

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395475	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER HOMELAND CENTER		STREET ADDRESS, CITY, STATE, ZIP 1901 NORTH FIFTH STREET HARRISBURG, PA 17102	
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 0554 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, select facility document review, and staff interview, it was determined that the facility failed to ensure that one of 30 residents reviewed was assessed and determined clinically appropriate for self-administration of medications (Resident 13). Findings include: Review of Resident 13's clinical record revealed [DIAGNOSES REDACTED]. During interview with Resident 13 in his room on March 9, 2020, at 10:58 AM it was observed that there was a bottle of [MEDICATION NAME] mouth wash on his bedside table. When Resident 13 was asked about the mouth wash, he stated this is the only thing they will let me do myself. Review of Resident 13's current active physician orders [REDACTED]. [May keep at bedside] PRN (as needed) also, Refresh Eye Drops Instill 1 drop to both eyes 4 times a day as needed May keep in room and self-administer (PRN) and Metronidazol Gel 1% (a synthetic drug that is effective against certain bacteria and parasites; the topical forms (gels, creams, and lotions) are used for treating skin conditions) apply topically to face daily**May keep in room and self-administer (PRN). Review of facility policy titled IIA101: Self Administration of Medications with noted Effective Date: February 2019, revealed Policy In order to maintain the residents' highest level of independence residents who desire to self-administer medications are permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the resident and other residents the facility and there is a prescriber's order to self-administer. Review of Procedures line A. revealed If the resident desires to self-administer medications, an assessment is conducted by the interdisciplinary team of the resident's cognitive (including orientation to times), physical, and visual ability to carry out this responsibility during the care planning process. Review of line C. revealed For those residents who self-administer, the interdisciplinary team verifies the residents' ability to self-administer medications by means of a skill assessment conducted on a periodic basis as determined by the facility state regulations basis or when there is a significant change in condition. Review of line E. revealed If the resident demonstrates the ability to safely self-administer medications, a further assessment of the safety of bedside medication storage is conducted. On March 11, 2020, facility was requested to provide documentation of Resident 13 being assessed for appropriateness to self-administer medications. On March 11, 2020, at approximately 2:30 PM interview with Director of Nursing (DON) revealed that Resident 13 had been living in the facility's Personal Care Center and following fracturing a femur had been admitted to hospital from which he was discharged and admitted to Skilled Nursing services of the facility on September 14, 2019. DON provided copy of a Care Plan Conference Summary which was held on September 14, 2019. Review of the summary revealed (Resident) does self-administer some things other than pills and (Resident) does show poor safety awareness at times related to his h/x (history) of falls but he can make decisions about his care, and self administer items requested. On March 12, 2020, during an interview with DON at 11:51 AM, the DON revealed that they were unable to provide information that an assessment process had been put into place for Resident 13 to ensure that he was appropriate to self-administer medications. 28 PA code 211.12(D)(1)(3)(5) Nursing services		
F 0637 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to ensure that a significant change MDS assessment was completed timely after election of hospice care for one of 20 residents reviewed (Resident 64). Findings include: Review of the clinical record for Resident 64 revealed [DIAGNOSES REDACTED]. Further review of the clinical record revealed that Resident 64 started receiving hospice services on February 21, 2020. Review of the Significant Change MDS (Minimum Data Set) (a periodic assessment tool) revealed that it was not completed until March 9, 2020, sixteen days after hospice services began. During an interview with the Registered Nurse Assessment Coordinator (RN 1) on March 12, 2020 at 10:06 AM she confirmed that the significant change MDS was not done in 14 days. During an interview with the Nursing Home Administrator and Director of Nursing on March 12, 2020 at 11:56 AM they acknowledged that the significant change MDS was not done timely. 28 Pa. Code 211.5 (f) Clinical records		
F 0641 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the resident assessment accurately reflected the resident's status for three of 23 residents reviewed (Residents 20, 31 and 35). Findings include: Review of Resident 20's clinical record revealed [DIAGNOSES REDACTED]. Review of Resident 20's quarterly MDS (Minimum Data Set - an assessment tool to review all care areas specific to the resident such as a resident's physical, mental or psychosocial needs), dated December 20, 2019, revealed that in Section H under appliances, none of the above was checked, meaning Resident 20 did not have an indwelling catheter, external catheter, ostomy, or received intermittent catheterization for the past seven days. Further review of section H revealed that under Urinary Continence, it was coded as not rated meaning resident had a catheter, urinary ostomy or had no urine output for the entire seven day look back period. Review of Resident 20's clinical record revealed that during the lookback period for the MDS, Resident 20 had an indwelling catheter. During a staff interview on March 12, 2020, at 10:09 AM the Registered Nurse Assessment Coordinator (RNAC) stated that there was an error on the MDS and indwelling catheter should have been checked. During a staff interview on March 12, 2020, at 11:47 AM the Director of Nursing (DON) confirmed that the MDS was coded incorrectly. Review of Resident 31's clinical record revealed [DIAGNOSES REDACTED]. Review of Resident 31's annual MDS assessment, dated January 6, 2020, revealed that in Section D, Mood, it was coded that Resident 31 said yes to the question of having thoughts that you would be better off dead, or of hurting yourself in some way and Resident 31 had these thoughts over the past 7-11 days. On March 12, 2020, at approximately 8:30 AM the facility provided a statement from the director of social services stating that a documentation error occurred and self harm/worthless thoughts were not reported during Resident 31's interview. Review of Resident 31's facility form titled Periodic Social Work Assessment for the MDS period of December 31, 2019-January 6, 2020, revealed that Resident 31 did not have self harm/worthless thoughts. Further review of Resident 31's annual MDS, dated [DATE], revealed that in section N, Medications Received, it was coded that Resident 31 received an antipsychotic medication on seven out of the past seven days. In section N0450, Antipsychotic Medication Review it was coded that Resident 31 did not receive an antipsychotic medication since admission/entry or reentry or the prior assessment. During a staff interview on March 12, 2020, at 10:09 AM the RNAC stated that Section N0450 was coded incorrectly on Resident 31's MDS assessment. During a staff interview on March 12, 2020, at 11:47 AM the DON confirmed the MDS errors. Review of Resident 35's clinical record revealed [DIAGNOSES REDACTED]. Review of nursing progress notes dated December 11, 2019, revealed that as a result of Resident 35 complaining of burning with urination, the physician was notified and new orders were received for a urinalysis and culture and sensitivity (urine test used to determine if infection is present and the exact organism responsible for the infection). Review of urine culture laboratory report dated December 15, 2019, revealed that the urine sample tested on [DATE], tested positive for infection. Review of nursing progress notes dated December 16, 2019, revealed new orders were received for [MEDICATION NAME] (antibiotic) for a urinary		
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.

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F 0641 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	(continued... from page 1) tract infection. Review of physician progress notes [REDACTED]. During an interview with the RNAC on March 12, 2020, at 10:07 AM, she confirmed that this assessment should have been coded to indicate that Resident 35 had a urinary tract infection within 30 days from the assessment date. 28 Pa. Code 211.5(f) Clinical records. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to follow care planned interventions put in place to prevent falls for one of 23 residents reviewed (Resident 11). Findings include: Review of Resident 11's clinical record revealed [DIAGNOSES REDACTED]. Review of Resident 11's current care plan revealed that resident was at risk for falls related to cognitive impairment. It also revealed an intervention of, not to be left in restroom alone. This intervention was effective November 27, 2018. Review of facility incident report revealed that Resident 11 experienced an unwitnessed fall on September 18, 2019, where she was found laying on the floor of her bathroom. Further review of this report revealed that the fall resulted from the resident attempting to get up from the toilet while unattended. The report also revealed that the care plan was not being followed at the time of the fall. Review of discipline documentation form dated September 18, 2019, revealed that NA 1 assisted resident to the restroom, asked her to ring when she was done, and left the resident in the bathroom alone. During an interview with the Director of Nursing on March 11, 2020, at 3:11 PM, she revealed the expectation that care plan should have been followed at the time of the fall. 28 Pa. Code 211.12(d)(1) Nursing services.		
F 0657 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, and staff interview, it was determined that the facility failed to ensure that the resident care plan was reviewed and revised to reflect the resident's current status for one of 23 residents reviewed (Resident 11). Findings include: Review of Resident 11's clinical record revealed [DIAGNOSES REDACTED]. Observation on March 9, 2020, at 9:46 AM revealed resident had two fall mats present in her room. Observation also revealed resident's bed to be in the middle of the wall, with the headboard against the wall. Review of Resident 11's current care plan revealed a problem area related to falls. Interventions included a fall mat on the left side of the bed only, and to have the bed against the wall. Review of facility incident report revealed Resident 11 experienced a fall on December 31, 2019, where she was found sitting on the floor on the right side of her bed on her fall mat. During an interview with the Director of Nursing (DON) on March 11, 2020, at 12:05 PM she revealed that when Resident 11 moved upstairs to her current room, it was not an option for the bed to be against the wall. She also revealed that a fall mat was added to the right side of the bed at that time. The DON confirmed that the care plan was not updated with these interventions, but should have been. Review of patient profile and summary form revealed that Resident 11 moved to her current room on July 30, 2019. 28 Pa. Code 211.5(f) Clinical records. 28 Pa. Code 211.11(d) Resident care plan. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of facility policy, review of clinical records and interviews with staff, it was determined that the facility failed to obtain, follow physician's orders [REDACTED]. Review of the physician orders [REDACTED]. Review of the February 2020 Medication Administration Record [REDACTED]. During an interview with the Nursing Home Administrator and Director of Nursing on March 12, 2020 at 11:59 AM they acknowledged that insulin was not administered per physician order. 28 Pa. Code 211.12(d)(1)(5) Nursing service		