

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  11/21/2025
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)
F 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.  Based on review of facility policy and documentation, clinical records, and staff interview, it was determined that the facility failed to have complete and accurate documentation regarding showers on four of four residents reviewed (Residents R1, R2, R3, and R4). Findings include: Review of facility policy entitled Resident Showers dated 11/1/24, indicated .to assist residents with bathing to maintain proper hygiene., Partial baths may be given between regular shower schedules. and Document resident shower in Point of Care (an area where nursing assistants document in the clinical record). Review of facility shower schedule revealed resident room numbers and the day of the week that the residents in that room number are scheduled to receive a shower. Review of Resident R1's clinical record revealed an admission date of 9/19/25, with diagnoses that included diabetes (a health condition that is caused by the body's inability to produce enough insulin), and hypertension (high blood pressure). Review of Resident R1's shower sheets (a sheet of paper that the nursing assistants document showers on) lacked a shower sheet for 9/22/25, 9/26/25, 9/29/25, 10/6/25, and 10/10/25. Review Resident R1's task (an area in point of care where the nursing assistants document showers) revealed no task identified for showers. Review of Resident R2's clinical record revealed an admission date of 9/17/25, with diagnoses that included diabetes and hypertension. Review of Resident R2's shower sheets lacked a shower sheet for 9/18/25, 9/21/25, 9/25/25, 9/28/25, 10/9/25 and 10/12/25. Review Resident R2's task revealed no task identified for showers. Review of Resident R3's clinical record revealed an admission date of 9/26/25, with diagnoses that included hypothyroidism (a condition when the thyroid produces low amounts of thyroid hormones), and hypertension. Review of shower sheets for Resident R3 revealed no shower sheets were completed. Review Resident R2's task revealed no task identified for showers. Review of Resident R4's clinical record revealed an admission date of 10/8/25, with diagnoses that included chronic respiratory failure with hypoxia (a condition where your lungs don't exchange air properly), and obstructive Sleep Apnea (a condition when a person repeatedly stops and starts breathing when they are sleeping). Review of shower sheets for Resident R4 revealed no shower sheets were completed. Review Resident R4's task revealed no task identified for showers. During an interview on 10/16/25, at 1:25 p.m. the Director of Nursing confirmed that Resident's R1, R2, R3, and R4's clinical record did not have complete documentation regarding showers and also confirmed that showers should be done per the shower schedule and documented in the clinical record. 28 Pa. Code 211.5(f)(ix) Medical records 28 Pa. Code 211.12(d)(1)(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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