

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2026
NAME OF PROVIDER OR SUPPLIER Wecare at Sycamore Rehabilitation and Nursing Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 1445 Sycamore Road Montoursville, PA 17754	
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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed clinical record review, clinical record review and staff interview it was determined that the facility failed to provide written notice to a resident or resident's responsible party before the resident's room change for three of five residents reviewed (Residents CR1, 3, 4). Findings include: Closed clinical record review for Resident CR1 revealed that the resident was admitted on [DATE]. A family member was listed as the resident's responsible party. Further review revealed the resident's room was changed on March 18, 2026, to a different unit of the facility. Record review revealed a progress note dated March 17, 2026, at 1:23 PM that noted Resident CR1's agreement to move to the new unit the following day. There was no evidence to indicate Resident CR1 or CR1's responsible party was provided written notification including the reason for the room change prior to the change occurring. Clinical record review for Resident 3 revealed the resident was admitted on [DATE], and the resident was her own responsible party. Further review revealed the resident's room was changed on June 29, 2026, and again on July 13, 2026. There was no evidence Resident 3 was provided with written notification including the reason for the room change prior to the change occurring. Clinical record review for Resident 4 revealed the resident had resided in the facility since November 13, 2025, and was her own responsible party. Further review revealed Resident 4's room had been changed on June 30, 2026. There was no evidence Resident 4 was provided with written notification including the reason for the room change prior to the change occurring. Interview with Employee 1 (social services) and Employee 2, (social services) on July 22, 2026, at 11:28 AM confirmed that the facility had no evidence that written notice was provided to the residents/room changes noted above. The surveyor reviewed the above findings during an interview with the Nursing Home Administrator and the Director of Nursing on July 22, 2026, at 2:45PM. 28 PA Code 201.14(a) Responsibility of licensee 29 Pa Code 201.29(a) Resident rights 28 Code 211.12(d)(3) Nursing Services		

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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