STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396135	A. BUILDING _____ B. WING _____	**03/06/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ALLIED SERVICES TRANSITIONAL REHAB UNIT	**475 MORGAN HIGHWAY SCRANTON, PA 18508**

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 0655 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record and select policy review and staff and resident interview, it was determined the facility failed to include, in the resident's baseline plan of care, minimum standards of care required for one resident reviewed with a brain stimulator implant out of 12 residents reviewed (Resident 144). Findings include: A review of the clinical record of Resident 144 revealed admission to the facility on [DATE], with a [DIAGNOSES REDACTED]. The resident had an implanted battery operated medical device in her left upper chest area that is connected with the brain stimulator. The device requires observation to ensure the battery is charged. The brain stimulator device requires monitoring for severe or prolonged headaches, increased confusion, difficulty concentrating, sudden onset of dizziness, [MEDICAL CONDITION], symptoms of stroke, speech disturbance and double vision. A review of the resident's initial (baseline) plan of care indicated that the resident had neurological deficits related to [MEDICAL CONDITION], but failed to address the brain stimulator and the potential side effects related to the brain stimulator. During an interview with the Director of Nursing on March 6, 2020, she that the implanted device to control the resident's symptoms of [MEDICAL CONDITION] was not included on the resident's baseline care plan. 483.21 (a)(1) Baseline Care Plans Previously cited 2/20/19 28 Pa. Code 211.11(c)(d) Resident care plan Previously cited 2/20/19, 5/14/19
F 0812 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation, staff interview and review of manufacturer's directions for use, it was determined that the facility failed to maintain acceptable practices for the storage of food to prevent the potential for microbial growth in foods and conditions which increased the risk for food borne illness. Findings include: Food safety and inspection standards for safe food handling indicate that everything that comes in contact with food must be kept clean and food that is mishandled can lead to foodborne illness. Safe steps in food handling, cooking, and storage are essential in preventing foodborne illness. You cannot always see, smell, or taste harmful bacteria that may cause illness according to the USDA (The United States Department of Agriculture, also known as the Agriculture Department, is the U.S. federal executive department responsible for developing and executing federal laws related to food). During the initial tour of the food and nutrition services department, with the Manager of Food Services, on March 3, 2020, at approximately 9:45 a.m., observations of the kitchen area on March 3, 2020, at approximately 9:58 a.m., revealed 15 four ounce (oz.) vanilla health shakes (nutritional supplement) dated February 2, 2020, three four oz. vanilla health shakes dated dated February 6, 2020 and 17 four oz. vanilla health shakes. The Manager of Food Services stated that the noted dates on health shakes indicated the dates health shakes were pulled from freezer and these supplements have a shelf life of 30 days once thawed. A review of the manufacturer's directions for use, revealed that the shelf life of the nutritional health shakes, is 14 days after thawing. Interview with the Manager of Food Services on March 3, 2020, at 10:17 a.m., confirmed that the food and nutrition services guidelines were to be followed for food storage. 28 Pa Code 207.2 (a) Administrator's responsibility. 28 Pa Code 211.6 (c)(d) Dietary 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.