

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Williamsport South Rehabilitation and Nursing Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Leader Drive Williamsport, PA 17701	

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 - Some</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 observation, clinical record review, and interviews with staff and residents, it was determined that the facility failed to provide dependent residents with activities of daily living assistance for three of five residents reviewed (Residents 2, 3, and 4).</p> <p>Findings include:</p> <p>Clinical record review for Resident 2 revealed a plan of care developed by the facility to address his deficits with performing activities of daily living (initiated October 14, 2022). Interventions included in the plan of care noted that Resident 2 requires supervision/cueing for personal hygiene.</p> <p>Observation of Resident 2 on September 12, 2024, at 10:53 AM revealed several days of beard growth on his face. Interview with Resident 2 on the date and time of the observation revealed that staff shave him because he cannot see what he is doing to do it well. Resident 2 stated that he could not remember, but he may have had shaving assistance with his shower on Monday. Resident 2 stated that although his showers are scheduled for Mondays and Thursdays, he had a shower yesterday (Wednesday). Resident 2 stated that he was not sure why staff provided him shower assistance on a Wednesday; but believed, maybe they (staff) were trying to get ahead of the curve. Resident 2 confirmed that staff did not provide him with shaving assistance with his shower yesterday.</p> <p>Clinical record review for Resident 3 revealed a plan of care developed by the facility to address Resident 3's urinary incontinence and history of recurrent urinary tract infections. Interventions included in the plan of care instructed staff to adjust toileting times to meet Resident 3's needs, prompt and assist with toileting upon rising, before and after meals, before bed, and two to three times on overnight shift, and as needed; provide assistance with toileting, and provide incontinence care as needed. A plan of care initiated by the facility on January 15, 2019, to address Resident 3's deficits to perform activities of daily living included interventions that instructed staff to assist with daily hygiene, grooming, dressing, oral care, and eating as needed.</p> <p>Task List documentation (electronic documentation completed by nurse aide staff upon completion of activities of daily living tasks) dated July, August, and September 2024, for Resident 3 revealed that staff did not document the provision of oral care (scheduled for the day shift and evening shifts) as follows:</p> <p>July 2024, on seven occasions</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 - Some</p>	<p>August 2024, on five occasions</p> <p>September 2024, on four occasions (dated September 1 through 11, 2024)</p> <p>Task List documentation revealed that staff did not document that staff prompted and assisted Resident 3 with toileting upon rising, before and after meals, before bed, and two to three times on the overnight shift and as needed as follows:</p> <p>July 2024:</p> <p>Day shift on 28 of 31 days</p> <p>Evening shift on 17 of 31 days</p> <p>Night shift on 26 of 31 days</p> <p>August 2024:</p> <p>Day shift on 24 of 31 days</p> <p>Evening shift on 15 of 31 days</p> <p>Night shift on 24 of 31 days</p> <p>September 2024:</p> <p>Day shift on six of 11 days</p> <p>Evening shift on nine of 11 days</p> <p>Night shift on 11 of 11 days</p> <p>Clinical record review for Resident 4 revealed a plan of care developed by the facility on March 7, 2023, to address his deficits to perform activities of daily living that noted Resident 4 required the assistance of one staff for bathing and showering. Resident 4 required supervision and cueing for personal hygiene and oral care. The facility initiated a plan of care on February 25, 2023, to address that Resident 4 had potential for oral/dental health problems related to having natural teeth with probable cavities.</p> <p>Observation of Resident 4 on September 12, 2024, at 11:25 AM revealed that his fingernails extended beyond the tips of his fingers. Interview with Resident 4 on the date and time of the observation confirmed that he believed that staff should trim his fingernails.</p> <p>Task List documentation dated July 2024, revealed that although staff were to assist Resident 4 with showering on Tuesday and Friday evenings, staff failed to document the care on July 2, 19, and 26, 2024.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Task List documentation dated July 2024, revealed that although staff were to assist Resident 4 with oral care, staff failed to document the provision of care on nine of 31 evening shifts.</p> <p>Task List documentation dated August 2024, revealed that staff failed to document assistance with Resident 4's shower on August 2, 6, 23, 27, and 30, 2024.</p> <p>Task List documentation dated August 2024, revealed that staff failed to document assistance with Resident 4's oral care on three of 31 day shifts and three of 31 evening shifts.</p> <p>Task List documentation dated September 1 through 11, 2024, revealed that staff failed to document assistance with Resident 4's shower on September 6, 2024.</p> <p>Task List documentation dated September 1 through 11, 2024, revealed that staff failed to document assistance with Resident 4's oral care on two of 11 evening shifts.</p> <p>The surveyor reviewed the above concerns regarding Resident 2, 3, and 4's care during interviews with the Director of Nursing and the Nursing Home Administrator on September 12, 2024, at 1:26 PM and 2:43 PM.</p> <p>483.24(a)(2)</p> <p>Previously cited deficiency 2/16/24 and 5/22/24</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>20725</p> <p>Based on clinical record review and staff and resident interview, it was determined that the facility failed to provide services for mobility deficits for two of five residents reviewed (Residents 2 and 4).</p> <p>Findings include:</p> <p>Review of Resident Council meeting minutes dated July 10, 2024, revealed that Resident 2 had concerns regarding, walking. A Resident Concern Report dated July 10, 2024, revealed that Resident 2 wanted an evaluation for walking. Findings recorded on the form indicated that physical therapy evaluated Resident 2 on July 11, 2024, and began physical therapy services.</p> <p>Clinical record review for Resident 2 revealed a physical therapy discharge summary dated August 1, 2024, that indicated staff discharged Resident 2 from skilled physical therapy services. The documentation indicated that the skilled physical therapy staff did not indicate a restorative program at that time.</p> <p>Clinical record review for Resident 2 revealed a plan of care developed by the facility to address his need for a restorative program related to his unsteady gait (initiated November 28, 2022). Interventions included in the plan of care instructed staff to encourage Resident 2 to participate in restorative programs to the best of his ability. A plan of care developed by the facility to address Resident 2's high risk for falls related to his history of repeated falls and ambulatory dysfunction (initiated October 14, 2022) listed interventions that included to encourage Resident 2 to participate in activities that promote exercise, physical activity, for strengthening and improved mobility.</p> <p>Interview with Resident 2 on September 12, 2024, at 10:53 AM revealed that his concern with, walking, was, sort of improved. Resident 2 stated that he was told that staff would have him, up and walking daily, but it wasn't happening. Or was happening every two to three days if an attendant (nurse aide) was available to do it, with him.</p> <p>Clinical record review for Resident 2 revealed task list documentation (electronic system of nurse aide documentation of care provided) dated August 2024, that staff were to complete a restorative program for training and skill practice related to walking, a restorative ambulation program, for one staff to assist Resident 2 to ambulate up to two hallways with a roller walker on day and evening shifts. The documentation indicated that Resident 2 required cues for safety and hand/foot placement.</p> <p>Documentation of the restorative task dated August 2024, revealed that staff failed to document assistance with Resident 2's restorative program on day shift for nine of 31 days and on evening shift for 12 of 31 days.</p> <p>Documentation of the restorative task dated September 1 through 11, 2024, revealed that staff failed to document assistance with Resident 2's restorative program on day shift for four of 11 days and on evening shift for two of 11 days.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with Employee 3 (occupational therapist/skilled therapy department director) on September 12, 2024, at 2:13 PM confirmed that the task documentation indicated that staff were to complete a restorative ambulation program with Resident 2 twice daily; however, the documentation did not indicate that staff are consistently completing the program with Resident 2.</p> <p>Clinical record review for Resident 4 revealed a plan of care initiated by the facility on April 14, 2023, because Resident 4 required restorative programs due to poor balance and an unsteady gait. Interventions included in the plan of care instructed staff to encourage Resident 4 to participate in restorative programs to the best of his ability.</p> <p>Review of task list documentation dated July, August, and September 2024, revealed that staff were to document the completion of a restorative program for Resident 4's training and skill practice in walking, restorative ambulation, when one staff provided contact guard supervision, and ensured a wheelchair followed closely behind, as Resident 4 ambulated up to 60-75 feet with a roller walker on day shift and evening shift.</p> <p>The available task list documentation revealed that staff did not document that staff assisted Resident 4 with the restorative ambulation program as follows:</p> <p>July 2024:</p> <p>Day shift on six of 31 days when staff indicated that the program was not applicable</p> <p>Evening shift on 20 of 31 days (11 occasions where staff indicated that the program was not applicable, and nine occasions staff failed to document any program was attempted)</p> <p>August 2024:</p> <p>Day shift on 18 of 31 days (16 occasions staff indicated that the program was not applicable, and two occasions staff failed to document any program was attempted)</p> <p>Evening shift on 19 of 31 days (15 occasions staff indicated that the program was not applicable, and four occasions staff failed to document any program was attempted)</p> <p>September 1 through 11, 2024:</p> <p>Day shift on six of 11 days when staff indicated that the program was not applicable</p> <p>Evening shift on eight of 11 days (five occasions staff indicated that the program was not applicable, and three occasions staff failed to document any program was attempted)</p> <p>The surveyor reviewed the above concerns regarding Resident 2 and 4's care during interviews with the Director of Nursing and the Nursing Home Administrator on September 12, 2024, at 1:26 PM and 2:43 PM.</p> <p>483.25(c)(1)-(3) Mobility</p> <p>Previously cited deficiency 2/16/24</p> <p>(continued on next page)</p>		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	28 Pa. Code 211.12(d)(1)(5) Nursing services

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>20725</p> <p>Based on observation and resident and staff interview, it was determined that the facility failed to provide food that accommodated resident preferences for one of five residents reviewed (Resident 5).</p> <p>Findings include:</p> <p>Interview with Resident 5 on September 12, 2024, at 11:11 AM revealed that she rated the facility's meals a seven on a one to 10 scale (10 being very good). Resident 5 stated that her strongest complaint was that she either received food that she is allergic to (strawberries, occurred approximately one month ago) or food that is on her dislike list of foods that she would prefer she not receive. She stated that she repeatedly receives rice, which she claims that she has reported that she does not like. Resident 5 stated that staff do not offer to obtain an alternative when she reports errors in her provided meal. Resident 5 claimed that staff often respond, .well, that's what they (dietary staff) put on your tray.</p> <p>Observation of the lunch meal on September 12, 2024, at 12:05 PM revealed Resident 5 was in the [NAME] Hall dining room talking to Employee 2 (activities staff). Resident 5 pointed to her tray ticket that listed peaches as a food dislike when her meal tray included peaches. Resident 5 received a large portion of rice, but the tray ticket did not include this food as a disliked food for Resident 5. Resident 5 stated that she has discussed disliking rice in her care conference, but no one has added it to her disliked food list. Resident 5's tray ticket indicated that she was to receive noodles and green beans, which she did not receive.</p> <p>Interview with Employee 2 on September 12, 2024, at 12:08 PM confirmed that Resident 5 reported concerns with her lunch meal. Employee 2 confirmed that she believed the meal provided to Resident 5 was not correct when compared to her meal tray ticket; however, Employee 2 stated that she did not know who to forward the concerns to; therefore, she went to her office and did not refer the issue to anyone.</p> <p>Interview with Employee 1 (food service director) on September 12, 2024, at 12:29 PM revealed that the menu tickets given to residents for their meal item selections do not match the planned meal items that are available. The interview indicated that Employee 1 wrote that Resident 5 wanted noodles and green beans on the tray ticket; however, there were no noodles or green beans planned for the lunch meal on September 12, 2024.</p> <p>The surveyor reviewed the above concerns regarding Resident 5's lunch meal during an interview with the Nursing Home Administrator and the Director of Nursing on September 12, 2024, at 1:26 PM.</p> <p>28 Pa. Code 211.6 (a) Dietary services</p>		