail) and contact guard assistance. An after care program dated April 22, 2020, indicated that the resident was to be provided with gait training (ambulation) with contact guard assistance using the right handrail, and was to ambulate up to 30 feet. The resident's care plan, updated July 7, 2020, revealed that he was on a walking program using an ASO (a support brace) and sport shoe to his left lower extremity, and he was to ambulate 30 feet along the handrail on the right side with contact guard assistance, with a brace on his left lower extremity and additional staff to push a wheelchair behind him. Ambulation documentation for Resident 4 for May and June 2020 indicated that the resident was to ambulate twice a day during the day and evening shifts. However, there was no documented evidence that ambulation was provided, or why it was not provided during the day shift on May 2-10, 12-18, 20, 22, 24, and 26-31, and June 1-7, 9, 10, 12-15, 19-23 and 25, 2020; and during the evening shift on May 5, 7, 9, 13, 15-16, 18, 20, 29-31, and June 1, 3, 6, 12, 14, 20 and 22, 2020. The documentation on these dates indicated that the program was NA. The resident's treatment record for July 2020 revealed no documented evidence that staff offered ambulation in accordance with the resident's care plan, and no documented evidence regarding why ambulation was not offered during the day shift on July 7 and 9, 2020, and during the evening shift on July 3, 9 and 11, 2020. Interview with Restorative Nurse 1 on July 13, 2020, at 2:40 p.m. revealed that she was not aware of why staff were documenting NA (not applicable) for Resident 1's walking program because the program was applicable and staff were to document the amount of time and the distance walked each time the program was provided. She also indicated that she was not able to confirm that the program was offered/provided to the resident, or why it was not offered/provided. 28 Pa. Code 211.12(d)(3)(5) Nursing services. | | |
| 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.