

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395607</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SHIPPENVILLE HEALTHCARE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>21158 PAINT BOULEVARD SHIPPENVILLE, PA 16254</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 0686  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of clinical records and staff interviews, it was determined that the facility failed to apply an assistive device as physician ordered for a pressure ulcer for one of 19 residents (Resident R44). Findings include: The Admission record revealed that Resident R44 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The physician order, dated 2/19/20, revealed Resident R44 was ordered an Oscar boot (device used to alleviate pressure) to the right foot every shift as treatment related to a deep tissue injury of the right heel. Observation on 3/04/20, at 1:34 p.m. revealed Resident R44 was sitting up in the wheelchair next to the bed and did not have the Oscar boot on the right foot to protect the right heel. During an interview on 3/04/20, at 1:57 p.m. Licensed Practical Nurses Employee E3 and E4 both confirmed that the boot should be on the resident all the time other than when providing care to the foot. During an interview on 3/04/20, at 1:59 p.m. Nurse Aide Employee E5 verified they he/she was not aware that Resident R44 was to wear the boot all the time/every shift as ordered and that the Oscar boot was not on Resident R44 while he/she was seated in their wheelchair. 28 Pa. Code 201.14 (a) Responsibility of licensee 28 Pa. Code 211.12 (d) (1)(3)(5) Nursing services		
F 0690  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of clinical records and manufacturer guidelines and staff interviews, it was determined that the facility failed to implement proper washing techniques during catheter (tube placed into the bladder to facilitate urine drainage) care for one of 19 residents (Resident R42). Findings include: The manufacturer's instructions on the bottle of cleanser stated: Directions: for use as a rinse off: with the skin or hair wet, apply product on a damp wash cloth or directly onto the skin/hair. Massage the area. Rinse off and pat dry. Resident R42's clinical record revealed an admission date of [DATE], with [DIAGNOSES REDACTED]. Observation of catheter care on 3/05/20, at 1:05 p.m. revealed the following: Nurse Aide Employee E2 applied the washing product to a wet washcloth, cleaned the area and then dried the skin without first rinsing the product off the skin as per manufactures guidelines. During an interview on 3/05/20, at 1:14 p.m. the Assistant Director of Nursing confirmed the product should have been rinsed off prior to drying Resident R42's skin. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services		
F 0698  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Past noncompliance - remedy proposed</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and staff interviews, it was determined that facility failed to provide medications in accordance with physician orders [REDACTED]. Findings include: Resident R183's clinical record revealed an admission date of [DATE], with [DIAGNOSES REDACTED]. Current physician orders, dated 2/2020, included orders for Resident R183 to receive [MEDICAL TREATMENT] on Mondays, Wednesdays, and Fridays. The orders also included an order for [REDACTED]. The MARs did not reflect that the medications were provided to Resident R183 upon return to the facility or that the physician was notified to address the missed doses of ordered medication. During an interview on 3/05/2020, at 3:30 p.m. the Director of Nursing confirmed that Resident R183 did not receive the identified medication according to physician order [REDACTED]. 28 Pa. Code 211.12(d)(1)(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.