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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395015 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/05/2020 |
| NAME OF PROVIDER OF SUPPLIER BRIGHTON REHABILITATION AND WELLNESS CENTER | | STREET ADDRESS, CITY, STATE, ZIP 246 FRIENDSHIP CIRCLE BEAVER, PA 15009 | |
| 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 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, observation and staff interview, it was determined that the facility failed to properly administer medications in one of four resident rooms (room [ROOM NUMBER]). The facility policy Medication Pass last reviewed 8/27/19, indicated medications will be administered by a licensed nurse. The facility policy Resident Self-Administration of Medication last reviewed 8/27/19, indicated that a resident requesting self-administration of medication will have a physician's orders [REDACTED]. The Face Sheet indicated that Resident R1 was readmitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The Annual Minimum Data Set (MDS-periodic assessment of care needs) for Resident R1 dated 3/27/20, indicated the above [DIAGNOSES REDACTED].-care deficit and related to impaired cognition. Review of the physician's orders [REDACTED]. During an observation on 5/1/20, at 5:45 p.m. in room [ROOM NUMBER], there was a medication cup that contained three pills sitting on the overbed table in front of a resident. Upon inquiry, she stated that she was unable to take her medications due to not having anything to drink. Review of the physician's orders [REDACTED]. During an interview on 5/1/20, at 6:15 p.m. Licensed Practical Nurse Employee (LPN) E19 confirmed that he had not provided any medication to Resident R1 during his shift, and upon viewing the medications, stated they were from her morning medication pass. Review of the Medication Administration Record [REDACTED]. During an observation on 5/4/20, at 1:40 p.m. LPN Employee E20 was observed providing medication to Resident R1. During a second observation on 5/4/20, at 1:55 p.m. Resident R1 had three pills in a medication cup on her overbed table. During an interview on 5/4/20, at 2:00 p.m. Licensed Practical Nurse E20 stated that Resident R1 takes a long time to take her medications, and she leaves the medication with her. During an interview on 5/4/20, at 2:45 p.m. Assistant Director of Nursing Employee E24 confirmed the facility failed to properly administer medications to Resident R1 in room [ROOM NUMBER]. 28 Pa. Code: 211.12 (d)(1)(5) Nursing services. Previously cited: 8/7/18, 1/28/19, 2/1/19, 2/6/19, 5/16/19, 8/14/19, 9/13/19 28 Pa. Code: 211.12 (d)(2) Nursing services Previously cited: 8/7/18, 1/28/19, 2/1/19, 5/16/19 | | |
| F 0838 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Based on a review of facility documents and staff interview it was determined that the facility failed to implement staff training, assess staff knowledge, skills, and abilities of the staff to be able to perform work roles successfully to meet each residents' needs. Findings include: A review of the Facility Assessment Tool dated 1/7/19, and updated January 2020, indicated the facility will maintain an adequately trained and competent staff. Based on the findings of an Abbreviated survey in response to a COVID-19 survey and four complaints, completed on 5/5/20, which identified areas of regulatory non-compliance, it was determined that the Nursing Home Administrator and the Director of Nursing failed to ensure adequate and proper training of staff in infection control procedures to identify and prevent the possibility of cross-contamination. A review of the facility Infection Prevention Program Overview dated 9/1/18, and last reviewed by the facility on 8/27/19, indicated that training of staff in infection prevention occurs at least annually. Review of Nurse Aide (NA) Employees E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, and E17's education records with hire date greater than 12 months revealed the following: NA Employee E1 had a hire date of 9/7/14, did not receive annual training in infection prevention during the period of 9/7/18, through 9/7/19. NA Employee E2 had a hire date of 9/4/17, did not receive annual training in infection prevention during the period of 9/4/18, through 9/4/19. NA Employee E3 had a hire date of 9/10/12, did not receive annual training in infection prevention during the period of 9/10/18, through 9/10/19. NA Employee E4 had a hire date of 10/31/11, did not receive annual training in infection prevention during the period of 10/31/18, through 10/31/19. NA Employee E5 had a hire date of 11/1/17, did not receive annual training in infection prevention during the period of 11/1/18, through 11/1/19. NA Employee E6 had a hire date of 6/2/18, did not receive annual training in infection prevention during the period of 6/2/18, through 6/2/19. NA Employee E7 had a hire date of 7/14/14, did not receive annual training in infection prevention during the period of 11/15/18, through 11/15/19. NA Employee E8 had a hire date of 1/2/16, did not receive annual training in infection prevention during the period of 1/2/19, through 1/2/20. NA Employee E9 had a hire date of 7/6/87, did not receive annual training in infection prevention during the period of 7/6/18, through 7/6/19. NA Employee E10 had a hire date of 7/28/14, did not receive annual training in infection prevention during the period of 7/28/18, through 7/28/19. NA Employee E11 had a hire date of 1/7/15, did not receive annual training in infection prevention during the period of 1/7/19, through 1/7/20. NA Employee E12 had a hire date of 8/16/99, did not receive annual training in infection prevention during the period of 8/16/18, through 8/16/19. NA Employee E13 had a hire date of 3/30/17, did not receive annual training in infection prevention during the period of 3/30/19, through 3/30/20. NA Employee E14 had a hire date of 11/1/17, did not receive annual training in infection prevention during the period of 11/1/18, through 11/1/19. NA Employee E15 had a hire date of 3/31/08, did not receive annual training in infection prevention during the period of 3/31/19, through 3/31/20. NA Employee E16 had a hire date of 7/17/95, did not receive annual training in infection prevention during the period of 7/17/18, through 7/17/19. NA Employee E17 had a hire date of 9/8/14, did not receive annual training in infection prevention during the period of 9/8/18, through 9/8/19. During an interview on 5/3/20, at 8:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide the required annual in-service education in infection control for NA Employee E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, and E17. During an interview on 5/5/20, at 2:30 p.m. the Nursing Home Administrator confirmed that the Facility Assessment failed to reveal proper training, assess staff knowledge, skills, and abilities of the staff to be able to perform work roles successfully in infection control procedures. 28 Pa. Code 201.14(a) Responsibility of licensee Previously cited 2/1/19, 2/6/19, 8/14/19, 9/13/19, 12/13/19 28 Pa. Code 201.18(b)(1) Management Previously cited: 1/28/19, 2/6/19, 5/16/19, 8/14/19, 9/13/19 28 Pa. Code 201.18(b)(3) Management Previously cited: 8/7/18, 10/24/18, 1/28/19, 2/6/19, 8/14/19, 9/13/19 28 Pa. Code 201.18(e)(1) Management Previously cited: 10/24/18, 1/28/19, 2/6/19, 8/14/19, 9/13/19 28 Pa. Code 201.18(e)(2) Management 28 Pa. Code 201.20(a)(c) Staff development 28 Pa. Code 201.29(c)(d) Resident rights Previously cited: 1/28/19, 9/13/19 28 Pa. Code 211.12(c) Nursing services Previously cited: 12/14/18, 9/13/19 | | |
| 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.