

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 11/21/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>Based on review of facility policies, as well as observations and staff interviews, it was determined that the facility failed to provide a clean and homelike environment in residents' rooms for 10 of 14 residents reviewed (Residents 3 and 7). Findings include: The facility's policy regarding homelike environment, dated January 31, 2025, indicated that the purpose was to provide residents were provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. Observations of Resident 3 and 7's shared bathroom on November 20, 2025, at 11:13 a.m., 4:15, and 4:45 p.m. revealed that there was a brown/yellow removable substance on the toilet seat, on the metal safety rail, and there was brown removable substance around the inside of the bowl of the toilet. Interview with the Director of Housekeeping Services on November 20, 2025, at 4:45 p.m. revealed that the rooms were cleaned daily and COVID positive rooms to be last. She confirmed that the above residents' shared bathroom needed cleaning and indicated that staff should advise her if they see that the room needs additional cleaning. 28 Pa. Code 207.2(a) Administrator's Responsibility.</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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