

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Windber Woods Senior Living & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 277 Hoffman Avenue Windber, PA 15963	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>28177</p> <p>Based on observations and staff interviews, it was determined that the facility failed to ensure the environment remained as free of accident hazards as possible for one resident (Resident 7) who had a fall.</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 7, dated May 20, 2024, revealed that the resident was cognitively impaired, required extensive assistance with personal hygiene, and had diagnoses that included Alzheimer's disease and anxiety.</p> <p>Review of Resident 7's clinical record indicated that on June 19, 2024, the resident was found lying on her right side on the floor with the mattress completely off the bed behind her back.</p> <p>Interview with the Nursing Home Administrator on July 3, 2024, at 12:30 p.m. revealed that Resident 7's room was cleaned and that the housekeeper did not secure the mattress to the bed with the straps as it should have been.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</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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