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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395300 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/18/2024 |
| NAME OF PROVIDER OR SUPPLIER Wexford Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 9850 Old Perry Highway Wexford, PA 15090 | |

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) |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336</p> <p>Based on observation, and staff interview, it was determined that the facility failed to maintain a safe, clean and homelike environment in resident public areas. (Front entrance outside walkways).</p> <p>Findings Include:</p> <p>Review of the facility policy Resident Rights dated 4/18/24, indicated - Dignity: a state worthy of honor or respect; includes but not limited to speaking respectfully to resident, providing privacy for care and treatment, providing safe and secure housing, sanitary food and hydration; respecting resident choice and attending to needs in a timely fashion.</p> <p>Review of the admission record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review Resident R1's Minimum Data Set (MDS- a periodic assessment of care needs) dated 9/5/24, indicated the diagnoses of traumatic spinal cord dysfunction (physical damage to the spinal cord which interfere with normal motor, sensory or autonomic function), quadriplegia (a symptom of paralysis that affects all of a person ' s limbs and body from the neck down), and depression. Section C indicated resident is cognitively intact.</p> <p>Review of physician orders dated 8/19/24, indicated resident is permitted to get out of bed into wheelchair.</p> <p>Review of Resident R1's care plan dated 5/12/24, indicated psychosocial well-being: Resident will feel safe, comfortable and well cared for through review date.</p> <p>Interview on 9/17/24, at 9:15 a.m. Resident R1 indicated the walkway adjacent to the driveway is constructed with small stones. Some stones are missing, which leaves holes that are a real hazard to people walking, and to people riding gurneys and wheelchairs to awaiting transportation.</p> <p>Observation and tour with the Nursing Home Administrator on 9/17/24 at 1:50 p.m., of the walkway indicated multiple areas to the right of the entrance with stones missing, holes, and an uneven surface that poses a safety hazard.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Interview with the Nursing Home Administrator on 9/17/24, at 2:00 p.m. confirmed the facility failed to maintain a safe, clean and homelike environment in resident public areas. (Front entrance outside walkways).</p> <p>28 Pa. code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (e)(1)(2) Management.</p> <p>28 Pa Code: 201.29 (a)(c)(d) Resident Rights.</p> | | |