Based on an abbreviated survey and state monitoring survey completed on October 22, 2015 in response to two complaints and a review of information submitted by the facility, it was determined that Susquehanna Valley Nursing and Rehabilitation Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.

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.
### Statement of Deficiencies and Plan of Correction (POC)

**Name of Provider or Supplier:**
SUSQUEHANNA VALLEY NURSING & REHABILITATION CENTER

**State License Number:**
084802

**Address:**
745 CHIQUES HILL ROAD
COLUMBIA, PA 17512

**ID Prefix/Tag:**

<table>
<thead>
<tr>
<th>ID Prefix/Tag</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 0253</td>
<td>Continued from page 1</td>
</tr>
<tr>
<td>SS=D</td>
<td>483.15(h)(2) Housekeeping &amp; Maintenance Services</td>
</tr>
</tbody>
</table>

**Completion Date:**
12/07/2015

**Status:**
APPROVED

**Susquehanna Valley Nursing and Rehabilitation Center submits this plan of correction under procedures established by the Department of Health in order to comply with the Department's directive to change conditions which the Department alleges are deficient under State and Federal regulations relating to long-term care. This plan of correction should not be construed as either a waiver of the facility's right to appeal and to challenge the accuracy of the alleged deficiencies or an admission of past or ongoing violations of State and Federal regulatory requirements.**

**The Broda Chair identified on B South was cleaned and the sheepskin padding was changed on 10/22/2015. The A South Shower Room was entirely cleaned on October 23, 2015. All resident shower rooms were inspected and cleaned as necessary. All resident wheelchairs and Broda Chairs were cleaned on 10/25/2015. The facility contracted with Healthcare Services**
### Statement of Deficiencies and Plan of Correction (POC)

**Provider/Supplier/CLIA Identification Number:** 395400

**Completed Date:** 10/22/2015

**Name of Provider or Supplier:** Susquehanna Valley Nursing & Rehabilitation Center

**State License Number:** 084802

**Street Address, City, State, Zip Code:** 745 Chiques Hill Road, Columbia, PA 17512

**State of Health and Human Services:** Department of Health and Human Services

**Healthcare Financing Administration:** Healthcare Financing Administration

---

**Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information):**

- **ID Prefix Tag:** F 0253

  - Continued from page 2

  - **ID Prefix Tag:** F 0253

  - Group, effective November 1, 2105 for housekeeping and laundry services. The contract includes the cleaning of resident rooms, facility common areas, offices, resident wheelchairs and other applicable furniture and equipment on a scheduled basis. In addition, all resident rooms will be deep-cleaned on a monthly basis. The contract includes a monthly facility audit by the Healthcare Services Group designee and an at least monthly walk-thru review/monitoring and evaluation of the services provided with the Nursing Home Administrator. The results of these reviews will be presented by the Administrator at the monthly Quality Improvement Committee meetings for any changes or recommendations.
<table>
<thead>
<tr>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
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<tbody>
<tr>
<td>F 0253</td>
<td></td>
<td>Based on observations and staff interviews, it was determined that the facility failed to provide housekeeping and maintenance services necessary to maintain a clean, safe and sanitary environment for two of four units (B South and A South). Findings include:</td>
</tr>
<tr>
<td>SS=D</td>
<td></td>
<td>Observation on October 21, 2015, at 2:00 p.m. on B South revealed a Broda chair (tilt and reclining wheelchair) in the hallway. The Broda chair sheepskin padding had pink stains on it. The top of the arm rest and insides of the chair had areas of a brown, dried substance. The stains on the broadax chair were observed again during a second observation of this chair on October 22, 2015, at 3:30 p.m. in the presence of the Nursing Home Administrator.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Observation on October 22, 2015, at 1:00 p.m. in presence of licensed staff, E1, of the A South shower room revealed a black substance along the</td>
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</table>
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>(X5) COMPLETE DATE</th>
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<tbody>
<tr>
<td>F 0253 SS=D</td>
<td>Continued from page 4 bottom of the wall in the shower stall, extending up approximately six inches.</td>
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<tr>
<td></td>
<td>Interview with the NHA on October 21, 2015, at 2:20 p.m. revealed that the housekeeping/laundry supervisor resigned recently and the staff who was designated to maintain the floor clean had left the facility. The cleaning of the floor was not being done routinely, but staff from another sister facility did come in to assist with cleaning the floor. The Administrator confirmed during interview at the above stated time that wheelchair cleaning was also not being done on a routine basis.</td>
<td></td>
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<td></td>
<td>28 Pa. Code 207.2(a) Administrator's responsibility.</td>
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<tr>
<td>ID PREFIX TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
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<tr>
<td>F 0281</td>
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<td>F 0281</td>
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<tr>
<td>SS=D</td>
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</table>
SUSQUEHANNA VALLEY NURSING & REHABILITATION CENTER

STATE LICENSE NUMBER: 084802

745 CHIQUES HILL ROAD
COLUMBIA, PA  17512

ID PREFIX  TAG

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
395400

(X2) MULTIPLE CONSTRUCTION:
A. BLDG: 00
B. WING: 

(X3) DATE SURVEY COMPLETED:
10/22/2015

(X4) ID PREFIX  TAG

F 0281 Continued from page 6

SS=D 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

This REQUIREMENT is not met as evidenced by:

Resident R1 expired on October 4, 2015. The facility reviewed resident records/reports of September 28, 2015 thru September 29, 2015 to assure no residents showed no signs of complications with possibly having taken incorrect or non-ordered medications. The Director of Nursing and/or his or her designee will in-service the Licensed Practical Nurse identified as the nurse who exited the room and left the narcotic medication on the table on safe guarding of all resident medication. The Director of Nursing and/or his or her designee will in-service all licensed nursing staff on the safe guarding of all resident medications. The Registered Nursing Supervisor(s) on each shift will perform daily random environmental rounds for two weeks, then weekly thereafter of random residents to assure inappropriate medications are not left with residents. In addition, the Registered Nursing Supervisors will conduct random weekly interviews/audits with alert and oriented residents to

ID PREFIX  TAG

F 0281

Completion Date: 12/07/2015
Status: APPROVED
Date: 11/06/2015
<table>
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<tr>
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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE)</th>
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<tr>
<td>SS=D</td>
<td>Continued from page 7</td>
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<td>F 0281</td>
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<tr>
<td>F 0281</td>
<td>assure medications are being given as ordered. The results of the audits and interviews will be reported by the Director of Nursing at the monthly Quality Assurance Committee meetings for recommendations or changes.</td>
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Based on review of the Pennsylvania Code, Title 49, Professional and Vocational Standards, Chapter 21, State Board of Nursing, clinical record reviews, and staff interviews, it was determined that the facility failed to meet the standards of quality nursing in accordance with professional standards for the safeguarding of controlled medications for one of five residents reviewed (Resident J3).

Findings include:

The Pennsylvania Code, Title 49, Professional and Vocational Standards, Chapter 21, State Board of Nursing, dated April 6, 2013, in Subchapter B. Practical Nurses, Section 21.145(a)(b) Functions of a Licensed Practical Nurse (LPN), states that a LPN is prepared to function as a member of the health care team based on preparation, knowledge, experience in nursing and competency.

Review of Resident R1's physician's orders dated September 17, 2015, included an order for morphine sulfate (narcotic pain medicine used to
### Statement of Deficiencies and Plan of Correction (POC)

**Name of Provider or Supplier:** SUSQUEHANNA VALLEY NURSING & REHABILITATION CENTER  
**State License Number:** 084802  
**State Address, City, State, Zip Code:** 745 CHIQUES HILL ROAD  
COLUMBIA, PA  17512

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<tr>
<td>F 0281 SS=D</td>
<td>Continued from page 9</td>
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Relieve moderate to severe pain (20 milligrams/milliliter solution, take 0.25 milliliter (5 milligrams) by mouth or under the tongue every four hours for pain/shortness of breath. Review of the controlled drug record dated September 28, 2015, at 8:30 a.m. revealed 11.0 milliliters of the medication remained. The next entry at 1:00 p.m. on September 28, 2015 revealed that 30 milliliters had been received on that date. The drug record did not account for the 11.0 milliliters.

Interview with the Director of Nursing on September 21, 2015, at 11:45 a.m. and review of facility documentation revealed that after the licensed practical nurse administered the narcotic medication, it was placed on the table in the room while assistance was provided to another resident. The licensed practical nurse exited the room and left the narcotic medication on the table. When the licensed practical nurse went to administer the next dose, the medication could not be found. The facility conducted a search and staff statements were obtained. The Director of Nursing confirmed that...
<table>
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<tr>
<th>ID</th>
<th>TAG</th>
<th>Statement of Deficiencies and Plan of Correction (POC)</th>
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<tbody>
<tr>
<td>F 0281</td>
<td>SS=D</td>
<td>Continued from page 10 the facility could not account for the 11 milliliters of morphine sulfate left at the bedside table by the licensed practical nurse. 28 Pa. Code: 211.5 (f) Clinical Records Previously cited 6/1/15, 3/18/15 28 Pa. Code: 211.12(d)(1) Nursing services</td>
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### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)

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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPANION PLAN)</th>
<th>COMPLETE DATE</th>
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<tbody>
<tr>
<td>F 0309 SS=D</td>
<td><strong>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</strong> Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by:</td>
<td>F 0309</td>
<td>Resident R1 expired on October 4, 2015. A previous 30-day audit will be conducted of all residents with orders to hold insulin above or below a designated level to assure insulin was given as per the physician order. The Director of Nursing and/or his/her designee will in service the licensed staff regarding following physician's orders. The insulin administration procedure has been revised to include checking insulin levels no more than 30 minutes prior to administering insulin to residents with physician's orders for holding insulin if the blood sugar level is above or below and certain level. The Director of Nursing and/or his/her designee will in service the licensed staff regarding the revised procedure. Weekly random audits of residents with a physician's orders for insulin that should be held if the blood sugar level is above or below a certain level will be conducted to assure insulin is being given in</td>
<td>Completion Date: 12/07/2015 Status: APPROVED Date: 11/06/2015</td>
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accordance with the physician’s order. The results of the audits will be reported by the Director of Nursing or designee at the monthly Quality Improvement Committee meeting for recommendations or changes.

Resident R2 had no ill effects from the missed medication dosages of September 4, 7, 12 and 2, 2015. The facility will perform an audit of the last 30 days for missed medications on all residents. For medications found to be missed, the nurse assigned to a resident found to have missed medication(s) will be disciplined and/or counseled. The facility has a Missed Medication Documentation procedure and sheet/form where all missed medication and treatments for the shift are to be documented. The licensed nurse on each shift is to review and complete the documentation needed. The on-coming nurse for the next shift is to review the Missed Medication Documentation Sheet to assure all
### Statement of Deficiencies and Plan of Correction (POC)

**Name of Provider or Supplier:**
SUSQUEHANNA VALLEY NURSING & REHABILITATION CENTER

**State License Number:**
084802

**Stated Address, City, State, Zip Code:**
745 CHIQUES HILL ROAD
COLUMBIA, PA 17512

**Provider/Supplier/CLIA Identification Number:**
395400

**Date Survey Completed:**
10/22/2015

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<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-referenced to the Appropriate)</th>
<th>Complete Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=D</td>
<td>Continued from page 13</td>
<td>F 0309</td>
<td>Items have been completed for the prior shift. All Licensed nursing staff will be in-serviced on the procedure, use and completion of the Missed Medication Documentation Sheet. The Missed Medication Documentation Sheets will be audited daily for two weeks and then randomly audited weekly for four weeks by the Director of Nursing or designee to assure there are no missed medications. The results of the audits will be reported by the Director of Nursing or designee at the monthly Quality Improvement Committee meeting for recommendations or changes.</td>
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</tbody>
</table>
Based on clinical record review and staff interview, it was determined that the facility failed to ensure that physician's orders were followed or clarified for medication administration for two of five residents reviewed. (Resident R1 and R2)

Findings include:

Review of Resident R1's physician's orders dated July 24, 2015, included to administer Lantus (long acting insulin) 100 units/milliliter vial, 60 units subcutaneously daily for diabetes mellitus (failure of the body to produce insulin to enable sugar to pass from the blood stream to cells for nourishment). Lantus was to be held if the blood sugar was less than 150. Physician's order dated July 25, 2015, instructed staff to check the blood sugar twice daily.

Review of the September 2015 medication administration record (MAR) revealed that the blood sugars were scheduled for 6:00 a.m. and 4:00 p.m. The Lantus was scheduled for 8:00 a.m.

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<tr>
<td>F 0309</td>
<td>Continued from page 14</td>
<td>F 0309</td>
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</tbody>
</table>
Review of the September 2015 MAR revealed that the Lantus was administered on 14 out of 30 opportunities when the blood sugar was less than 150 at 6:00 a.m. There was no documented evidence that the blood sugar was being retaken prior to the Lantus administration at 8:00 a.m.

Interview with the Director of Nursing (DON) on October 22, 2015, at 10:35 a.m. confirmed that there was no evidence that the blood sugar was being retaken prior to the Lantus administration. The DON was not sure if the 6:00 a.m. blood sugar was being used to determine the Lantus administration.

Review of Resident R2's September 2015 physician's orders included morphine sulfate (narcotic pain medicine used to relieve moderate to severe pain) 20 milligram/milliliter, place 0.25 milliliter under the tongue or by mouth every six hours around the clock. Review of the September 2015 MAR indicated missed doses on September 4, 7, 12, and 2, 2015 at 2:00 a.m.
# Statement of Deficiencies and Plan of Correction (POC)

**Provider/Supplier/CLIA Identification Number:** 395400  
**Date Survey Completed:** 10/22/2015

**Name of Provider or Supplier:** SUSQUEHANNA VALLEY NURSING & REHABILITATION CENTER  
**State License Number:** 084802  
**Street Address, City, State, Zip Code:** 745 CHIQUES HILL ROAD COLUMBIA, PA 17512

## Statement of Deficiencies

### ID Prefix Tag: F 0309

Continued from page 16

Review of Resident R2's physician's order dated September 2, 2015, included an order for DuoNeb 0.5-3 milligrams/milliliter solution (bronchodilators that relax muscles in the airways and increase air flow to the lungs) via nebulizer every six hours for seven days for chronic obstructive pulmonary disease (COPD - disease process that causes decreased ability of the lungs to perform). The physician's order also directed staff to check lung sounds, pulse, pulse ox, and respirations before DuoNeb nebulizer treatment. Review of the September 2015 MAR revealed that lung sounds, pulse, pulse ox, and respirations were marked as missed doses on September 4 and September 7, 2015 prior to the DuoNeb treatment.

Interview with the DON on October 22, 2015, at 3:15 p.m. could provide no explanation for the missed dose notations on the September MAR for Resident R2.

**F309 CFR 483.25 Quality of Care**  
Previously cited 3/18/15  
28 Pa. Code: 211.5(f) Clinical records  
Previously cited 6/1/15, 3/18/15
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)

#### (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

#### 395400

#### (X2) MULTIPLE CONSTRUCTION:

A. BLDG: ___

B. WING: ___

#### (X3) DATE SURVEY COMPLETED:

10/22/2015

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<tr>
<td>F 0309 SS=D</td>
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28 Pa. Code: 211.12(d)(1)(5)  
Previously cited 6/1/15, 3/18/15
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<tbody>
<tr>
<td>H 0020</td>
<td></td>
<td>51.6 (a)(1) IDENTIFICATION OF PERSONNEL</td>
<td>H 0020</td>
<td></td>
<td>The facility purchased a photo identification badge system in order to provide every employee with a photo identification badge that meets the State regulations. All facility employees, including newly hired employees, will be given and will be required to wear the proper photo identification badges when in the facility. The Director of Human Resources will be responsible for assuring all newly hired employees are issued the proper photo Identification badges. The facility department heads will be responsible for assuring their employees have been supplied with and are wearing the appropriate photo identification badges.</td>
<td>Completion Date: 12/07/2015 Status: APPROVED Date: 11/06/2015</td>
</tr>
</tbody>
</table>

This REGULATION is not met as evidenced by:

(a) When working in a health care facility and when clinically feasible, the following individuals shall wear an identification tag which displays that person's name and professional designation:

(1) Health care practitioners licensed or certified by Commonwealth agencies.
Based on observation and staff interview, it was determined that the facility failed to be in compliance with the State regulation regarding photo identification badges for the employees.

Findings include:

Observations conducted of facility personnel on October 21, 2015 revealed that facility personnel did not have photo identification badges in place.

An interview with the Nursing Home Administrator on October 21, 2015, at 11:00 a.m. confirmed that the staff did not have photos on their identification badges.
Certified End Page

SUSQUEHANNA VALLEY NURSING & REHABILITATION CENTER
STATE LICENSE NUMBER: 084802
SURVEY EXIT DATE: 10/22/2015

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

Christine C. Filipovich, MSN, RN
Deputy Secretary For Quality Assurance
Karen M. Murphy, PhD, RN
Secretary of Health

THIS IS A CERTIFICATION PAGE
PLEASE DO NOT DETACH
THIS PAGE IS NOW PART OF THIS SURVEY