STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395363	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kinzua Nursing and Rehab	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on review of facility policy, clinical records, and facility documents, and staff interview it was determined that the facility failed to provide care and treatment according to the resident's comprehensive person-centered care plan, and address provider recommendations for psychiatric medication changes for one of four residents reviewed (Resident R2).Findings include: Review of a facility policy entitled Consulting Physician/Practitioner Orders dated 12/09/25, indicated that the attending physician shall authenticate orders for the care and treatment of assigned residents. For consulting physician/practitioner orders received in writing or via fax, the nurse in a timely manner will:Call the attending physician to verify the order.Document the verification order by entering the order, time, date, and signature on the physician order sheet.Resident R2's clinical record revealed an admission date of 4/03/26, with diagnoses that included major depressive disorder, alcohol abuse, and anxiety disorder. A care plan entitled at risk for adverse effects related to use of antipsychotic (work by changing how certain signals in your brain - called neurotransmitters - affect how you feel and act) and antidepressant medications dated 4/04/26, included an intervention to consult psychiatrist and follow-up as needed. Resident R2's current physician orders included: Seroquel (antipsychotic medication) 25 milligrams at bedtime. Review of Resident R2's departmental progress notes revealed frequent episodes of verbal and physical behaviors between 4/10/26, and 5/05/26. Further review of Resident R2's clinical record revealed a psychiatric evaluation dated 4/15/26, recommended to increase Resident R2's Seroquel at bedtime to 37.5 milligrams at bedtime. On 4/29/26, a psychiatric evaluation noted that the recommended dosage to increase Seroquel was not addressed by the facility. During an interview on 5/06/26, at 12:40 p.m. the Nursing Home Administrator confirmed the facility is unable to locate evidence that Resident R2's attending physician reviewed the psychiatric recommendations and acted upon the recommended change in medications. 28 Pa Code 211.12(d)(1)(5) Nursing services28 Pa Code 211.10(c) Resident care policies

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