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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395373 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>05/29/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Greenwood Center for Rehabilitation and Nursing |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>276 Green Ave Extended<br>Lewistown, PA 17044 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>36798</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to provide the highest practicable care regarding physician ordered vital signs for one of six residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>Clinical record review for Resident 1 revealed a physician's order dated May 2, 2024, for vital signs (measurements of the body's most basic functions to include body temperature, pulse rate, respiration rate, and blood pressure) to be completed every eight hours for three days.</p> <p>Review of Resident 1's clinical documentation revealed that the facility only obtained his vital signs on May 2, 2024, at 6:00 PM, during the three days that they were to be obtained, from May 2-5, 2024.</p> <p>The Director of Nursing confirmed the above noted findings during an interview on May 29, 2024, at 11:25 AM.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services</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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