

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  03/18/2026
NAME OF PROVIDER OR SUPPLIER  Perry Health & Rehab 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)
F 0558  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, facility documents, clinical record review, and resident, and staff interviews, it was determined that the facility failed to make certain call lights were answered timely for four of 12 residents as required (Resident R1, R2, R3, and R4). Findings include: The facility policy Call Light Resident Communication System Policy dated 2/8/26, indicated that staff will respond to call lights promptly. Review of Resident Council Meeting Minutes dated 2/18/26, revealed that Resident waiting to be changed. Review of Resident R1 concern dated 3/12/26, stated I have had my call light on for over an hour and staff are going past my room without evenings stopping. Review of the clinical record revealed that Resident R1 was admitted to the facility on [DATE]. Review of Resident 1's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 2/3/26, indicated diagnoses of high blood pressure, anxiety, and depression. Review of Section GG: Functional Abilities GG0130, indicated that Resident R1 is dependent with toilet hygiene. (Helper does all of the effort. Resident does none of the activity), and section GG0170 indicated that resident is dependent with toilet transfers (helper does all of the effort). During an interview on 3/18/26, at 10:20 a.m. Resident R1, stated that call lights take long to answer during the night shift. Review of the clinical record revealed that Resident R2 was admitted to the facility on [DATE]. Review of Resident 2's MDS dated [DATE], indicated diagnoses of malnutrition (insufficient nutrients in the body), diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and peripheral vascular disease (PVD, circulatory condition in which narrowed blood vessels reduce blood flow to the limbs). Review of Section GG: Functional Abilities GG0130, indicated that Resident R2 is dependent with toilet hygiene. During an interview on 3/18/26, at 10:16 a.m. Resident R2, stated that response time to call lights is Slow after midnight. I've had to wait an hour. Review of the clinical record revealed that Resident R3 was admitted to the facility on [DATE]. Review of Resident 3's MDS dated [DATE], also indicated diagnoses of malnutrition, diabetes, and PVD. Review of Section GG: Functional Abilities GG0130, indicated that Resident R3 is dependent with toilet hygiene. During an interview on 3/18/26, at 10:56 am. Resident R3 stated It sometimes takes an hour and a half to answer call bell at night. Review of the clinical record revealed that Resident R4 was admitted to the facility on [DATE]. Review of Resident 4's MDS dated [DATE], indicated diagnoses of malnutrition, high blood pressure, and atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat). Review of Section GG: Functional Abilities GG0130, indicated that Resident R4 is dependent with toilet hygiene. During an interview on 3/18/26, at 12:51 p.m. Resident R4 stated They don't always come. I have to wait an hour to hour and a half. Especially at night. During an interview on 3/18/26 at 2:05 p.m. the Nursing Home Administrator (NHA) and Director of Nursing (DON) confirmed the facility failed to make certain call lights were answered timely. 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(3)(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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