

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/01/2026
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation and staff interview, it was determined that the facility failed to provide adequate housekeeping and maintenance services to ensure a clean, comfortable, homelike environment for two of six Residents (Residents 1 and 3). Findings include: Interview with Resident 1 on June 1, 2026, at 11:00 AM, revealed that they often need to clean their own bathroom, because housekeeping does not clean it daily. Concurrent observations of Resident 1's room revealed the following; The toilet lid and seat had multiple spots of dried brown liquid located on them. The interior rim of the toilet bowl was noted to have multiple brown spots around it. A piece of tissue paper was noted to be on the floor in the bathroom. The privacy curtain had a very large, roughly round two-foot, dried brown stain on the corner of the privacy curtain During an interview with Employee 1, housekeeper, on June 1, 2026, at 11:19 AM, they indicated that resident rooms should be cleaned daily, however they often do not have enough housekeepers to clean each room daily, and this often means rooms get cleaned about every three days. Employee 1 also indicated that housekeeping does not clean the privacy curtains, those are completed by maintenance. During an Interview on June 1, 2026, at 11:28 AM, with Resident 3's daughter, she stated that the floors are often very sticky and not clean, especially in the bathroom. Concurrent observation of Resident 3's bathroom revealed the floor in front of the toilet had a large, one foot area that was roughly round and covered in black residue. The above concerns were reviewed with the Nursing Home Administrator and the Director of Nursing on June 1, 2026, at 2:00 PM. 483.10(i)(1)-(7) Safe/clean/comfortable/homelike Environment Previously cited deficiency 1/08/2026 28 Pa. Code 201.18(b)(3) Management 28 Pa. Code 201.18(e)(2.1) Clean Environment		

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
--	-------	-----------