STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395262	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenfield Healthcare and Rehabilitation Center	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on review of facility policy, manufacturer's guidelines, facility records, clinical records and staff interview, it was determined that the facility failed to monitor interventions and complete assessments for a resident at risk for elopement (an at-risk individual leaving a supervised care setting without staff knowledge) (Resident R1).Findings include: Review of a facility policy entitled Elopement and Wandering Residents dated 1/16/26, indicated Residents will be assessed for risk of elopement and unsafe wandering upon admission and throughout their stay by the interdisciplinary care plan team. and Charge nurses and unit managers will monitor the implementation of interventions, response to interventions, and document accordingly. Review of manufacturer's guidelines for wander guard (a device with a small box on a plastic bracelet placed on an at-risk wandering person to alert the staff if that person attempts to exit the facility without staff supervision) indicated Test each signaling device before use. Thereafter, test the device daily and record the results in the resident's records. Review of Resident R1's clinical record revealed an admission date of 12/10/24, with diagnoses that included Alzheimer's Disease (brain disorder that slowly destroys memory, thinking skills, and, over time the ability to carry out the simplest tasks), gastroesophageal reflux disease (a condition when stomach acid repeatedly flows back up into your throat), and weakness. Review of elopement investigation for Resident R1 revealed that on 4/16/26, the facility's wander guard alarm was sounding, and he/she was found outside of the facility. Review of Resident R1's Care Plan revealed a plan of care for elopement with an intervention for a wander guard, check placement and function every shift dated 12/10/25. Review of Resident R1's January, February, March, and April 2026, treatment administration records lacked evidence of a wander guard being checked for placement and function from 1/1/26, through 4/16/26. Review of Resident R1's physician orders lacked evidence of an order for a wander guard from 1/1/26, through 4/16/26. Review of Resident R1's Minimum Data Set (MDS-periodic assessment of resident care needs) dated 2/3/26, revealed under section P0200 Alarms E. Wander/elopement alarm was answered Not used. Review of Wandering Risk Assessment completed on Resident R1 revealed it was completed on 12/11/24. The clinical record lacked evidence that another wander risk assessment was completed throughout Resident R1's stay as the policy indicated. During an interview on 4/22/26, at 12:45 p.m. the Director of Nursing confirmed that Resident R1's clinical record lacked evidence that interventions for elopement risk were being monitored, that wander risk assessments were not completed throughout Resident R1's stay, and that Resident R1's wander guard should have been checked every shift. 28 Pa. Code 211.5(f)(ii)(iii) 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395262	A. Building B. Wing	04/24/2026

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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, clinical records, and staff interview, it was determined that the facility failed to have complete and accurate documentation regarding showers for one resident reviewed (Resident R1).Findings include: Review of facility policy entitled Documentation in Medical Record dated 1/16/26, indicated Documentation shall be completed at the time of service. and Documentation shall be accurate, relevant, and complete. Review of Resident R1's clinical record revealed an admission date of 12/10/24, with diagnoses that included Alzheimer's Disease (brain disorder that slowly destroys memory, thinking skills, and, over time the ability to carry out the simplest tasks), gastro esophageal reflux disease (a condition when stomach acid repeatedly flows back up into your throat), and weakness. Review of Resident R1's shower task (an area in point of care where the nursing assistants document showers) revealed Resident R1 was to receive a shower every Monday and Friday. Further review revealed for the month of April 2026, the shower task lacked documentation that a shower was provided on 4/3/26, 4/10/26, 4/13/26, 4/17/26, and 4/20/26. During an interview on 4/22/26, at 12:45 p.m. the Director of Nursing confirmed that Resident R1's clinical records did not have complete documentation regarding showers and that showers should be done as scheduled in the resident's task and documented when completed. 28 Pa. Code 211.5(f)(ix) Medical Records 28 Pa. Code 211.12(d)(1)(5) Nursing Services