

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395984	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2020
NAME OF PROVIDER OF SUPPLIER AVENTURA AT CREEKSIDE		STREET ADDRESS, CITY, STATE, ZIP 45 NORTH SCOTT STREET CARBONDALE, PA 18407	
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 0552 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews with residents and review of clinical records it was determined that the facility failed to inform residents in advance of the care to be furnished for two out of 15 residents reviewed (Residents 10 and 26). Findings include: Clinical record review revealed that Resident 10 was admitted to the facility on [DATE], and had [DIAGNOSES REDACTED]. The Minimum Data Set assessment dated [DATE], indicated that the resident was cognitively intact. According to the resident's clinical record Resident 10 had a pre and post void ultrasound of his bladder scheduled for March 6, 2020, due to concerns of frequent urination. During an interview March 11, 2020 at 11:00 a.m, Resident 10 stated that no one told him how much fluid he should or should not drink prior to his scheduled ultrasound. Resident 10 continued to state that the technician performing his ultrasound told him he had a lot of fluid in his bladder, but hopefully they would not need to redo the ultrasound. The resident stated he wished they had told him the necessary information prior to test. Clinical record review revealed that Resident 26 was admitted to the facility on [DATE], and had [DIAGNOSES REDACTED]. The Minimum Data Set assessment dated [DATE], indicated that the resident was cognitively intact. Resident 26 had a mammogram scheduled for January 21, 2020, according to the clinical record. Further review of resident's clinical record revealed that the resident went to appointment on January 21, 2020, but appointment had to be rescheduled due to resident having powder under breasts. The resident's appointment was rescheduled for January 30, 2020. During an interview March 11, 2020, at 11:00 a.m., Resident 26 stated that her mammogram had to be rescheduled because she had put powder on that day and the mammogram could not be completed. Resident 26 stated that no one had told her prior to mammogram not to put powder on. In an interview on March 11, 2020, at 2:15 p.m., the Director of Nursing was unable to provide evidence that staff had informed the residents of the necessary preparations prior to the above clinical testing. 28 Pa. Code 201.29(a)(j) Resident rights 28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services		
F 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, it was determined that the facility failed to provide housekeeping services to maintain a clean environment on one of four hallways (Lilac Hall) in facility. Findings include: Observation on initial tour of the facility's Lilac Hall on March 10, 2020, at approximately 9:30 a.m. revealed paper debris was scattered throughout the hallway. Dirt and debris was observed under door bed in resident room [ROOM NUMBER]. A large black spot/stain was observed in front of the doorway. A used, dirty towel and gown were observed on the floor of the bathroom in resident room [ROOM NUMBER]. Observation of the facility's Lilac Hall on March 12, 2020 at approximately 9:00 a.m., revealed paper debris scattered and dirt spots throughout the hallway. A used band-aid was observed on the floor of the hallway in front of resident room [ROOM NUMBER]. A used glove was observed on the floor of resident room [ROOM NUMBER]. Further observation at approximately 1:15 p.m on March 12, 2020, revealed that the areas noted above were observed to remain in the same appearance as initially observed at 9:00 a.m. Observation of the facility's Lilac Hall on March 13, 2020 at approximately 9:00 a.m., revealed paper debris scattered and dirt spots throughout the hallway. A used band-aid was observed on the floor in the hallway upon entering Lilac hall. Further observation at approximately 11:30 a.m on March 13, 2020, revealed that the areas noted above were observed to remain in the same appearance as initially observed at 9:00 a.m. Interview with the Nursing Home Administrator and Director of Nursing on March 12, 2020, at approximately 2:15 p.m. confirmed that the environment and resident care equipment were to be maintained in a clean, orderly and sanitary manner. 28 Pa. Code 207.2 (a) Administrator's responsibility.		
F 0688 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, observation, and resident and staff interview it was determined that the facility failed to ensure the application of a hand splint and foot orthotic to prevent a decrease in range of motion and develop a program to maintain ambulation upon discharge from physical therapy for one resident of three residents reviewed (Resident 55). Findings include: Review of the clinical record revealed that Resident 55 had diagnoses, which [MEDICAL CONDITION]([MEDICAL CONDITION]- stroke) with [MEDICAL CONDITION] (paralysis on one side of the body). A quarterly Minimum Data Set (MDS- a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated, February 14, 2020, indicated that the resident was assessed with [REDACTED]. The resident was non-ambulatory and had limited range of motion of both the upper and lower extremity on one side according to the assessment. Review of the resident's March 2020 Documentation Report revealed a physician order [REDACTED]. There was also an order [REDACTED]. Review of the Resident's Physical Therapy Discharge Summary dated January 17, 2020, indicated at the time of discharge the resident was able to ambulate on a level surface 40 feet using contact guard assistance (staff has a hand on the resident to provide support). Discharge recommendations included restorative nursing program for splinting with Right MAFO on in the AM and off PM (evening) and stand to sit transfers times five repetitions daily. There was no recommendation for services to maintain the resident's ambulation level achieved in therapy. Observation of Resident 55 on March 11, 2020, at 12:00 PM revealed the resident was seated in a wheelchair and had limited range of motion of her right side. Interview with the resident at this time at this time revealed a splint was located on the resident's dresser. The resident's MAFO was not applied to the right leg. The resident stated that the splint observed on the dresser was for her right hand, but was not being applied. The resident stated that the MAFO did not fit correctly. Resident 55 also stated that since physical therapy ended, she was not able to ambulate. During a second interview with the resident on March 11, 2020, at 1:50 PM in the presence of employee 2 (occupational therapist) the resident again stated that staff were not applying the splint at night. Employee 2 attempted to apply the splint at this time. However, the splint did not properly fit. Employee 2 stated that a reevaluation of the resident for the use of splint would be needed. Interview with the director of nursing on March 13, 2020, at 11:00 AM failed to provide evidence that the facility consistently provided services to maintain, improve or prevent avoidable decline in range of motion and mobility for the resident. 28 Pa. Code 211.12 (a)(c)(d)(1)(3)(5) Nursing services 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.

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F 0688 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	(continued... from page 1)		
F 0697 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **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 attempt non-pharmacological interventions to alleviate pain prior to the administration of a narcotic pain medication prescribed on an as needed basis for one resident (Resident 53) of 15 residents reviewed. Findings include: A review of Resident 53's clinical record revealed current physician's orders [REDACTED]. A review of the resident's February 2020 Medication Administration Records (MARs) revealed that staff administered this narcotic pain medication 17 times during the month of February 2020; of the 17 doses given in the month of February, all were administered with no evidence that non-pharmacological pain reducing interventions were attempted prior to giving the narcotic pain medication. A review of the resident's March 2020 Medication Administration Records revealed that staff administered this narcotic pain medication 21 times during the month of March 2020; of the 21 doses given in the month of March, 20 were administered with no non-pharmacological interventions attempted to alleviate the resident's pain prior to administering the narcotic pain medication. Interview with the DON (director of nursing) on March 12, 2020, at approximately 1:00 PM confirmed that there was no evidence that non-pharmacological interventions were consistently attempted and proved ineffective prior to administration of prn narcotic opioid pain medication. 28 Pa. Code 211.5(f) Clinical records 28 Pa. Code 211.5(g) Clinical records 28 Pa. Code 211.12(a) Nursing Services 28 Pa. Code 211.12(c) Nursing Services 28 Pa. Code 211.12(d)(1) Nursing Services 28 Pa. Code 211.12(d)(5) Nursing Services		
F 0698 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Past noncompliance - remedy proposed **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record review and staff interview it was determined that the facility failed to ensure the ready availability of necessary emergency supplies for a resident receiving [MEDICAL TREATMENT] for one of 15 residents sampled. (Resident 1) Findings include: According to the National Kidney Foundation patients receiving [MEDICAL TREATMENT] should keep emergency care supplies on hand. A review of Resident 1's clinical record revealed that the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Review of the Resident's current plan of care initiated January 29, 2020, revealed that the resident will receive [MEDICAL TREATMENT]. An intervention put in place on February 13, 2020, directed that a Kelly clamp will be taped to the wall in her room, the inside door of her closet, and in the medication cart. Observations conducted on March 12, 2020, at 8:27 AM and revealed there were no emergency supplies available in the resident's room as noted in the resident's plan of care. Interview with Employee 1, RN, on March 12, 2020, at 8:33 AM revealed that each resident in the facility receiving [MEDICAL TREATMENT] should have emergency supplies at the bedside. Employee 1 confirmed there were no emergency supplies at the resident's bedside. Interview with the Director of Nursing on March 12, 2019 at approximately 1:00 PM confirmed the facility failed to ensure the ready availability of necessary emergency supplies at the resident's bedside. 28 Pa. Code 211.12(a) Nursing Services 28 Pa. Code 211.12(c) Nursing Services 28 Pa. Code 211.12(d)(1) Nursing Services 28 Pa. Code 211.12(d)(3) Nursing Services 28 Pa. Code 211.12(d)(5) Nursing Services		
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 clinical record review and staff interviews, it was determined that the facility failed to clinically justify the use of duplicate drug therapy (refers to multiple medications of the same pharmacological class/category or any medication therapy that substantially duplicates a particular effect of another medication an individual is taking) for the treatment of [REDACTED]. Findings include: A review of the clinical record revealed Resident 55 had diagnoses, which included depression. Current physician orders [REDACTED]. 28 Pa. Code 211.12 (a)(c)(d)(1)(3)(5) Nursing services 28 Pa. Code 211.5 (f)(g)(h) Clinical records 28 Pa. Code 211.2(a) Physician services		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and staff interview, it was determined that the facility failed to maintain acceptable practices for the labeling, storage, and service of food to prevent the potential for microbial growth in food, which increased the risk of food-borne illness. Findings include: Food safety and inspection standards for safe food handling indicate that safe food handling indicate that everything that comes in contact with food must be kept clean and food that is mishandled can lead to foodborne illness. Safe steps in food handling, cooking, and storage are essential in preventing foodborne illness. You cannot always see, smell, or taste harmful bacteria that may cause illness according to the USDA (The United States Department of Agriculture, also known as the Agriculture Department, is the U.S. federal executive department responsible for developing and executing federal laws related to food). According to the federal regulatory guidance at CFR 483.60(i)-(2) Food safety requirements - the definition of Danger Zone, found under the Definitions section, is food temperatures above 41 degrees Fahrenheit and below 135 degrees Fahrenheit that allow rapid growth of pathogenic microorganisms that can cause foodborne illness. Observation of the food and nutrition services department on March 10, 2020, at approximately 8:30 AM revealed an undated opened container of fruit cocktail on the shelf in the refrigerator. There was also an case of fresh shell eggs and an opened carton of 14 fresh shell eggs on the shelf in the refrigerator. Review of the facility invoice dated, March 9, 2020, revealed that shell eggs (unpasteurized) were ordered through purchasing instead of pasteurized shell eggs (Salmonella infections may be prevented by substituting unpasteurized eggs with pasteurized eggs (gently heated in their shells just enough to actually cook the egg)in the preparation of foods that will not be thoroughly cooked.) Interview with the certified dietary manager (CDM) at this time and review of the menu confirmed that fried eggs (the yolk is not completely firm) are served on the menu. Interview with the administrator on March 10, 2020, at approximately 2:30 PM confirmed unpasteurized shell eggs were ordered by mistake and noted that the facility policy is to order pasteurized shell eggs for food safety. 28 Pa. Code 207.2(a) Administrator's responsibility 28 Pa Code 211.6(c)(f) Dietary services		