

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Walnut Creek Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 4850 Zuck Road Erie, PA 16506	

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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on review of Minimum Data Sets (MDS - federally mandated standardized assessment conducted at specific intervals to plan resident care), clinical records and staff interviews, it was determined that the facility failed to ensure that MDS assessments accurately reflected the status of three of 22 residents reviewed (Residents R2, R35, and R109).</p> <p>Findings include:</p> <p>Review of MDS instructions for Section O Special Treatments, Procedures, and Programs subsection O0110 K1 Hospice was to be checked if treatments, procedures, and programs were performed while a resident of this facility and within the last 14 days.</p> <p>Review of MDS instructions for Section A Identification Information subsection A2105 Discharge Status revealed to select the two-digit code that corresponds to the residents discharge status.</p> <p>Resident R2's clinical record revealed an admission date of 6/26/15, with diagnoses that included malignant neoplasm of prostate, (a cancer in a man's prostate), depression (condition characterized by persistent feeling of sadness loss of interest in activities once enjoyed), and high blood pressure.</p> <p>Resident R2's clinical record revealed a physician's order dated 9/25/24, to admit to Hospice Services.</p> <p>Resident R2's quarterly MDS with an Assessment Reference Date (ARD) of 3/19/25, Subsection O0100 K1 Hospice was not checked, although Resident R2 received hospice services while a resident of the facility during the fourteen-day look-back period.</p> <p>Resident R35's clinical record revealed an admission date of 5/10/24, with diagnoses that included senile degeneration of the brain (a group of neurological disorders that cause a gradual decline in cognitive function), acquired coagulation factor deficiency (blood clotting disorder is an inherited or acquired issue that makes you tend to form blood clots too easily), and an enlarged heart.</p> <p>Resident R35's clinical record revealed a physician's order dated 9/03/24, to admit to Hospice Services on 8/30/24.</p> <p>Resident R35's quarterly MDS with an ARD of 2/25/25, Subsection O0100 K1 Hospice was not checked, although Resident R2 received hospice services while a resident of the facility during the fourteen-day look-back period.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/21/25, at 11:10 a.m. Registered Nurse Assessment Coordinator (RNAC) confirmed that Resident R2's 3/19/25, MDS and Resident R35's 2/25/25, MDS were coded inaccurately and should have been checked for receiving Hospice while a resident for Residents R2 and R35.</p> <p>Resident R109's clinical record revealed an admission date of 1/23/25, with diagnoses that included aspiration pneumonia (a type of lung infection that occurs when food, liquid, saliva, or vomit is inhaled into the lungs), Benign Prostatic Hyperplasia (BPH - a noncancerous enlargement of the prostate gland, which can result in frequent urination, difficulty starting or stopping urination and a weak urine stream) and high blood pressure.</p> <p>Resident R109's clinical record revealed a progress note dated 2/20/25, indicating Resident R109 was transferred to the Emergency Room. Further review revealed a physician's order dated 2/20/25, indicating to send Resident R109 to the emergency room for evaluation of his/her right lower extremity.</p> <p>Resident R109's Discharge Return Anticipated MDS with an ARD of 2/20/25, Section A Identification Information subsection A2105 Discharge Status was coded as 01. Home / Community.</p> <p>During an interview on 5/22/25, at 9:54 a.m. the RNAC confirmed that Resident R109 was discharged to the hospital on 2/20/25, and the Discharge Return Anticipated MDS with an ARD of 2/20/25, was coded inaccurately and should have been coded as 04. Short-Term General Hospital (acute hospital, IPPS).</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.5(f)(ix) Medical Records</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on review of facility policy, observation, and staff interview, it was determined that the facility failed to safely secure medications on one of five nursing unit medication carts (Neighborhood Three medication cart).</p> <p>Findings include:</p> <p>A facility policy entitled Storage of Medications dated 2/03/25, indicated that unlocked medication carts are not left unattended.</p> <p>Observation on 5/20/25, at 11:10 a.m. revealed Neighborhood Three medication cart observed unlocked and unattended in a resident accessible hallway.</p> <p>During an interview at that time Licensed Practical Nurse Employee E3 confirmed that he/she should have locked the medication cart before leaving it unattended.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy services</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on review of facility policy, observations and staff interviews, it was determined that the facility failed to maintain dishwashing machine water temperatures in accordance with manufacturer recommendations for food service safety for the kitchen dishwasher and failed to ensure that food was stored in accordance with standards for food safety in one of five unit refrigerators reviewed (Neighborhood 4).</p> <p>Findings include:</p> <p>A facility policy entitled, Dishwashing Machine Use dated 2/3/25, revealed, The operator will check temperatures using the machine gauge with each dishwashing machine cycle, and will record the results in a facility approved log.</p> <p>Review of dishwasher temperature log for the kitchen for the dates of April 1, 2025, through May 18, 2025, revealed that the kitchen dishwashing machine temperatures were not logged for each of the dishwashing wash and rinse cycles.</p> <p>During an interview on 5/19/25, at 10:10 a.m. the Dietary Manager confirmed that the dishwashing machine wash and rinse temperatures were not being recorded with each cycle and should be recorded on the dishwasher temperature log with each dishwashing machine cycle.</p> <p>Observation on 5/19/25, at 10:15 a.m. and again at 2:00 p.m. of the Neighborhood 4 freezer revealed several ice packs that are used for treatments on resident's bodies stored next to popsicles and ice cream cups.</p> <p>During an interview on 5/19/25, at 2:00 p.m. Licensed Practical Nurse Employee E1 confirmed that the ice packs used as treatments for residents were in the freezer with food and he/she confirmed that ice packs that are used on resident's bodies should not be stored in the resident freezer with food.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, facility documentation, and staff interview, it was determined that the facility failed to maintain complete and accurate records for one of 21 residents reviewed (Resident R44).</p> <p>Findings include:</p> <p>Resident R44's clinical record revealed an admission date of 9/08/23, with diagnoses that included stroke with left-sided weakness, arthritis of the hips, migraine headaches, nausea, and major depression.</p> <p>Review of Resident R44's medical diagnoses revealed a diagnosis of Schizophrenia (a serious mental health condition that affects how people think, feel and behave, and may result in a mix of hallucinations, delusions, and disorganized thinking and behavior) added to the clinical record on 12/15/23.</p> <p>Continued review of Resident R44's diagnosis reports signed by the physician on 6/11/24, 9/04/24, 11/15/24, revealed the Schizophrenia diagnosis remained on his/her clinical record.</p> <p>Review of Resident R44's Pennsylvania Preadmission Screening Resident Review (federal requirement to help ensure that individuals with serious mental illness are not inappropriately placed in nursing facilities for long term care) dated 9/08/23, lacked evidence of a history of Schizophrenia prior to admission.</p> <p>Review of Resident R44's Order Summary Reports signed by the physician on 3/04/25, and 4/15/25 revealed a diagnosis of Schizophrenia listed.</p> <p>Review of Resident R44's Neuropsychology assessments dated 9/21/23, 12/07/23, and 7/11/24, lacked evidence of a diagnosis of Schizophrenia, and a Psychiatric Evaluation dated 12/30/24, that indicated Resident R44 had a psychiatric history of Schizophrenia.</p> <p>Review of Resident R44's Minimum Data Sets (MDS- a standardized assessment tool that measures health status in nursing home residents) revealed the Quarterly MDS dated [DATE], Annual MDS dated [DATE], Quarterly MDS dated [DATE], and Quarterly MDS dated [DATE], Section I-Active Diagnoses were coded to indicate that Schizophrenia was an active diagnosis.</p> <p>A departmental progress note dated 5/22/25, at 8:52 a.m. revealed that upon conversation with Resident R44, his/her physician, and family it was determined that Resident R44 did not have a history of Schizophrenia and that adding the diagnosis to the clinical record was a clerical error.</p> <p>During an interview on 5/22/25, at 9:05, a.m. the Director of Nursing confirmed that there is no evidence that Resident R44 had a history of schizophrenia and that the inclusion of the diagnosis in the clinical record was inaccurate.</p> <p>28 Pa. Code 211.5(f)(iv) Medical records</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		