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	02/06/2026

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 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that residents were provided with proper colostomy care for one of four residents reviewed (Resident 4).Findings include: The facility's policy regarding colostomy care (care for an artificial opening in the bowel), dated January 31, 2025, colostomy care will be provided per physician orders to provide the stoma with good skin care and check the condition of the stoma and surrounding skin. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 4 dated November 30, 2025,indicated that the resident was cognitively impaired, required assistance from staff for daily care needs, had a diagnosis of sepsis (infection in the bloodstream) and had an ostomy (a surgically created opening in the abdomen- part of the body between the chest and the hips). A nurse's note for Resident 4, dated November 24, 2025, at 6:47 p.m. indicated that the resident was admitted with a colostomy. A review of Resident 4's clinical record revealed that the ostomy appliance had not been changed or cared for from November 24, 2025, until December 4, 2025, when she was sent out to the hospital. She was readmitted on [DATE], and there was no documentation that the ostomy had been changed or cared for until December 19, 2025. There was no physician's order for changing the ostomy appliance or emptying the colostomy for Resident 4. Interview with the Director of Nursing on February 5, 2026, at 3:44 p.m. confirmed that there was no physician order for the ostomy and that there was no documented evidence that colostomy care was being provided to Resident 4. 28 Pa. Code 211.12(d)(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on review of facility policy and clinical records, as well as observations staff interviews, it was determined that the facility failed to provide adequate treatment and care for a peripherally inserted central catheter (PICC - a thin tube that's inserted through a vein in your arm and passed through to the larger veins near your heart) for one of four residents reviewed (Resident 4). Findings include: A facility policy for the care and maintenance of PICC and midline catheters (a small flexible tube inserted through a vein in your arm that is shorter than a PICC) dated January 31, 2025, indicated that dressing must stay clean, dry and intact. Dressings are to be changed every 5-7 days and as needed when wet, soiled, or not intact. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 4 dated November 30, 2025,indicated that the resident was cognitively impaired, required assistance from staff for daily care needs, had a diagnosis of sepsis (infection in the bloodstream) and had an ostomy (a surgically created opening in the abdomen- part of the body between the chest and the hips). Physician orders for Resident 4 dated November 25, 2025, included orders for PICC line dressing change as needed for slippage or soilage. A review of Resident 4's treatment record for December 2025 revealed that the PICC line was changed on December 14, 2025. There was no documented evidence that the PICC line was changed again until December 24, 2025, 10 days later. Interview with the Director of Nursing on February 5, 2026, confirmed that Resident 4's PICC dressing should have been changed on December 21, 2025, according to the facility's policy. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dubois Nursing Home	212 S. Eighth St. Dubois, PA 15801

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that residents' clinical records were complete and accurately documented for one of four residents reviewed (Resident 1).Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated November 27, 2025, indicated that the resident was cognitively intact, required assistance with daily care needs, and had medical diagnoses that included malignant neoplasm of rectum. Physician's orders for Resident 1 dated December 11, 2025, included orders for the Registered Nurse to disconnect chemotherapy (medications used to treat cancer) pump, flush Medi port (an implanted device under the skin used to provide long term access to a vein for medications), and de-access the port every other Friday. Review of Resident 1's clinical record revealed no documented evidence that a Registered Nurse disconnected his chemotherapy pump, flushed the Medi port and de-accessed the port on December 12, 2025, or on January 16, 2026. Interview with the Director of Nursing on February 5, 2026, at 2:28 p.m. confirmed that there is no documented evidence the registered nurse completed the discontinuation of Resident 1's chemotherapy treatment, flushed Medi port and de-accessed it per physician orders. 28 Pa. Code 211.12(d)(5) Nursing Services.