

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395395	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER COLONIAL PARK CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 800 KING RUSS ROAD HARRISBURG, PA 17109	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, review of facility policy, review of select facility documents and staff interview, it was determined that the facility failed to ensure that services were provided in a manner that maintained resident respect in regards to return of personal effects for one of eight residents reviewed (Resident 2). Findings include: Review of Resident 2's clinical record revealed [DIAGNOSES REDACTED]. Review of Resident 2's clinical record revealed that she was transferred from facility to hospital on August 18, 2020, due to a change in condition. It was noted that Resident 2 did not return to facility due to the occurrence of her death. Interview with Nursing Home Administrator (NHA) on September 29, 2020, at approximately 2:15 PM, revealed that communications had occurred between facility and Resident 2's family regarding their picking up the resident's personal effects. The NHA revealed that following Resident 2's personal effects being picked up, he had received notice that the personal effects had been bagged up, that the bags also contained trash and one item was broken. NHA revealed that it was a Housekeeper (HSK) 1 who had bagged up Resident 2's belongings. Review of e-mail from NHA on September 30, 2020, at 9:36 AM revealed the statement The employee was terminated on August 26, 2020, for attendance and job performance before we were aware of the concerns sent to us on the 1st. Review of documents provided by facility revealed a copy of Resident Rights policy which revealed signature of HSK 1 with dating of June 19, 2020, (HSK 1's start of employment). Review of the policy revealed the statement Each employee is required to know these rights and to make a conscious effort to realize how these rights affect the execution of individual job duties on a daily basis. Review of facility Corrective Action Form which was signed by HSK 1 on August 24, 2020, revealed she was being terminated due to many complaints about her work. During an interview with the Nursing Home Administrator (NHA) on September 30, 2020, at 3:45 PM, the NHA revealed the expectation that HSK 1 should have respectfully bagged up the personal effects in a proper manner. 28 Pa. Code 201.29(j) Resident rights 28 Pa. Code 211.12(d)(1)(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.