

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Kinzua Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 205 Water Street Warren, PA 16365	

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 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>48496</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to maintain a clean and sanitary resident shower room in one of two shower rooms (Red shower room).</p> <p>Findings include:</p> <p>Review of facility policy entitled Daily Resident/Patient Room Cleaning dated 1/16/24, indicated Wall and Handrail Cleaning Ceramic tile walls Procedure: Wet the wall with clean water, apply quaternary disinfectant on the wall with a rag, then scrub down the wall with the scrub pad and use the grout brush to clean in between the tiles.</p> <p>Observation on 8/20/24, at 11:00 a.m. of the Red shower room revealed a black substance between the white ceramic tiles on the shower room walls and a gray substance covering the surface of the ceramic tiles on the wall closest to the floor.</p> <p>During an interview with Housekeeper Employee E1 on 8/20/24, at 11:00 a.m. he/she revealed that he/she was unsure when the shower room was last cleaned. The facility was unable to provide evidence when the Red shower room was last cleaned.</p> <p>During an interview with the Nursing Home Administrator on 8/20/24, at the time of observation, he/she confirmed that there was a black substance between the white ceramic tiles and a gray substance covering the surface of the ceramic tiles next to the floor. He/she also confirmed that the black and gray substances should not be on the ceramic tile.</p> <p>28 Pa. Code 201.14 (a) Responsibility of Licensee</p> <p>28 Pa. Code 201.18(e)(2.1) Management</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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