

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395719	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2020
NAME OF PROVIDER OF SUPPLIER RIVERSIDE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 100 EIGHTH AVENUE MCKEESPORT, PA 15132	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on a review of facility policy, observations, and staff interviews, it was determined that the facility failed to provide a dignified dining experience to two of 16 residents in the 200 Hall dining room (Residents R41 and R95). Findings include: Review of the facility policy Meal Service Dignity, last reviewed on 1/21/20, indicated that staff should be seated at eye level if staff are assisting residents to eat and in a manner to promote socialization. During an observation on 3/10/20, at 12:20 p.m. Resident R95 was sitting at a table not eating. Resident R41 was seated at another table not eating. Registered Nurse(RN) Employee E14 stood over Resident R95 picked up his spoon, gave him a bite then walked over and stood over Resident R41 and talked with her and gave her a bite. RN Employee E14 did not sit during assistance and did not wash her hands between residents. During an interview on 3/10/20, at 12:28 p.m. Registered Nurse Supervisor Employee E15 confirmed that the facility failed to provide a dignified dining experience for Residents R41 and R95. 28 Pa. Code: 201.29(j) Resident rights.		
F 0604 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy and clinical records, and staff interview it was determined, the facility failed to assess a resident for appropriate use of a self releasing seat belt for one of one residents reviewed (Resident R10). Findings include: A review of facility policy Restraint Policy updated 1/16/20 , indicated the facility will use the least restrictive device only after proper evaluation and use of alternative interventions. A review Resident's R10 quarterly Minimum Data Set (MDS - periodic assessment of care needs) dated 12/17/19, indicated the resident was admitted to the facility on [DATE], their Brief Interview for Cognitive Status was 5 (severely impaired), and current [DIAGNOSES REDACTED]. A review of Resident's R10 physician order [REDACTED]. A review of Resident's R10 care plan (written plan for their individual needs) last revised 12/26/19, indicated the resident has a need for physical restraints, a self releasing seat belt, and the facility will discuss and record with the resident and the resident's family the risks and benefits of a restraint, when the restraint will be applied, and any concerns regarding restraint use. The facility will evaluate the resident's restraint use every 30 days, including risks and benefits of the restraint, need for ongoing use, and reason for restraint use. A review of Resident's R10 clinical record indicated that it did not contain documentation of a discussion of the risks and benefits of the self releasing seat belt with the family, and ongoing monthly evaluations. During an interview on 3/13/20, at 11:41 a.m. The Assistant Director of Nursing Employee E16 confirmed that the facility failed to obtain consent for and reevaluate the self releasing seat belt. 28 Pa. Code 211.8(f) Use of Restraints.		
F 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of facility policy, observations and staff interview, it was determined that the facility failed to make certain that medication refrigerators were at safe temperatures in one of three medication rooms (Memory impaired medication room). Findings include: Review of the facility policy Monitoring Refrigerators dated 1/21/20, indicated that medication refrigerator temperatures will be monitored by designated nursing personnel. During an observation on 3/10/20, at 10:27 a.m. of the Memory Impaired Unit medication refrigerator failed to reveal temperatures taken on the following dates: January 2020: 3, 7, 8, 9, 10, 11, 17, 19, 20, 23, 24, 28, 29, 30 February 2020: 1, 2, 3, 4, 6, 7, 10, 11, 12, 14, 15, 16, 18, 19, 20, 21, 29 March 2020: 1, 2, 3, 5, 6, 7, 9 During an interview on 3/11/20, at 12:34 p.m. Licensed Practical Nurse LPN Employee E5 confirmed the facility staff failed to make certain that medication refrigerators were at safe temperatures. 28 Pa. Code: 211.9(a)(1)(k) Pharmacy services. 28 Pa. Code: 211.12(d)(1)(5) Nursing services.		
F 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interview it was determined that the facility failed to maintain a safe comfortable environment on two of three nursing units main bathrooms (Central and Memory Impaired units). Findings include: During an observation of the Central Unit main bathroom on 3/11/20, at 11:25 a.m. the toilet bilateral grab rail was unsteady and loose. During an observation of the Memory Impaired main bathroom [ROOM NUMBER]/11/20, at 11:30 a.m. the wall mounted grab rail was loose. During an interview on 3/11/20, at 11:30 a.m. with Registered Nurse Unit Coordinator Employee E17 confirmed the above observations, and that the facility failed to maintain a safe functional environment. 28 Pa. Code: 207.2(a) Administrator's Responsibility.		
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.