STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395430	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dubois Nursing Home	212 S. Eighth St. Dubois, PA 15801

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. 38012 Based on review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the resident's responsible party was notified about a resident requiring oxygen for one of five residents reviewed (Resident 2). Findings include: The facility's policy regarding notification, dated January 25, 2024, revealed that staff will inform the resident's responsible party when there is a significant change in the resident's care or condition timely. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated August 8, 2024, revealed that the resident was cognitively impaired and required assistance from staff for daily care needs. A nursing note for Resident 2, dated August 11, 2024, revealed that the resident was having a hard time breathing and was coughing harshly. Staff applied oxygen for his comfort. A nursing note for Resident 2, dated August 12, 2024, revealed that the resident's family arrived and were concerned that he was wearing oxygen, and they had not been notified that he required oxygen. There was no documented evidence that Resident 2's responsible party was notified about the coughing episode or that he required oxygen at that time. Interview with the Director of Nursing on August 27, 2024, at 11:51 a.m. confirmed that Resident 2's responsible party was not notified about the coughing episode and the application of oxygen. 28 Pa. Code 211.12(d)(3)(5) 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