

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2025
NAME OF PROVIDER OR SUPPLIER  Sarah Reed Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 227 West 22nd Street Erie, PA 16502	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy and clinical records and staff interview, it was determined that the facility failed to obtain weights according to physician's orders for one of eight residents reviewed for weight loss. (Resident R1).</p> <p>Findings include:</p> <p>A facility policy last reviewed on 12/26/24, entitled Height and weight monitoring, directed that all residents were to be weighed by the 10th of each month.</p> <p>Review of Resident R1's clinical record revealed an admission date of 5/3/25, with diagnoses that included stroke, heart failure, and kidney failure.</p> <p>A physician's order dated 5/3/25, revealed that Resident R1 was to be weighed every day shift starting on the 1st and ending on the 10th every month.</p> <p>As of 6/12/25, review of Resident R1's clinical record revealed no documentation that the resident had been weighed as physician ordered since admission on [DATE].</p> <p>During an interview on 6/12/25, at approximately 11:35 a.m., the Director of Nursing confirmed that Resident R1 had not been weighed since admission.</p> <p>28 Pa. Code 211.12(d)(1)(2) 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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