STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395373	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenwood Center for Rehabilitation and Nursing	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to notify a resident's representative of a new medication order for one of four residents reviewed (Resident 1). Findings Include: Review of facility policy, titled Change in a Resident's Condition or Status, revised May 2017, revealed, Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status. Review of Resident 1's clinical record revealed diagnoses that included hypertension (high blood pressure) and Type 2 Diabetes Mellitus (when the body cannot use insulin correctly and sugar builds up in the blood). Review of Resident 1's physician note dated March 30, 2026, revealed that Resident 1 presented with a painful rash to her right buttocks. Further review of the note revealed Resident 1 was diagnosed with shingles (a viral infection that causes a painful rash) with a new order placed for Valacyclovir (antiviral medication), 1 gram by mouth, three times a day for seven days, and initiation of contact precautions. Review of Resident 1's clinical record revealed no evidence that Resident 1's Representative was made aware of the Shingles diagnosis or the new order for Valacyclovir and the contact precautions. During an interview with the Director of Nursing on April 13, 2026, at 11:33 AM, she confirmed that Resident 1's Representative was not made aware of the Shingles diagnosis with the new medication orders. She further stated that she had a phone conversation with Resident 1's Representatives and informed them that the facility should reach out to them with any changes in condition or if there are any new treatment orders placed. 201.14(a) Responsibility of licensee211.12(d)(1)(2)(3)(5) Nursing service

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on clinical record review and staff interviews, it was determined that the facility failed to ensure care and services are provided in accordance with professional standards of practice, regarding physician ordered medications, for one of four residents reviewed (Resident 3). Findings Include: Review of Resident 3's clinical record revealed diagnoses that included Rheumatoid Arthritis (RA-a chronic autoimmune disorder causing immune system-driven inflammation, primarily leading to painful, stiff, and swollen joints) and Type 2 Diabetes Mellitus (when the body cannot use insulin correctly and sugar builds up in the blood). Review of Resident 3's current physician orders revealed an order, dated December 1, 2025, for Humira (medication used to treat RA) 40mg/0.4ml (milligrams/milliliter), inject one application every 14 days for RA. Review of Resident 3's Medication Administration Records (MAR) for February 2026, March 2026, and April 2026, revealed the Humira was scheduled on the following dates and was signed off as not being given, with corresponding eMAR notes on the following dates:February 15, 2026- not given, eMAR note stated, on route from pharmacyMarch 1, 2026- not given, eMAR note stated, not availableMarch 15, 2026- not given, eMAR note stated, none availableMarch 29, 2026- no documentation, MAR was blank on this date with no corresponding eMAR noteApril 12, 2026- not given, eMAR note stated, This medication is not available at this facility, RN [Registered Nurse] supervisor notified, per RN supervisor pharmacy was contacted and stated that this medication should be supplied from family as they do not supply, RN supervisor notified family, awaiting response at this time. Review of Resident 3's clinical record revealed no evidence that the provider, or the Resident's Representative, were made aware that Resident 3 did not receive her Humira injection on any of the aforementioned dates, with the exception of April 12, 2026. Review of Resident 3's nursing progress notes revealed a note dated April 12, 2026, stating that the nurse spoke to Resident 3's Representative, who stated they were unaware the Humira is family supplied. Pharmacy confirmed the medication is supplied by the family. The note further stated that the nurse left a message with Resident 3's Rheumatology provider for clarification. During an interview with the Director of Nursing on April 13, 2026, at 12:51 PM, she stated that around December 8, 2025, the Resident's Representative changed. She stated that the prior Representative was unreceptive and uncooperative with providing the Resident's Humira. She further stated that she could find no documented evidence, prior to April 12, 2026, that anyone was in contact with the new Representative in regard to providing Resident 3's Humira medication. She stated she also could find no documentation that Resident 3's provider was made aware that Resident 3 had not received her Humira on the aforementioned dates. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services