

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395426</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PREMIER AT PERRY VILLAGE FOR NURSING AND REHAB, LL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>213 EAST MAIN STREET NEW BLOOMFIELD, PA 17068</b>	
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 0658  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure services provided by the nursing facility meet professional standards of quality.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on surveyor observation, facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure care and services were provided in accordance with professional standards for one of two residents reviewed (Resident 2). Findings Include: Observation of Resident 2 on July 20, 2020, at 12:30 PM revealed Resident 2 sitting up in bed eating lunch. On her lunch tray beside her chef salad was a medicine cup containing 12 pills. When asked where the pills came from Resident 2 stated that the LPN1 came in and left the medication with Resident 2 to take when she was done eating. Resident 2 stated that LPN1 was not her normal nurse. Review of Resident 2's clinical record revealed [DIAGNOSES REDACTED]. Acid reflux and heartburn more than twice a week may indicate GERD) and hypertension (elevated blood pressure). Review of the Pennsylvania Nursing Practice Act for Licensed Practical Nurses (LPN), Chapter 21.145, revealed Functions of the LPN. (a) The LPN is prepared to function as a member of the health-care team by exercising sound nursing judgement based on preparation, knowledge, experience in nursing and competency. The LPN participates in the planning, implementation and evaluation of nursing care using focused assessment in settings where nursing takes place. (1) An LPN shall communicate with a licensed professional nurse and patient's healthcare team members to seek guidance when the patient's care needs exceed the licensed practical nursing scope of practice. Further review of 21.145 states, The LPN administers medications and carries out the therapeutic treatment prescribed or ordered for the patient. Review facility policy, Self-administration of Medications, dated 2001, revised 2016, revealed as part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident. The staff and practitioner will document their findings and the choices of residents who are able to self-administer medications. Review of Resident 2's clinical record failed to reveal any assessment that Resident is able to self-administer medication. Review of Resident 2's care plan failed to reveal that Resident 2 had a care plan to self-administer medication. During staff interview on July 22, 2020, at 11:00 AM, the Director of Nursing stated that Resident 2 is not able to self-administer her medications and the nurse should have remained with the resident until the medications were taken. During an interview on July 22, 2020, at 11:05 AM, the Nursing Home Administrator revealed that she was unable to find any information that Resident 2 was assessed and/or determined able to self-administer medications. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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.