

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395726</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HARMON HOUSE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>601 SOUTH CHURCH STREET MOUNT PLEASANT, PA 15666</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<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 review of the Pennsylvania Nurse Practice Act, facility policies, and residents' clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a professional (registered) nurse completed an assessment of a resident following a change in condition for one of six residents reviewed (Resident 1). Findings include: The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.11 (a)(1)(2)(4) indicated that the registered nurse was to collect complete and ongoing data to determine nursing care needs, analyze the health status of individuals and compare the data with the norm when determining nursing care needs, and carry out nursing care actions that promote, maintain and restore the well-being of individuals. The facility's policy regarding nursing assessments, dated September 17, 2019, revealed that nursing assessments were to be completed when necessary to care for residents, and any notification of a change in condition would prompt a nursing assessment for physician notification and intervention as necessary. Documentation of the assessment, and physician and resident representative notification, was to be completed in the electronic medical record. An admission Minimum Data Set (MDS) assessment (a federally-mandated assessment of a resident's abilities and care needs) for Resident 1, dated January 15, 2020, revealed that the resident was understood, could sometimes understand, required extensive assistance from two staff for daily care tasks, including transfers and bed mobility, was frequently incontinent of bowel and bladder, and had medical [DIAGNOSES REDACTED]. A nursing note for Resident 1, dated January 25, 2020, and completed by a licensed practical nurse, revealed that the resident had an open area to her coccyx (tailbone) that measured 4.0 x 1.0 centimeters (cm). The note indicated that the registered nurse supervisor was made aware. However, there was no documented evidence that the area was assessed by a professional (registered) nurse until January 27, 2020 (two days later). The assessment by the registered nurse indicated that the resident had an area of moisture associated skin damage (MASD - inflammation and erosion of the skin caused by prolonged exposure to moisture) to the coccyx area. Interview with the Director of Nursing on May 18, 2020, at 9:40 a.m. confirmed that there was no documented evidence that a professional (registered) nurse completed an assessment of Resident 1's skin area when it was first noted on January 25, 2020. 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.