

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Greenwood Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 276 Green Ave Extended 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>20725</p> <p>Based on clinical record review and staff interview it was determined that the facility failed to provide bathing assistance for a dependent resident for one of six residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>Clinical record review for Resident 1 revealed a plan of care developed by the facility to address her deficits to perform activities of daily living (bathing, dressing, toileting, etc.) related to her diagnoses of dementia (disease that affects memory, thinking and interferes with daily life) and Parkinson's disease (a degenerative brain condition that affects muscle control and movement). The plan of care indicated that Resident 1 preferred a shower and that she required extensive assistance by staff for bathing or showering.</p> <p>Review of Resident 1's Task List (electronic documentation completed by nurse aide staff to record care for a resident's activities of daily living) documentation dated July, August, and September 2024, revealed that Resident 1 was to receive a shower weekly. The nurse aide staff documented the following:</p> <p>July 1, 2024, bed bath</p> <p>July 8, 2024, shower</p> <p>July 15, 2024, shower</p> <p>July 22, 2024, not applicable</p> <p>July 29, 2024, no documentation of care</p> <p>August 12, 2024, shower</p> <p>August 19, 2024, shower</p> <p>August 26, 2024, no documentation of care</p> <p>September 2, 2024, bed bath</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility failed to provide evidence of bathing assistance, in accordance with Resident 1's preferences, on July 1, 22, and 29, 2024; August 26, 2024; and September 2, 2024.</p> <p>The surveyor reviewed the above findings during an interview with the Nursing Home Administrator and the Director of Nursing on September 5, 2024, at 2:00 PM.</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents</p> <p>Previously cited deficiency 3/29/24</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>