

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395828	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER CAMBRIA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 429 MANOR DRIVE EBENSBURG, PA 15931	
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that physician orders [REDACTED]. Findings include: A [DIAGNOSES REDACTED]. physician's orders [REDACTED]. A nursing note for Resident 2, dated January 25, 2020, indicated that the resident's catheter was changed and that a 28 French with a 75 cc balloon was inserted. The resident's treatment record for February 2020 indicated that a routine monthly catheter change was completed on February 15, 2020. Interview with Registered Nurse 1 on March 4, 2020, at 2:40 p.m. confirmed that Resident 2 currently had a 28 French catheter with a 75 cc balloon in place, instead of a 30 French as ordered by the physician. Interview with the Assistant Director of Nursing on March 4, 2020, at 3:10 p.m. revealed that a physician's orders [REDACTED]. She was not aware of why a different size catheter was inserted for Resident 2, and indicated that if the size ordered was unavailable the order should have been clarified with the physician. 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.