

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER MOUNTAIN LAUREL HEALTHCARE AND REHABILITATION CTR		STREET ADDRESS, CITY, STATE, ZIP 700 LEONARD STREET CLEARFIELD, PA 16830	
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 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that clinical records were complete and accurately documented for one of eight residents reviewed (Resident 8). Findings include: The facility's policy regarding medication administration, dated March 20, 2020, indicated that the nurse was to document all medications administered to each resident on the resident's Medication Administration Record [REDACTED]. physician's orders [REDACTED]. dose of a controlled drug) for Resident 8 revealed that [MEDICATION NAME] and [MEDICATION NAME] sulfate were signed out for administration on March 6, 2020, at 2:00 p.m., 3:00 p.m., 4:00 p.m. and 5:00 p.m. A Medication Administration Audit Report for March 2020 revealed that staff did not document the administration of [MEDICATION NAME] and [MEDICATION NAME] sulfate immediately after they were administered. On March 6, 2020, the 2:00 p.m. dose was documented as administered at 4:33 p.m., the 3:00 p.m. dose was documented as administered at 4:31 p.m., the 4:00 p.m. dose was documented as administered at 5:12 p.m., and the 5:00 p.m. dose was documented as administered at 5:30 p.m. Interview with the Director of Nursing on March 23, 2020, at 2:34 p.m. confirmed that staff were to document on the resident's MAR indicated [REDACTED]. physician's orders [REDACTED]. on March 6, 2020, at 8:00 a.m.; however, the resident's MAR indicated [REDACTED]. 28 Pa. Code 211.5(f) Clinical records.		
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.