

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER BAPTIST HOMES OF WESTERN PENNSYLVANIA		STREET ADDRESS, CITY, STATE, ZIP 489 CASTLE SHANNON BLVD PITTSBURGH, PA 15234	
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 0568 Level of harm - Potential for minimal harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. Based on review of facility documentation and staff interview it was revealed that the facility failed to maintain a separate account that precluded commingling of resident funds with funds of other residents (Personal Care Home) for nine of ten months (June, July, August, September, October, November, December 2019 and January and February of 2020). Findings include: A review of facility documentation (bank statement) revealed the following: June 2019: 11 Nursing Care and 3 Personal Care residents with monies in the same resident trust fund July 2019: 10 Nursing Care and 4 Personal Care residents with monies in the same resident trust fund August 2019: 9 Nursing Care and 4 Personal Care residents with monies in the same resident trust fund September 2019: 8 Nursing Care and 4 Personal Care residents with monies in the same resident trust fund October 2019: 8 Nursing Care and 4 Personal Care residents with monies in the same resident trust fund November 2019: 9 Nursing Care and 4 Personal Care residents with monies in the same resident trust fund December 2019: 10 Nursing Care and 4 Personal Care residents with monies in the same resident trust fund January 2020: 10 Nursing Care and 4 Personal Care residents with monies in the same resident trust fund February 2020: 10 Nursing Care and 4 Personal Care residents with monies in the same resident trust fund During an interview on 3/6/20, at 1:24 p.m. Controller Employee E5, confirmed that the facility failed to maintain a separate account that kept nursing care home and personal care home monies from commingling. 28 Pa. Code:201.18(b)(2)Management.		
F 0757 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy and clinical record review and staff interview, it was determined that the facility failed to make certain that each resident's drug regimen was free from unnecessary medications for one of five residents (Resident R66). Findings include: The facility policy [MEDICAL CONDITION] Medication dated March 2019, indicated that the physician provides order for [MEDICAL CONDITION] medication only for the treatment of [REDACTED]. The physician is to document the rational and [DIAGNOSES REDACTED]. A review of the clinical record revealed that Resident R66 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The Minimum Data Set (periodic assessment of care needs) dated 2/4/20, confirmed that these [DIAGNOSES REDACTED]. A review of the Med Options Medication Management Assessment consults completed by the psychiatric mental health nurse practitioner and reviewed and signed by Resident R66's primary care physician dated 6/24/19, 7/8/19, 9/11/19, 9/30/19, 10/30/19, 11/25/19, 12/23/19, and 2/3/20, indicated [DIAGNOSES REDACTED]. provide an appropriate [DIAGNOSES REDACTED]. During an interview on 3/6/20, at 1:51 p. m. Assistant Director of Nursing confirmed that the facility failed to make certain that residents medication regimen was free of unnecessary medication for Resident R66. 28 PA. Code: 201.14 (a) Responsibility of licensee. Previously cited 3/28/19 28 PA. Code: 211.2 (a) (2) Pharmacy services. Previously cited 3/28/19 28 PA. Code: 211.12 (d) (1) (2) (3) (5) Nursing services. Previously cited 3/28/19		
F 0758 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, clinical records, and staff interview, it was determined that the facility failed to limit as needed (PRN) psychoactive drug (any drug that affects the brain activities associated with mental processes and behavior including antianxiety drugs) to 14 days of use for two of 25 residents (Resident R47 and R44). Findings include: A review of the facility Policy [MEDICAL CONDITION] Medication dated March 2019, indicated that residents will only consider the use of antipsychotic medications after medical, physical, functional, psychological, emotional, psychiatric, social, and environmental causes have been identified and addressed. The facility will strive to prescribe the lowest dosage possible for the shortest period of time and make every effort to reduce dosage or discontinue the [MEDICAL CONDITION] medications. A review of the facility Admission Record indicated that Resident R47 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. other disorders and is characterized by restlessness, illusions, and incoherence of thought and speech) due to known physiological condition. The MDS (minimal data set - a periodic assessment of resident needs) dated 1/25/20, indicated the [DIAGNOSES REDACTED]. A review of the clinical record revealed a Medication Regimen Review dated 8/21/19, for [MEDICATION NAME] PRN, with a 90 day continuation of the medication, but failing to include why the PRN should exceed the 14 day review. During an interview on 3/5/20, Registered Nurse (RN) Employee E6 confirmed that the physician order for [REDACTED]. A review of the physician order dated 1/17/20, indicated Resident R44 was prescribed [MEDICATION NAME] 0.5 mg orally three times a day PRN 30 days. A review of the physician order dated 2/17/20, revealed a PRN order for [MEDICATION NAME] 0.5 mg orally three times a day for 30 days. During an interview on 3/5/20, at 4:20 p. m. RN Unit Manager Employee E6 confirmed that the physician order for [REDACTED]. Code: 201.14 (a) Responsibility of licensee. Previously cited 3/28/19 28 PA. Code: 211.2 (a) (2) Physician services. 28 PA. Code: 211.9 (a) (1) Pharmacy services Previously cited 3/28/19 28 PA. Code: 211.12 (d) (1) (2) (3) (5) Nursing services. Previously cited 3/28/19		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	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 policy review, it was determined that the facility failed to properly label and store food products in a manner to prevent foodborne illness in the main kitchen. Findings include: A review of facility policy, Food Storage dated 3/19, indicated that food will be stored in a safe manner. During an observation on 3/3/2020, at 9:15 a.m. of Refrigerator #2 the following were taken out of the original packaging and not labeled or dated: one package of Swiss cheese one package of pork loin one package of parmesan cheese. During an observation on 3/3/2020, at 9:31 a.m. of Freezer #1 the following were taken out of the original packaging and not labeled or dated: one package of tater tots one package of zucchini one package of mixed vegetables one package of french fries three packages of chocolate cookies one package of vegetable blend. During an interview on 3/3/2020, at 9:42 a.m. Dietary Director Employee E4 confirmed that the		
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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<p>F 0812</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>facility failed to store food products in a manner to prevent foodborne illness. 28 Pa. Code 201.18 (b) (1) Management Previously cited 3/28/19 28 Pa. Code 211.6 (c) Dietary Services</p>		