

During the week of September 12, the Pennsylvania Department of Health conducted its annual survey of Westmoreland Manor. We want to be clear to the Manor's residents, their families, and county taxpayers that we take every finding seriously. While none of the DOH findings presented an imminent health and safety risk to residents, we owe it to all parties to be as transparent as possible about the operation of the facility.

Below is the listing of each individual finding in the survey, as well as information pertaining to each. We are working closely with the Manor administration to prepare a plan of correction to submit to the Department of Health.

We are grateful to the staff of the Manor in preparing for this survey, and for making significant improvements since last year's damaging, and highly-publicized, survey. We have made real progress, but this latest survey shows we have more to do.

We remain committed to providing the best care possible for Manor residents and ensuring that our public nursing home remains a trusted asset for years to come.

- Westmoreland County Board of Commissioners

#### PA Department of Health 9/16/16 visit

F164 Privacy & Confidentiality - Staff left Kiosk to respond to patient care without closing the computer screen, training & education are being completed.

F225 Not Employ Persons Guilty of Abuse - Three unfounded incidents lack proper documentation; we are improving procedures to complete thorough investigations of abuse and neglect; new process started in Risk Management to rule out allegations of founded/unfounded complaints.

F241 Dignity - Plan of correction being developed to eliminate wait times and be a more home like setting.

F242 Self Determination Right - Res Makes Choices - Complaints with lab draws and urine specimen obtained too early in morning, education being completed on resident choice.

F252 Safe/clean/comfortable/homelike env – Recreation lounges had wheelchairs stored in them; the wheelchairs have been removed, creating a more homelike environment for recreational use.

F273 Assessment Freq – No Later than 14 days - We submitted an assessment on the 15<sup>th</sup> day.

F278 Accuracy of Assess/Coord w/Professionals – BIMS Assessment

F279 Develop Comprehensive Care Plans – Education being completed for devices not a part of care plan.

F309 Nec Care for Highest Prac Well Being - One resident did not have communication from a hospice provider, one resident did not have an order for a procedure, one resident's physician was not notified after a lab. A plan of correction is being developed for lack of documentation.

F312 ADL Care for Dependent Residents – One resident had improper ointment application, training being conducted.

F314 Treatment to Prevent/Heal Pressure Sores – One resident did not have a pressure relieving device (leg rest on wheelchair) in place as ordered by physician. The leg rest is now in place, training being provided, no adverse effect to resident.

F323 Fac Free of Accidental Hazards - Recreation lounges had wheelchairs stored in them; the wheelchairs have been removed, creating a more homelike environment for recreational use.

F371 Sanitary Food Procure/Prep/Dist/Storage - Dietary department had loose particles of debris on the floor of the walk in refrigerator. The debris has been cleaned up and inspections being conducted.

F431 Proper Labeling of Drugs & Biologicals – There was one medication not double locked in the refrigerator; it was only single locked. It is now double locked and being inspected to ensure it is locked.

F514 Clinical Records Meet Prof Standards – One investigation was not complete with RN assessment of the resident; education being completed.