STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395248	A. Building B. Wing	07/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Transitions Healthcare Autumn Grove Care Center	555 South Main Street Harrisville, PA 16038

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and resident and staff interviews, it was determined that the facility failed to maintain a clean, safe, homelike environment for one of 57 rooms observed and for two of 57 bathrooms observed. Findings include: Facility policy dated 3/23/26, entitled Reporting Safety Hazards revealed the objective is to keep resident's environment as free of accidents and safety hazards as possible and that safety walkthrough will be done of each resident unit monthly. Observation of room [ROOM NUMBER] on 7/6/26, at 12:05 p.m. revealed four pieces of joined flooring tile with missing pieces measuring approximately 6 inches x 12 inches exposing the wood underneath the pieces of tile. There were also numerous cracked tiles throughout the room with some pieces missing from the corners of the tile. Interview with Resident R16 revealed that the floor has been bad for some time and although he/she has reported it, no one has addressed it. Resident R16 also reported concerns with the sink in his/her bathroom stating it was loose and although he/she does not lean on or use the sink for support, if someone did he/she was fearful it would fall off the wall. Observation of room [ROOM NUMBER]'s bathroom did reveal a sink that was coming away from the wall, was loose and could be moved up and down when any pressure was applied. Observation of room [ROOM NUMBER] on 7/6/26, at 12:22 p.m. revealed the sink in the bathroom was coming away from the wall, was loose and could be moved up and down when any pressure was applied. Interview with Resident R44 revealed he/she was unsure how long the sink had been that way, but he/she did not lean on or use the sink for support. During an interview on 7/8/26, at 11:34 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed that room [ROOM NUMBER] had broken and missing tile on the floor and that the sink in bathrooms for both room [ROOM NUMBER] and 210 was coming away from the wall, was loose, and could be moved up and down when any pressure was applied. 28 Pa. Code 201.18(b)(1) Management

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, observations, and resident and staff interviews, it was determined that the facility failed to consistently provide timely and necessary foot care for one of 19 residents reviewed (Resident R1). Findings include: Resident R1 was admitted to the facility on [DATE], with diagnoses that included Cellulitis (a skin infection caused by bacteria, most commonly affecting the lower leg. Symptoms include swelling, pain, warmth, and redness), Chronic Obstructive Pulmonary Disease (COPD - a condition that prevents airflow to the lungs resulting in difficulty breathing), and Gastroesophageal reflux disease (GERD - happens when stomach acid flows back up into the esophagus and causes heartburn). Resident R1's physician's orders revealed an order dated 5/8/26, for Podiatry (branch of medical care focused on assessment, diagnosis, and treatment of conditions affecting the feet, ankles and lower extremities) Consult and Treat as needed and a consent for 360 Care - podiatry signed and dated by Resident R1 on 5/11/26. Resident R1's clinical record progress note dated 5/8/26, at 18:01 revealed Toenails are long, mycotic (fungal infections of the toenails that cause thickening, discoloration [yellow, brown, or white] brittle, crumbly or ragged edges, and separation or lifting of the nail from the nail bed. Possible pain or discomfort can result in severe cases), and in need of trim. Further review revealed progress notes entitled Skin and Wound dated 5/19/26, 5/27/26, 6/3/26, 6/10/26, 6/17/26, 6/24/26, 7/1/26, and 7/8/26, indicating Consultations (Recommendations) Podiatry - toenail care. Observation on 7/7/26, at 11:50 a.m. revealed Resident R1's toenails, on both feet, were thickened, yellowed, and extended past the tips of his/her toes, and the surface of the nails appeared rough and uneven. During an interview on 7/7/26, at the time of observation Resident R1 stated that he/she was unsure the last time he/she saw a podiatrist but knows it was before coming to the facility. Resident R1 then stated that he/she is receiving physical therapy so that he/she can walk and be able to go home, but that the condition of his/her toenails makes it painful and difficult to walk. Review of facility provided document entitled 360 Care Appointment Listing - Podiatry dated 7/1/26, lacked evidence of Resident R1 being scheduled to see the podiatrist for nail care. During an interview on 7/8/26, at 2:39 p.m. Nursing Home Administrator (NHA) revealed that if a resident signs consent for 360 Care, it is faxed to 360 Care, and the resident is put on their list to be seen during their next visit. During an interview on 7/9/26, at 10:30 a.m. NHA revealed 360 Care - podiatry provided services on 5/18/26, and 7/1/26, and that Resident R1 was missed on both of those visits, and he/she should have been seen and toenail care provided. 28 Pa. Code 211.12 (d)(3)(5) Nursing Services