

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 West 54th Street Erie, PA 16509	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40832</p> <p>Based on review of facility policy, clinical records, and facility documents, and staff interview, it was determined that the facility failed to notify the responsible party and/or the physician of injuries of unknown origin for two of nine residents reviewed (Residents R2 and R9).</p> <p>Findings include:</p> <p>A facility policy entitled, Accidents and Incidents-Investigating and Reporting revised July 2017, indicated that:</p> <ol style="list-style-type: none"> 1. Designated staff shall promptly initiate and document an investigation of the accident or incident. 2. The report shall include time physician was notified and the response, and the date and time of family notification. <p>Review of Resident R2's clinical record revealed an original admitted [DATE], with diagnoses that included stroke with right-sided weakness, difficulty swallowing, Type 2 Diabetes (a disease that occurs when the body doesn't use insulin properly resulting in high blood sugar levels), high blood pressure, and ataxia (a neurological condition that causes a lack of voluntary muscle coordination, which can affect balance, speech, and eye movements). The clinical record also identified that he/she required extensive assistance of one or two people for bed mobility.</p> <p>Review of Resident R2's departmental progress notes revealed that on 10/29/24, at 3:46 p.m. he/she was observed to have a dark purple bruise to left forearm measuring 4.5 cm [centimeters] long x 6.5 cm wide [1.77 x 2.56 inches], no swelling, redness, normal range of motion, no pain, no open areas, resident cannot recall how he/she got it, will monitor.</p> <p>Review of the facility's documentation of Resident R2's injury revealed no evidence that the responsible party and/or the physician was notified.</p> <p>(continued on next page)</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R9's clinical record revealed an admitted [DATE], with diagnoses that included stroke with right-sided weakness, difficulty swallowing, Parkinson's Disease (a condition where a part of your brain deteriorates, causing more severe symptoms over time), heart disease, and dysthymic disorder (a mental health condition that involves a chronic low-level depression that lasts for at least two years).</p> <p>Review of Resident R9's departmental progress notes revealed that on 10/29/24, at 1:19 p.m. he/she was observed to have a dark blue bruise of unknown origin to left hand measuring 6 cm long x 4 cm wide [2.36 x 1.57 inches], not raised, no redness to surrounding area, normal range of motion to left hand and wrist, no swelling. Resident stated, 'Maybe I bumped it on my table, but I'm not sure?' will monitor, family aware.</p> <p>Review of the facility's documentation of Resident R9's injury revealed no evidence that the physician was notified.</p> <p>During an interview on 11/18/24, at 7:17 p.m. the Director of Nursing confirmed that there was no evidence the responsible party and/or the physician was notified of the bruises of unknown origin for Residents R2 and R9.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40832</p> <p>Based on review of facility policy, clinical records, and facility documents, and staff interview, it was determined that the facility failed to thoroughly investigate injuries of unknown origin for three of nine residents reviewed (Residents R2, R8, and R9).</p> <p>Findings include:</p> <p>A facility policy entitled, Accidents and Incidents-Investigating and Reporting revised July 2017, revealed that:</p> <ol style="list-style-type: none"> 1. Designated staff shall promptly initiate and document an investigation of the accident or incident. 2. The report shall include date, time of accident/incident; nature of injury; circumstances surrounding the accident/incident; where; names of witnesses and their accounts of the accident/incident; time physician was notified and the response; date and time of family notification; resident's condition, including vital signs; disposition of injured; corrective action; follow-up, pertinent information; and signature, title of person completing the report. 3. The accident/incident report will be reviewed by the safety committee for trends. <p>Review of Resident R2's clinical record revealed an original admitted [DATE], with diagnoses that included stroke with right-sided weakness, difficulty swallowing, Type 2 Diabetes (a disease that occurs when the body doesn't use insulin properly, resulting in high blood sugar levels), high blood pressure, and ataxia (a neurological condition that causes a lack of voluntary muscle coordination, which can affect balance, speech, and eye movements). The clinical record also identified that he/she required extensive assistance of one or two people for bed mobility.</p> <p>Review of Resident R2's departmental progress notes revealed that on 10/29/24, at 3:46 p.m. he/she was observed to have a dark purple bruise to left forearm measuring 4.5 cm [centimeters] long x 6.5 cm wide [1.77 x 2.56 inches], no swelling, redness, normal range of motion, no pain, no open areas, resident cannot recall how he/she got it, will monitor.</p> <p>Review of the facility's investigation of Resident R2's injury revealed no identifiable witnesses and their accounts of the accident/incident; time physician was notified and the response; date and time of family notification; resident's condition, including vital signs; disposition of injured; corrective action; follow-up, pertinent information; and signature, title of person completing the report, and that the accident/incident report will be reviewed by the safety committee for trends.</p> <p>Review of Resident R8's clinical record revealed an original admitted [DATE], with diagnoses that included traumatic brain injury, paraplegia (a chronic condition that causes partial or total paralysis of the lower body, usually due to a spinal cord injury), epilepsy (a chronic brain disorder that causes repeated seizures, which are episodes of abnormal electrical activity in the brain), and difficulty speaking and swallowing. The clinical record also identified that he/she required extensive assistance of one or two people for bed mobility.</p> <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R8's departmental progress notes revealed that on 10/31/24, at 5:57 p.m. he/she was observed to have a new raised bruise of unknown origin to left wrist area, area is purple/red, measuring 6 cm long x 5 cm wide [2.36 x 1.97 inches], resident denies pain, normal range of motion, no warmth, no sign of distress at this time, resident unable to describe incident, Dr. aware, family notified, will monitor.</p> <p>Review of the facility's investigation of Resident R8's injury revealed no identifiable witnesses and their accounts of the accident/incident; time physician was notified and the response; resident's condition, including vital signs; disposition of injured; corrective action; follow-up, pertinent information; and signature, title of person completing the report, and that the accident/incident report will be reviewed by the safety committee for trends.</p> <p>Review of Resident R9's clinical record revealed an admitted [DATE], with diagnoses that included stroke with right-sided weakness, difficulty swallowing, Parkinson's Disease (a condition where a part of your brain deteriorates, causing more severe symptoms over time), heart disease, and dysthymic disorder (a mental health condition that involves a chronic low-level depression that lasts for at least two years).</p> <p>Review of Resident R9's departmental progress notes revealed that on 10/29/24, at 1:19 p.m. he/she was observed to have a dark blue bruise of unknown origin to left hand measuring 6 cm long x 4 cm wide [2.36 x 1.57 inches], not raised, no redness to surrounding area, normal range of motion to left hand and wrist, no swelling. Resident stated, 'Maybe I bumped it on my table, but I'm not sure?' will monitor, family aware.</p> <p>Review of the facility's investigation of Resident R9's injury revealed no identifiable witnesses and their accounts of the accident/incident; time physician was notified and the response; resident's condition, including vital signs; disposition of injured; corrective action; follow-up, pertinent information; and signature, title of person completing the report, and that the accident/incident report will be reviewed by the safety committee for trends.</p> <p>During an interview on 11/18/24, at 7:17 p.m. the Director of Nursing confirmed that the investigations were missing information and they weren't complete investigations regarding the injuries of unknown origin for Residents R2, R8, and R9.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing services</p>		