

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395473	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER PENNSWOOD VILLAGE		STREET ADDRESS, CITY, STATE, ZIP ROUTE 413 NEWTOWN, PA 18940	
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	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, review of facility documentation, review of clinical records and interviews with staff, it was determined that the facility failed to ensure that dignity was maintained for two of 20 residents reviewed (Residents R7 and R17). Findings include: Observation on March 9, 2020, at 1:10 p.m. revealed Resident R7 yelling out and making delusional statements towards staff. The resident appeared irritable. Review of Resident R7's quarterly Minimum Data Set (MDS - a required periodic assessment), dated September 16, 2019, revealed that the resident was admitted to the facility on [DATE], and had [DIAGNOSES REDACTED]. Continued review of the MDS revealed that the resident was unable to complete an interview to assess for mental status and was assessed by staff to be moderately cognitively impaired (poor decision making with cues and supervision required). Review of Resident R7's care plan, dated December 17, 2018, revealed that the resident had impaired cognition related to dementia, required assistance with activities of daily living and behaviors. Continued review of the care plan indicated that the resident exhibited repetitive verbalizations, resistance to care, verbal outbursts, hallucinations and delusions. Interventions for these behaviors included distraction, speaking in an appropriate tone, attempt to change the subject, and provide validation and reassurance. Review of a psychiatric assessment for R7, dated August 15, 2019, revealed that the resident had some verbal agitation and was often easily redirected. Review of Resident R17's annual MDS, dated [DATE], revealed that the resident was admitted to the facility on [DATE], and had [DIAGNOSES REDACTED]. Review of Resident R17's care plan, dated December 27, 2019, revealed that the resident had impaired memory and communication related to dementia. Interventions included explaining what you are going to do, face the resident and use plain simple language, cue and reorient as needed, speak in a calm friendly voice, speak clearly in an appropriate tone and offer reassurance. Review of facility documentation, dated October 16, 2019, revealed that a dietary employee observed Resident R7 yelling out and that in response, Employee E5, nurse aide, stated to Resident R7, Hey, look at me, shut up, just shut up. Employee E5 then took Resident R7 down the hall. Continued review of the facility documentation revealed that next, Employee E4, nurse aide, brought Resident R17 into a lounge area. Resident R17 was verbalizing about being saved and naming different people. Employee E4 responded they are not working today and Resident R17 become increasingly frustrated and louder. Then the dietary employee observed Employee E4 tell the resident to shut up and walk away. Interview on March 10, 2020, at 2:00 p.m. the Director of Nursing stated that she reviewed video footage of the above events and found the dietary employee to be a credible witness. She agreed that the residents were not treated in a dignified manner. The facility failed to maintain dignity for two residents. 28 Pa Code 201.29(j) Resident rights</p>		
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.