STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395953	A. BLDG: 00 B. WING:	**06/01/2023**

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
SUNSET RIDGE HEALTHCARE AND REHABILITATION CENTER STATE LICENSE NUMBER: **090002**	**3298 RIDGE ROAD** **BLOOMSBURG, PA 17815**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
	Based on a Medicare/Medicaid Recertification, State Licensure, and Civil Rights Compliance Survey completed on June 1, 2023, it was determined that Sunset Ridge Healthcare and Rehabilitation Center was not in compliance with the following requirements of 42 CFR Part 483 Subpart B Requirements for Long Term Care Facilities and the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.			
F 0656 SS=D		F 0656		

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 0656 SS=D	Continued from page 1 483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future	F 0656	Resident 44 Care Plan was updated on 6/1/23 to reflect current anticoagulant use. Current residents ordered anticoagulants will be reviewed to verify the presence of anticoagulant care plan. Licensed staff will be educated on care plan development and implementation for anticoagulants. Audits will be completed on current anticoagulant orders and care plans weekly x 4 weeks, then monthly x 2 months. Audit results will be reviewed each month in QAPI.	Completion Date: **07/05/2023** Status: **APPROVED** Date: **06/20/2023**

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NAME OF PROVIDER OR SUPPLIER: SUNSET RIDGE HEALTHCARE AND REHABILITATION CENTER STATE LICENSE NUMBER: 090002	STREET ADDRESS, CITY, STATE, ZIP CODE: 3298 RIDGE ROAD BLOOMSBURG, PA 17815

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F 0656 SS=D	Continued from page 2 discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:	F 0656		

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F 0656 SS=D	Continued from page 3 Based on a review of clinical records and staff interviews, it was determined that the facility failed to develop and implement a person-centered comprehensive care plan reflective of a resident's medical and nursing needs for one one out of 16 residents sampled (Resident 44). Findings include: Review of Resident 44's clinical record revealed admission to the facility on August 3, 2022, with diagnoses including chronic obstructive pulmonary disease (COPD), chronic systolic heart failure (congestive heart failure), and cerebral infarction (injury that results from impaired blood flow to the brain). A review of Resident 44's clinical record revealed a current physician order, initially dated September 3, 2022, for Apixaban Tablet 2.5 mg (an anticoagulant medication) to be given 1 tablet by mouth every morning and at bedtime. (This medication can cause serious bleeding if it	F 0656		

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F 0656 SS=D	Continued from page 4 affects your blood clotting proteins too much). The resident's most recent quarterly Minimum Data Set (MDS) assessment (a federally mandated assessment of a resident's abilities and care needs) dated March 20, 2023, revealed that Resident 44 received anticoagulant medication each of the seven days of the assessment look-back period. The resident's Medication Administration Records from March 1, 2023, through May 31, 2023, indicated that which Resident 44 received Apixaban Oral Tablet 2.5 mg (Apixaban) each day as ordered by the physician, with one documented exception of refusal. A review of Resident 44's current care plan revealed that the resident's use of the anticoagulant drug was not included and failed to include planned monitoring for potential side effects related the resident's increased risk for bruising and bleeding. During an interview on June 1, 2023, at	F 0656		

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F 0656 SS=D	Continued from page 5 approximately 9:00 a.m., the Nursing Home Administrator (NHA) and Director of Nursing (DON) confirmed that the resident's care plan did not address the resident's use of the anticoagulant medication and risk for potential side effects. 28 Pa. Code 211.11 (d) Resident care plan	F 0656		
F 0657 SS=D		F 0657		

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F 0657 SS=D	Continued from page 6 483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by:	F 0657	Resident 34 pain care plan has been updated to reflect increased need for pain control. Current residents will be reviewed to identify pain concerns and care plans will be updated. Licensed staff will be educated on updating pain care plans with new/increased pain concerns. DON/designee will complete audits of MDS that include new or increased pain to ensure that the plan of care is updated weekly x 4, then monthly x 2. Audit results will be reviewed each month during QAPI.	Completion Date: **07/05/2023** Status: **APPROVED** Date: **06/20/2023**

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F 0657 SS=D	Continued from page 7 Based on observation, a review of clinical records and select facility policy and staff interview it was determined that the facility failed to review and revise the care plan of one of 15 residents to reflect the resident's current needs. (Resident 34). Findings include: Review of Resident 34's clinical record, revealed admission to the facility on May 21, 2022, with diagnoses including neuropathy and gout. Review of Resident 34's comprehensive plan of care revealed that a problem of pain was added May 21, 2022, related to left knee pain due to gout with planned interventions to administer pain medications as physician ordered. The resident's quarterly Minimum Data Set Assessment (MDS - mandated assessment of a resident's abilities and care needs) dated November 21, 2022, revealed that the resident did not have pain and did not use as needed pain medication.	F 0657		

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F 0657 SS=D	Continued from page 8 A quarterly MDS assessment dated February 18, 2023, revealed that the resident now had frequent pain and used as needed pain medication. However, there was no documented evidence that the resident's care plan for the problem/need of pain had been reviewed and revised for adequacy following the MDS assessment of February 18, 2023, which identified that the resident now experienced frequent pain and used prn pain medication. The resident's care plan related to pain had been reviewed or revised since its initiation on May 21, 2022. During an interview with the Nursing Home Administrator on June 1, 2023, at approximately 10:05 AM, confirmed that Resident 34's care plan related to pain had not been reviewed and revised in response to the resident's quarterly MDS assessment identifying changes in the resident's pain frequency and use of pain medication.	F 0657		

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F 0657 SS=D	Continued from page 9 28 Pa. Code 211.11(d)(e) Resident Care Plans	F 0657		
F 0744 SS=D		F 0744		

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F 0744 SS=D	Continued from page 10 483.40(b)(3) Treatment/Service for Dementia §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This REQUIREMENT is not met as evidenced by:	F 0744	The facility cannot retroactively update resident 29 care plan due to discharge from facility on 5/31/23. Resident 17 dementia care plan has been updated to reflect personalized interventions for behaviors. Current residents with dementia/alzheimer's disease care plans will be reviewed to ensure the presence of personalized interventions for behaviors. Licensed staff will be educated on updating care plans with personalized interventions for behaviors with residents with dementia/alzheimer's disease. Audits will be completed on new admissions to identify dementia/Alzheimer's disease dx to ensure resident specific care plan is in place weekly x 4 weeks, then monthly x 2 months. Audit results will be reviewed each month in QAPI.	Completion Date: **07/05/2023** Status: **APPROVED** Date: **06/20/2023**

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F 0744 SS=D	Continued from page 11 Based on a review of clinical records and staff interviews, it was determined that the facility failed to develop and implement an individualized person-centered plan to address a resident's dementia-related behavioral symptoms for two out of 16 residents (Residents 17 and 29). Findings include: A review of Resident 17's clinical record revealed that the resident was admitted to the facility on June 8, 2022, with diagnoses, which included Alzheimer's Disease (progressive disease that destroys memory and other important mental functions). A review of Resident 17's Quarterly Minimum Data Set Assessment (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated March 8, 2023, revealed that the resident was severely cognitively impaired. A review of progress notes from March 2023 to	F 0744		

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F 0744 SS=D	Continued from page 12 June 2023, revealed the resident exhibited behaviors of yelling out, asking for help, accusing staff of lying, refusing care, seeking out her family, crying, and cursing. Further review of Resident 17's clinical record revealed the facility was not consistently quantitatively and qualitatively tracking the resident's dementia related behaviors and documenting specific interventions staff attempted in an effort to manage or modify the resident's dementia related behavioral symptoms. The resident's current care plan, in effect at the time of the survey ending June 1, 2023, did not identify the specific behaviors the resident exhibits due to her dementia diagnosis and the individualized interventions planned and attempted in response to the displays of these behaviors. The facility failed to develop and implement an individualized person-centered plan to address, modify and manage this resident's dementia-related	F 0744		

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F 0744 SS=D	Continued from page 13 behaviors. The resident's care plan for behavioral symptoms failed to include individualized interventions based on an assessment of the resident's preferences, social/past life history, customary routines, and interests in an effort to manage the resident's dementia-related behavioral symptoms. Interview with Nursing Home Administrator on June 1, 2023, at approximately 1:30 PM, confirmed the facility was unable to provide evidence of the development and implementation of an individualized person-centered plan to address dementia-related behaviors. A review of the clinical record revealed that Resident 29 was admitted to the facility on May 2, 2023, with diagnoses that included dementia (a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning).	F 0744		

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F 0744 SS=D	Continued from page 14 An Admission MDS Assessment dated May 6, 2023, revealed that Resident 29 was severely cognitively impaired with a BIMS score of 3 (Brief Interview of Mental Status a tool to evaluate cognitive function). Resident 29's clinical record contained nursing progress notes dated from May 2, 2023, until the resident's discharge on May 31, 2023, noting that the resident exhibited behaviors of yelling, screaming, cursing, threatening staff, and hitting at staff, residents, and others, including dated May 25, 2023, noting that Resident 29 scratched a staff member. There was no documented evidence in Resident 29 that the facility had developed an individualized dementia-care plan for implementation by staff to address the resident's dementia related behaviors, which was confirmed during inteview with the Director of Nursing (DON) on June 1, 2023, at approximately 10:00 a.m.	F 0744		

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F 0744 SS=D	Continued from page 15 28 Pa Code 211.12 (a)(c)(d)(1)(3)(5) Nursing services 28 Pa Code 211.11(d) Resident care plan	F 0744		
F 0758 SS=D		F 0758		

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F 0758 SS=D	Continued from page 16 483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and	F 0758	The facility cannot retroactively correct documentation on resident 36. Resident 36 antipsychotic medication dosing and documentation reviewed with MD/psych services with trial GDR implemented to determine lowest therapeutic dose. Current residents on antipsychotics will be reviewed to confirm the presence of behaviors to warrant continued prescribed dose. Licensed staff will be educated on documentation of behaviors in the E.H.R in relation to psychotropic medication orders and utilization. Audits will be completed on documentation of residents on antipsychotics to monitor behaviors weekly x 4 weeks, then monthly x 2 months. Audit results will be reviewed monthly in QAPI.	Completion Date: **07/05/2023** Status: **APPROVED** Date: **06/21/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395953	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 06/01/2023

NAME OF PROVIDER OR SUPPLIER:
SUNSET RIDGE HEALTHCARE AND REHABILITATION CENTER

STATE LICENSE NUMBER: **090002**

STREET ADDRESS, CITY, STATE, ZIP CODE:
3298 RIDGE ROAD
BLOOMSBURG, PA 17815

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F 0758 SS=D	Continued from page 17 §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:	F 0758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395953	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 06/01/2023

NAME OF PROVIDER OR SUPPLIER: SUNSET RIDGE HEALTHCARE AND REHABILITATION CENTER STATE LICENSE NUMBER: 090002	STREET ADDRESS, CITY, STATE, ZIP CODE: 3298 RIDGE ROAD BLOOMSBURG, PA 17815

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F 0758 SS=D	Continued from page 18 Based on a review of clinical records and staff interview, it was determined that the facility failed to provide clinical justification for the administration and continued use and dosage of an anti-psychotic medication for one resident out of 18 sampled residents (Resident 36). Findings include: Review of Resident 36's had diagnoses of neurocognitive disorder with Lewy Bodies [is a nervous system disorder characterized by a decline in intellectual function (dementia), a group of movement problems known as parkinsonism, visual hallucinations, sudden changes (fluctuations) in behavior and intellectual ability, and acting out dreams while asleep (REM sleep behavior disorder)], dementia with agitation and behavioral disturbance, and anxiety disorder. A physician order dated August 12, 2022, was noted for Seroquel [is an antipsychotic medicine used to treat certain mental/mood conditions] 25 mg	F 0758		

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F 0758 SS=D	Continued from page 19 give 1 tablet by mouth every 12-hours times per day related to a diagnosis of "hallucinations due to unknown psychological condition." Review of a "Consultant Pharmacist Recommendations to Physician" completed by the facility's consultant pharmacist dated January 29, 2023, indicated that as per Federal guidelines antipsychotic drugs should have an attempt at a gradual dose reduction (GDR) twice per year for the first year in two different quarters with at least one month between attempts, then annually thereafter. The pharmacist identified that Resident 36 had been taking Seroquel 50 mg every 12-hours since August 12, 2022, without a GDR attempt. The pharmacist recommended that the physician attempt a gradual dose reduction at this time to verify that the resident was on the lowest possible dose. If not, a response was requested to justify the continued dose of Seroquel. Resident 36's attending physician's response dated February 8, 2023, indicated "disagree and no	F 0758		

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F 0758 SS=D	Continued from page 20 changes indicated, current benefits outweigh the potential risk and noted that the resident still had behavior symptoms and that the medication helped these symptoms." However, the resident's clinical record failed to include documented evidence that the resident was experiencing hallucinations to support the continued use and dosage of the antipsychotic medication. Interview with the Director of Nursing (DON) on June 2, at 11:00 AM, confirmed that the facility was unable to provide documented evidence that Resident 36 was experiencing hallucinations to support continued administration of an antipsychotic drug and the lack of GDR attempts. 28 Pa Code 211.2(a) Physician services 28 Pa Code 211.5 (f)(h) Clinical records	F 0758		

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F 0758 SS=D	Continued from page 21 28 Pa Code 211.9 (a)(l)(k) Pharmacy services 28 Pa Code 211.12 (c)(d)(3)(5) Nursing services	F 0758		
F 0813 SS=E		F 0813		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **395953**	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: **06/01/2023**

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F 0813 SS=E	Continued from page 22 483.60(i)(3) Personal Food Policy §483.60(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by:	F 0813	The facility cannot retroactively correct the food policy regarding use and storage of foods brought into the facility for residents by family/visitors. Current food policy for foods brought in by family/visitors will be updated to include safe and sanitary storage, handling, and consumption of the food. The updated policy will be presented at resident council. Facility staff will be educated on updated food policy brought in by family/visitors. Food policy will be provided upon admission to new admissions and family members. Current family members will be sent updated food for foods brought by family/visitors. NHA/designee will audit new admissions to ensure food brought in by family/visitors policy is provided weekly x 4 weeks, then monthly x 2. Audit results will be reviewed monthly at QAPI.	Completion Date: **07/05/2023** Status: **APPROVED** Date: **06/20/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395953	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 06/01/2023

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F 0813 SS=E	Continued from page 23 Based on select facility policy review and staff interview it was determined that the facility failed to fully develop a policy for use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling and consumption. Findings include: Regulatory guidelines indicate that the facility personal food policies must include ensuring facility staff assists the resident in accessing and consuming the food, if the resident is not able to do so on his or her own. The facility also is responsible for storing food brought in by family or visitors in a way that is either separate or easily distinguishable from facility food. The facility has a responsibility to help family and visitors understand safe food handling practices (such as safe cooling/reheating processes, hot/cold holding temperatures, preventing cross contamination, hand hygiene, etc.). If the facility is	F 0813		

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F 0813 SS=E	Continued from page 24 assisting family or visitors with reheating or other preparation activities, facility staff must use safe food handling practices The current facility policy entitled "Food Brought in by Visitors" that was reviewed by the facility June 2022, indicated that food brought in by visitors for residents will not be stored or served by the dietary department, and if food is brought in that it must be approved by the charge nurse before it is given to the resident. The policy further noted that visitors are discouraged from bringing in protein food, and a special request to bring in protein foods to residents shall require approval from the Administrator or Dietary Manager. Additionally, all perishable food in the resident's room shall be in tightly closed containers, labeled, and dated well. The facility policy failed to include procedures for assuring residents are assisted with accessing and consuming food if unable to do so on their own and the facility's responsibilities for refrigerated/frozen storage, reheating and other preparation activities to	F 0813		

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F 0813 SS=E	Continued from page 25 promote safe food handling practices. Interview with the regional Director of Nursing (DON) on June 1, 2023, at 1:30 PM, failed to provide documented evidence that the current facility policy regarding use and storage of foods brought into the facility for residents by family and other visitors included procedures and necessary education to ensure safe and sanitary storage, handling, and consumption of the food. 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 211.10(a) Resident care policies 28 Pa. Code 211.6(c)(d) Dietary services	F 0813		

Certified End Page

SUNSET RIDGE HEALTHCARE AND REHABILITATION CENTER

STATE LICENSE NUMBER: 090002

SURVEY EXIT DATE: 06/01/2023

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

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

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PLEASE DO NOT DETACH

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