

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2025
NAME OF PROVIDER OR SUPPLIER Dubois Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on review of facility policy and clinical record reviews, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders for dressing changes were followed for one of three residents reviewed (Resident 2). Findings include: A facility policy regarding physician orders, dated January 1, 2025, revealed that the licensed nurse would complete the physician order how it was written regarding timing and frequency. A significant change Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated August 4, 2025, indicated that the resident was severely cognitively impaired, could sometimes understand, was sometimes understood, required assistance from staff for all care needs, and had diagnoses that included dementia. A nursing note dated August 19, 2025, indicated that staff found a large skin tear. Resident 2 was assessed by a registered nurse and identified a seven centimeter (cm) by nine cm skin tear with bruising noted on the right forearm. Physician's orders for Resident 2, dated August 20, 2025, included an order for the resident to have wound care to the right forearm skin tear. The skin tear was to be cleansed with wound cleanser, patted dry, xeroform (gauze dressing with petroleum) applied, and covered with a foam dressing daily and as needed. Review of the Treatment Administration Record (TAR) for Resident 2, dated August and September 2025, revealed that on August 20, 23, 24, 27, 28, and 29, 2025, and September 2, 3, 6, and 7, 2025, the dressing was not administered as ordered. Interview with the Director of Nursing on September 9, 2025, at 2:09 p.m. confirmed that Resident 2's dressing changes were not completed as ordered for the dates listed above. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.</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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