

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395041	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER Twinbrook Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Field Street Erie, PA 16511	

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 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations and staff interview, it was determined that the facility failed to maintain a sanitary, orderly, and comfortable interior/homelike environment for two of five nursing units observed (East 1 and [NAME] units). Findings include: Observations on 2/8/26, with the Director of Nursing (DON), at approximately 1:10 p.m. revealed several brown stained ceiling tiles in the secured unit's common hallway and in the East 1 resident lounge. Further observations revealed broken or missing sections of the baseboard registers in rooms [NAME] 919 and [NAME] 928. The DON confirmed these observations during this same time. 28 Pa. Code 201.14(a) Responsibility of licensee</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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observations and staff interview, it was determined that the facility failed to ensure that the required nursing staffing information was posted on a daily basis. Findings include: Observations on 2/7/26, at 11:45 a.m. revealed that the daily staffing posting was not publicly posted in the facility. During interview at the time of the observation, the lack of the posting was confirmed by the Director of Nursing. 28 Pa. Code 201.14 (a) Responsibility of Licensee</p>