

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2025
NAME OF PROVIDER OR SUPPLIER Passavant Retirement and Health		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Burgess Drive Zelienople, PA 16063	

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2025
NAME OF PROVIDER OR SUPPLIER Passavant Retirement and Health		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Burgess Drive Zelienople, PA 16063	
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 0600 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility provided documents, facility policies, clinical records, employee education, and staff interviews, it was determined that the facility failed to ensure that a resident was free from neglect by not ensuring a safe transfer, which resulted in actual harm (abrasion to right forehead and a right nondisplaced tibial (leg) plateau fracture with pain) for one of two residents (Resident R1). Findings include: Review of facility Abuse, Neglect, Mental Abuse, Reports of Theft, Exploitation and Misappropriation of Property policy dated 1/2025, indicated that facility will provide a safe and secure environment for all residents and will protect a resident's right to be free from any form of abuse, mental abuse, and neglect. Facility prohibits any form of resident abuse or neglect. Review of facility Abuse, Recognizing Signs and Symptoms of Abuse, Neglect, Mental Abuse, Exploitation and Misappropriation of Resident Property policy dated 1/2025, indicated facility will not condone any form of resident abuse or neglect. Each resident has the right to be free of abuse, neglect, and misappropriation of their property. Neglect- failure or omission by employees of the facility of goods and services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Review of Resident R1's admission record indicated resident was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS) assessment (mandated assessment of a resident's abilities and care needs) dated 8/2/25, indicated diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), Parkinson's disease (neuromuscular disorder causing tremors and difficulty walking), and depression. Review of Resident R1's physician orders dated 5/9/24, indicated that Resident R1 was to be transferred with a Hoyer lift, Assist of two. Review of Resident R1's care plan dated 8/8/25, indicated a Problem- I have problems that limit my ability to perform mobility tasks such as bed mobility, transfers, ambulating and wheelchair mobility. Goal - I will not experience a decline in my mobility tasks. Interventions- Hoyer Lift, assist of two. Review of documentation provided by the facility labeled Resident Profile/Resident Preferences on 9/9/25, indicated that transfer/positioning need was total dependence, Assist times two with Hoyer lift/Full Lift. Review of a written witness statement dated 8/7/25, from NA Employee E4 stated, Nurse and I were transferring Resident R1 at 6:30 p.m. As we lifted her about half a foot in the air off of her chair the front loop of the Hoyer pad popped off the back of the Hoyer. The resident fell face forward to the right side of her wheelchair. We log rolled her and noticed her right leg looked misshaped. Supervisor and nurse notified. Review of an interview conducted by Director of Nursing (DON) Employee E1 dated 8/8/25, at 10:00 a.m. with Nurse Aide (NA) Employee E4 stated I don't remember who hooked what Hoyer pad straps. Review of NA Employee E4's employee education indicated that NA Employee E4 received education on Mechanical Lift on 7/18/24. Review of an interview conducted by DON Employee E1 dated 8/8/25, at 9:30 a.m. with Licensed Practical Nurse (LPN) Employee E3 stated NA Employee E4 and I went in and got resident hooked up to the Hoyer lift to get ready to transfer her into bed. As the resident was going up into the air, she started to lean to the right and fell forward hitting her face on the floor. We both hooked the resident up to the Hoyer lift. I didn't notice if any of the loops had unhooked and I am not certain what happened because it happened so suddenly. Review of NA Employee E3's employee education indicated that LPN Employee E3 received education on Mechanical Lift on 12/5/24. Review of documentation provided by the facility dated 8/7/25, stated the following: Factual Description. On 8/7/2025, at 6:30 pm Resident R1 was being transferred from her wheelchair to her bed via Hoyer lift with assist x2 staff members. Resident is ordered to be transferred via Hoyer lift with assist x2. During the transfer, the resident was being lifted from her wheelchair when the resident began to lean towards the Right and the front right Hoyer pad loop popped off causing resident to fall forward, her knees hit her wheelchair's leg rests and the resident then hit her head on the floor. The remaining 3 Hoyer pad loops remained intact. The resident was immediately assessed and was noted to have an abrasion to her forehead, upon any movement resident grimaced with pain to her Right leg. Resident is alert and oriented to self only. VSS, neuro within normal limits. Resident has no loss of consciousness. MD notified. A new order received to send the resident to ED for further evaluation. POA/daughter updated. Description of Follow-up Action: Resident was admitted to hospital with diagnosis Fall. Upon residents return, residents care plan will be updated. Residents Pain will be managed per MD order. Hoyer lift and Hoyer pad were evaluated by maintenance and both deemed safe to use, neither have mechanical defects. Upon further investigation it was determined that the two staff members transferring the resident had not ensured that the Right front</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2025
NAME OF PROVIDER OR SUPPLIER Passavant Retirement and Health		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Burgess Drive Zelienople, PA 16063	
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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2025
NAME OF PROVIDER OR SUPPLIER Passavant Retirement and Health		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Burgess Drive Zelienople, PA 16063	
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 0689 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, incident reports, facility documents, employee education, and staff interviews, it was determined that the facility failed to ensure that a resident was free from a preventable accident during a transfer, which resulted in actual physical harm (an abrasion to right forehead and a right nondisplaced tibial (leg) plateau fracture with pain) for one of two residents (Resident R1). Findings include: Review of the facility Accidents and Incidents policy dated 1/2025, indicated that the facility will provide a safe and secure environment in order to prevent incidents and accidents from occurring. Review of Resident R1's admission record indicated resident was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS) assessment (mandated assessment of a resident's abilities and care needs) dated 8/2/25, indicated diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), Parkinson's disease (neuromuscular disorder causing tremors and difficulty walking), and depression. Review of Resident R1's physician orders dated 5/9/24, indicated that Resident R1 was to be transferred with a Hoyer lift, Assist of two. Review of Resident R1's care plan dated 8/8/25, indicated a Problem- I have problems that limit my ability to perform mobility tasks such as bed mobility, transfers, ambulating and wheelchair mobility. Goal I will not experience a decline in my mobility tasks. Interventions- Hoyer Lift, assist of two. Review of documentation provided by the facility labeled Resident Profile/Resident Preferences on 9/9/25, indicated that transfer/positioning need was total dependence, Assist times two with Hoyer lift/Full Lift. Review of a written witness statement dated 8/7/25, from NA Employee E4 stated, Nurse and I were transferring Resident R1 at 6:30 p.m. As we lifted her about half a foot in the air off of her chair the front loop of the Hoyer pad popped off the back of the Hoyer. The resident fell face forward to the right side of her wheelchair. We log rolled her and noticed her right leg looked misshaped. Supervisor and nurse notified. Review of an interview conducted by Director of Nursing (DON) Employee E1 dated 8/8/25, at 10:00 a.m. with Nurse Aide (NA) Employee E4 stated I dont remember who hooked what Hoyer pad straps. Review of NA Employee E4's employee education indicated that NA Employee E4 received education on Mechanical Lift on 7/18/24. Review of an interview conducted by DON Employee E1 dated 8/8/25, at 9:30 a.m. with Licensed Practical Nurse (LPN) Employee E3 stated NA Employee E4 and I went in and got resident hooked up to the Hoyer lift to get ready to transfer her into bed. As the resident was going up into the air, she started to lean to the right and fell forward hitting her face on the floor. We both hooked the resident up to the Hoyer lift. I didnt notice if any of the loops had unhooked and I am not certain what happened because it happened so suddenly. Review of NA Employee E3's employee education indicated that LPN Employee E3 received education on Mechanical Lift on 12/5/24. Review of documentation provided by the facility dated 8/7/25, stated the following: Factual Description. On 8/7/2025, at 6:30 pm Resident R1 was being transferred from her wheelchair to her bed via Hoyer lift with assist x2 staff members. Resident is ordered to be transferred via Hoyer lift with assist x2. During the transfer, the resident was being lifted from her wheelchair when the resident began to lean towards the Right and the front right Hoyer pad loop popped off causing resident to fall forward, her knees hit her wheelchairs leg rests and the resident then hit her head on the floor. The remaining 3 Hoyer pad loops remained intact. The resident was immediately assessed and was noted to have an abrasion to her forehead, upon any movement resident grimaced with pain to her Right leg. Resident is alert and oriented to self only. VSS, neuro within normal limits. Resident has no loss of consciousness. MD notified. A new order received to send the resident to ED for further evaluation. POA/daughter updated. Description of Follow-up Action: Resident was admitted to hospital with diagnosis Fall. Upon residents return, residents care plan will be updated. Residents Pain will be managed by MD order. Hoyer lift and Hoyer pad were evaluated by maintenance and both deemed safe to use, neither have mechanical defects. Upon further investigation it was determined that the two staff members transferring the resident had not ensured that the Right front Hoyer lift pad loop was properly attached to the Hoyer lift. Both staff members have been suspended at this time. Education provided to all staff members to ensure the Hoyer lift loops area is secured prior to resident transfers. All falls reviewed weekly with RN, PT and Administrator. Monthly falls reviewed with RN PT and Medical Director. Monthly falls reported at QAPI. Resubmission 8/13/2025- The resident was diagnosed with Right nondisplaced tibial plateau fracture. Resubmission 8/14/2025: PB 22 submitted for each perpetrator. Staff education attached under PB 22 # 2 under section VIII Titled All required witness information. This also includes Hoyer and Sara lift safety</p>		