STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395774	A. BLDG: 00 B. WING:	08/16/2021

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
LANCASTER NURSING AND REHABILITATION CENTER STATE LICENSE NUMBER: **035302**	**900 E KING STREET** **LANCASTER, PA 17602**

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F 0000	INITIAL COMMENT	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0000	Continued from page 1 Based on an abbreviated survey and state monitoring survey completed on August 16, 2021, in response to eight complaints at Lancaster Nursing and Rehabilitation Center, it was determined that the facility was not in compliance under the requirement of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the PA 28 Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as it relates to the health care portion of the survey process.	F 0000		

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F 0000	Continued from page 2	F 0000		
F 0760 SS=G		F 0760		

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F 0760 SS=G	Continued from page 3 483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by:	F 0760	Development and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth in the statement of deficiency. This plan of correction is prepared and/or executed by provision of Federal or State Law. 1. The order for coumadin on resident #1 was discontinued on 8/3, physician was notified. Resident was assessed by physician on 8/4 with new orders for stat labs of complete blood count with differential (CBCwD) and prothrombin/international normalized ratio (pt/inr). Resident was sent to hospital for evaluation. 2. Director of Nursing or designee completed an audit to identify any resident with coumadin orders in last 30 days to ensure they were to be on coumadin. 3. Director of Nursing or designee completed immediate education with facility registered and licensed nurses on appropriate utilization of the Coumadin anticoagulant record	Completion Date: **09/23/2021** Status: **APPROVED** Date: **09/07/2021**

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F 0760 SS=G	Continued from page 4	F 0760	and eMAR parameters. Director of Nursing or designee completed education with facility registered and licensed nurses of order transcription. Director of Nursing or designee completed education with facility registered and licensed nurses on new order set with coumadin/warfarin template orders that will include pt/inr supplement documentation. Directed inservice was scheduled with LW Consulting to complete education with licensed nurses and registered nurses related to medication errors. 4. Director of nursing or designee will complete random audits of coumadin/warfarin orders daily for 7 days, then weekly for 4 weeks and then monthly for 2 months to ensure coumadin/warfarin orders are transcribed only on residents who are to receive the medication as part of the medical treatment plan. 5. Director of nursing or designee will report audit results at the Quality Assurance and Performance Improvement Committee to address any trends or patterns for further review and or recommendations.	

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F 0760 SS=G	Continued from page 5 Based upon facility policy and procedures, clinical record, and facility reported incident review, it was determined the facility failed to ensure residents were free from significant medication errors for one of six residents reviewed, which resulted in actual harm to one resident (Resident R1). Findings include: Review of facility policy and procedure titled "Administering Medications" revealed "If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's Attending Physician or the facility's Medical Director to discuss the concerns." Further review of facility policy revealed "the individual administering medications verifies the	F 0760		

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F 0760 SS=G	Continued from page 6 resident's identity before giving the resident his/her medications. Methods of identifying the resident include: checking identification band; checking photograph attached to medical record and if necessary, verifying resident identification with other facility personnel." Review of Resident R1's diagnosis list revealed diagnoses including Crohn's disease (chronic inflammatory bowel disease that affects the lining of the digestive tract), visual loss in both eyes and end stage renal disease (failure of kidney function to remove toxins from the blood). Review of facility reported incident dated August 3, 2021 revealed Resident R1 received medication ordered for Resident R2. Review of Resident R2's physician's order dated August 2, 2021 revealed Coumadin 12.5 milligrams (mg) to be administered daily. Review of Resident R2's August Medication	F 0760		

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F 0760 SS=G	Continued from page 7 Administration Record (MAR) revealed Resident R2 received Coumadin 12.5 mg daily. Review of Resident R1's August 2021 MAR revealed Resident R1 received Coumadin 12.5 mg on August 2, 2021 and August 3, 2021. Review of Resident R1's physician orders failed to reveal an order for Coumadin for Resident R1. Review of Resident R1's change in condition note dated August 4, 2021 revealed "97.8 116 20 113/51 sats 92% [vital signs] on room air lung sounds clear diminished resident observed with lethargy [tiredness] only responding once aroused, baseline resident is usually singing and conversing with staff MD in to assess ordered stat [immediate] labs. Stat labs obtained INR>11.4 [international normalization ratio - lab test which measures the pathway of coagulation/time it takes for blood to clot and compares it to an average], PT >109 [lab test that measures the ability of blood to clot] hgb [hemoglobin] 6.8 vitals reassess 98.5 115 19 98/64	F 0760		

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F 0760 SS=G	Continued from page 8 conts [continues] with lethargy required asst [assistance] with all meals received n/o [new order] to sent to hosp [hospital] for eval. Resident was transferred to [acute care facility] for eval case manager was updated. [physician] placed call to #1 updated him on assessment and eval to hosp." Review of hospital emergency room records dated August 4, 2021 revealed "The patient has acute [sudden] drop in H/H [hemoglobin and hematocrit] secondary to accidental warfarin [coumadin] administration; with INR of 11 on admission. Vitamin K [required to help body form blood clots and reverses the anticoagulation pathway] was given, check h/h; clear diet, trend INR; give additional Vitamin K if needed. 2 units of RBCs [red blood cells] was ordered." Review of hospital laboratory results dated August 4, 2021, on admission to the emergency room, revealed Resident R1's hemoglobin was 6.9 and INR was >11.4.	F 0760		

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F 0760 SS=G	Continued from page 9 Interview with Nursing Home Administrator on August 16, 2021 at approximately 10:00 a.m. revealed that there was a transcription error with Resident R1 and Resident R2's physician orders therefore Resident R1 received two doses of Coumadin 12.5 mg that were ordered for Resident R2. The facility failed to ensure Resident R1 was free of significant medication errors which resulted in a sudden drop in hemoglobin levels and a rise in anticoagulation levels which ultimately resulted in Resident R1 being admitted to the hospital for anemia and requiring treatment to reverse the anticoagulation levels caused by the inadvertent Coumadin administration. 28 Pa Code 211.10(c) Resident care policies Previously cited on 06/07/21 28 Pa Code 211.12(d)(1) Nursing Services Previously cited on 06/07/21	F 0760		

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F 0760 SS=G	Continued from page 10	F 0760		

Certified End Page

LANCASTER NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 035302

SURVEY EXIT DATE: 08/16/2021

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Susan Coble
Deputy Secretary for Quality Assurance

Alison V. Beam
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY