STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215198	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Williamsport Health and Rehabilitation Center	154 North Artizan Street Williamsport, MD 21795

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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observations, record reviews, and interviews, it was determined that the facility failed to ensure a resident with pressure injuries receive appropriate services for treatment and prevention. This was evident for 1 (Resident #1) of 1 resident reviewed during the complaint survey. The findings include:Resident #1 was a newly admitted resident of the facility. The care for the resident's pressure injuries was indicated in the report related to complaint3023604. On 6/16/26 at 11:22 AM, Resident #1 was observed sleeping in bed. The resident's bed was equipped with an air mattress with the control box located at the foot of the bed. The firmness setting was a dial with different weight selections that go up to 350 then max firmness. The Dial was observed to be turn all the way to max firmness. A review of Resident #1's medical record was conducted on 6/16/26 at 11:29 AM. The review revealed an order for the nurses to check the resident's air mattress indicated for wound healing, for placement, function and comfort each shift. Also, the resident's most recent weight was 178.5 lbs. taken on 5/22/26. A nursing aide (Staff #5) was interviewed on 6/16/26 at 11:41 AM. Staff #5 reported that nursing aides are not allowed by the facility to make any changes to a resident's air mattress setting but do check that they are inflated and not beeping for any alerts. She also reported that when there is any concern identified with a resident's air mattress, she reports it to the nurse and/or maintenance staff. The nurse (Nurse #4) who was currently assigned to Resident #1 was interviewed on 6/16/26 at 11:44 AM. During the interview, she was asked to explain the order: Resident is to have a low loss air mattress for wound healing Check placement and function and comfort every shift for Wound care. Nurse #4 enumerated the things that she checks on the air mattress including the firmness setting and explained that the resident's weight should match the weight setting on the control. Nurse #4 was invited to accompany the surveyor in Resident #1's room on 6/16/26 at 11:51 AM. Nurse #4 confirmed that the resident's air mattress was set to max firmness and reported that she had identified this when she went into the resident's room around 9 AM. However, she had not had a chance to report it to her unit manager and added that the resident had chronic pain and was not sure if the mattress firmness setting had something to do with pain management. Nurse #4 then indicated that she would talk to her manager to find out. A subsequent review of Resident #1's medical record was conducted on 6/16/26 at 11:56 AM. The care plan for the resident's pressure injuries indicated interventions that included the use of the air mattress. However, there was no documentation to indicate that the firmness setting should be set to max firmness. The Nurse Unit Manager (Staff #3) was interviewed on 6/16/26 at 12:08 PM. During the interview, Staff #3 was asked about Resident #1's air mattress setting and she reported that it was set to max firmness due to the resident's complaint of pain. Staff #3 was asked if there was any documentation to indicate that setting the firmness to max promotes comfort to the resident and/or if there had been any report to indicate that setting the air mattress to the appropriate weight had caused pain or discomfort for the resident. Staff #3 answered No to both questions. During an interview with the Director of Nursing (DON) on 6/16/26 at 2:09 PM, the concern was discussed that a resident's low loss air mattress indicated for wound healing was not set up appropriately for treatment and prevention. The DON indicated that the concern was already reported to her, verbalized understanding and acknowledged the concern.

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