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	04/30/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on clinical record reviews, observations, and staff interviews, it was determined that the facility failed to ensure that each resident received assistive devices to prevent accidents for one of 44 residents reviewed (Resident 75). Findings include: An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 75, dated March 13, 2026, revealed that the resident was cognitively intact, used a walker, required extensive assistance from staff for care, had a history of falls, and had diagnoses that included arthritis, muscle weakness, and an abnormal gait and mobility. Physician's orders, dated March 7, 2026, included orders for the resident to transfer with one assist and a front wheeled walker. A care plan, dated April 1, 2026, revealed the resident was at risk for falls and staff were to keep the resident's call bell within reach and encourage her to use it for assistance as needed. A fall investigation, dated April 28, 2026, at 9:25 a.m. revealed the resident was found on the floor in her room after she attempted to self-transfer. She stated that she couldn't sit in her wheelchair any longer and was trying to put herself into her recliner. Observations of Resident 75 on April 30, 2026, at 10:26 a.m. revealed that the resident was in her wheelchair with leg rests on and positioned at the bottom of her bed, and her call bell was lying on the middle of the bed, out of the resident's reach. Interview with Resident 75 at that time revealed that she had been waiting for someone to put her in her recliner chair and she couldn't reach her call bell to ring for help. Interview with Nurse Aide 1 on April 30, 2026, at 10:27 a.m. confirmed that Resident 75's call bell was out of the resident's reach. Interview with the Director of Nursing on April 30, 2026, at 12:38 p.m. confirmed that Resident 75's call bell should have been in the resident's reach. 28 Pa. Code 211.10(c)(d) Resident care policies. 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