

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395142	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/13/2026
NAME OF PROVIDER OR SUPPLIER Amoroso Healthcare and Rehabilitation Woodridge		STREET ADDRESS, CITY, STATE, ZIP CODE 3625 North Progress Ave Harrisburg, PA 17110	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to ensure a resident who is unable to carry out activities of daily living (ADLs) receives the necessary services to maintain good grooming and personal hygiene for one of six residents reviewed (Resident 2). Findings Include: Review of facility policy, titled Activities of Daily Living (ADL), Supporting, last revised April 2025, read, in part, Residents who are unable to carry out activities of daily living independently receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Appropriate care and services are provided for residents who are unable to carry out ADLs independently, with the consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care). The resident's responses to interventions are monitored, evaluated, and revised as appropriate. Review of Resident 2's clinical record revealed diagnoses that included hypertension (persistent high blood pressure), chronic kidney disease (a condition characterized by a gradual loss of kidney function), and facial weakness following cerebral infarction (stroke caused when a clot blocks an artery in the brain). Review of Resident 2's care plan revealed interventions for: Assist resident with ADLs as needed, . mouth care every morning and at bedtime, and Provide mouth care as per ADL personal hygiene. Review of facility grievance log revealed a grievance filed on behalf of Resident 2 on June 4, 2026, that read, in part, Reported that [Resident 2's] teeth are not being brushed, with a response order placed for brush teeth twice a day and document refusals. Review of Resident 2's nurse aide tasks revealed a task for Brush resident's teeth and provide oral hygiene. Review of the aforementioned task revealed there was no documentation to indicate Resident 2 had his teeth brushed on June 26, 27, and 29, 2026, and July 3, 2026; no documentation to indicate Resident 2 had his teeth brushed twice on June 14, 18, 19, 22, 23, 28, and 30, 2026, and July 1, 2, 7, 10, and 11, 2026; and it was documented no to indicate he didn't get his teeth brushed on June 30, 2026, and July 6 and 9, 2026. No refusals were documented. During an interview with the Director of Nursing (DON) on July 13, 2026, at 12:59 PM, she revealed sometimes Resident 2 refuses care and they have care planned the same. Review of Resident 2's care plan revealed refusals noted for doctor visits, adaptive equipment, and medications; no refusals related to oral care/hygiene care were noted. During a follow up interview with the DON on July 13, 2026, at 2:15 PM, she revealed she could not find any documentation that the Resident refused oral care on the aforementioned dates, and she would expect oral care to be provided or documented if it was refused. 28 Pa Code 211.12(c)(d)(1)(3)(5) Nursing services		

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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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure proper monitoring to maintain acceptable parameters of nutritional status for one of six residents reviewed (Resident 1). Findings include: Review of facility policy, titled Weighing and Measuring the Resident, last revised May 2026, read, in part, The purposes of this procedure are to determine the resident's weight and height. If practical, weigh at the same time of day each time. If possible, use the same scale for weighing the resident each time. If possible, weigh the resident with approximately the same amount of clothing on the resident each time. Report significant weight loss or gain to the nurse supervisor. Report other information in accordance with facility policy and professional standards of practice. Review of Resident 1's clinical record revealed diagnoses that included deficiency of other specified B group vitamins, depression (a mood disorder that causes a persistent feeling of sadness and loss of interest in things), and hypomagnesemia (low blood magnesium level). Review of Resident 1's physician orders revealed an order for monthly weights with a start date of February 23, 2025. Review of Resident 1's clinical record revealed a weight measure obtained on January 1, 2026, of 169.8. This measure was obtained at 10:58 AM, using a seated scale. The weight measure was noted to be stricken from the record on February 20, 2026. This weight triggered for a significant weight gain of 23.8 lbs (pounds)(16.3%) from her weight measure of 145.2 lbs on December 1, 2025, utilizing a mechanical lift scale. Review of Resident 1's clinical record revealed a weight measure obtained on January 7, 2026, of 169.0 lbs. This measure was obtained at 6:00 AM using a mechanical lift scale. The weight measure was noted to be stricken from the record on February 20, 2026. This weight triggered for a significant weight gain of 24.6 lbs (16.9%) from her weight measure of 145.2 lbs on December 1, 2025. Review of Resident 1's clinical record revealed a physician note on January 21, 2026, containing the weight measure obtained on January 7, 2026, and detailed the Resident had no edema (fluid retention). The note did not discuss her significant weight change in January 2026. Review of Resident 1's clinical record revealed a dietitian note with an effective date of January 31, 2026, and a created date of February 10, 2026, that stated, evaluating the significant weight change. The dietitian note revealed this weight gain was undesirable, and recommended labs if the weight gain is confirmed with another consistent weight. Review of Resident 1's clinical record revealed a weight was obtained on February 16, 2026, of 136.2 lbs at 10:47 AM, utilizing a sitting scale. This weight was a significant loss from the January 7, 2026 weight (19.4), and a 9 lb (6.1%) loss from her December 2025 weight. Review of Resident 1's clinical record revealed a weight was obtained on February 19, 2026, of 136.4 lbs at 9:29 PM, utilizing a mechanical lift scale. This weight was a significant loss from the January 7, 2026, weight (19.2%), and a 9 lb (6.1%) loss from her December 2025 weight. Further review of Resident 1's clinical record revealed a dietitian note with an effective date of February 20, 2026, and a created date of February 24, 2026, that read, in part, Updated weights indicate that January weights on 1/1 and 1/7 are likely inaccurate and were struck out. Resident does not appear to gain/lose 20-20 lbs over the past month and is likely a scale error. Will continue to monitor weight trend and adjust interventions as needed. During an interview with the Director of Nursing on July 13, 2026, at 1:10 PM, she revealed she would have expected a reweigh in January 2026 in response to the significant changes to confirm if they are accurate. The surveyor revealed the concern with striking out weights from the record without confirmation of accuracy with a reweigh, the lack of a timely weight assessment in response to the significant changes, and the use of different scales and different times of day for weight monitoring. She revealed the facility tries to get monthly weights by the 7th of each month, and she agrees that (continued on next page)		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	staff should be utilizing the same scales and shifts for weight monitoring to ensure accuracy. 28 Pa Code 201.18(b)(1) Management28 Pa Code 211.12(c)(d)(1)(3)(5) Nursing Services		

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training. Based on employee file review, facility labor report, and staff interviews, it was determined that the facility failed to ensure an individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, has completed a competency evaluation program approved by the state, for one of four employee files reviewed (Employee 1). Findings include: Review of Employee 1's (Nurse Aide in Training) Nurse Aide Training Competency and Evaluation Program Certificate, revealed a Course Completion Date of October 21, 2025. Employee 1 had until February 21, 2026, to work independently and pass the exam to be a Nurse Aide. During an interview with the Director of Nursing on July 13, 2026, at 1:17 PM, she revealed there was a nurse aide in training that had worked here past her 120 days because she did not pass her test and didn't tell anyone. She further revealed when they found out this was the case, she was terminated. During an interview with Employee 2 (Human Resources Director) on July 13, 2026, at 2:21 PM, she revealed she was working two different roles at the time Employee 1 should have taken her test and passed, so she wasn't checking the nurse aide registry once a month like she usually does. Employee 2 stated when she got around to doing it for all nurse aides in June of 2026, she realized she could not find Employee 1's name on the registry. She then reached out to Employee 1 about her certification, but she never replied back to her and she was terminated on June 15, 2026. Review of document titled Employee Labor Report with a date range of February 21, 2026, through June 15, 2026, revealed Employee 1 had worked 418 hours after the point that she should have completed a competency evaluation program approved by the state. During an interview with the Nursing Home Administrator on July 13, 2026, at 2:26 PM, she revealed she was aware of the concern and they have plans to fix the process for verification. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa Code 201.18(b)(1) Management		