

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Corry Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 640 Worth Street Corry, PA 16407	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47356</p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to notify the resident's emergency contact/representative regarding a transfer to the emergency room and a change in condition in a timely manner for one of two residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of the facility policy entitled Notification of Changes dated 12/4/24, revealed that The Manor must inform the resident immediately, the attending physician, and the resident's representative or interested family member when there is a significant change in the resident's physical, mental, or psychosocial status.</p> <p>Review of Resident R1's clinical record revealed an admitted [DATE], with diagnoses that included hypertension (high blood-pressure), muscle weakness, and a presence of an aortocoronary bypass graft (a surgical procedure that improves blood flow in the heart by treating narrowed or blocked arteries).</p> <p>Review of Resident R1's clinical record revealed a progress note dated 2/2/25, at 2:15 a.m. indicating the resident was hallucinating, had an unsteady gait, and had increased confusion resulting in transport to the emergency room .</p> <p>The clinical record lacked evidence that the resident's emergency contact/representative was notified of Resident R1's transfer to the emergency room .</p> <p>(continued on next page)</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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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the clinical record progress notes dated 2/5/25, at 11:08 p.m. revealed that Resident R1 was wheezing, fatigued, had a non-productive cough, required a breathing treatment, and required administration of an as needed cough medicine. Therapy progress notes dated 2/6/25, at 12:00 a.m. revealed Resident R1 was having coughing fits and was extremely fatigued throughout therapy sessions. A progress note dated 2/6/25, at 6:07 a.m. revealed Resident R1 had a very moist cough during position changes which required a breathing treatment and as needed cough medicine to be administered. A progress note dated 2/6/25, at 7:42 a.m. indicated an in-house chest x-ray was ordered due to Resident R1's symptoms. A progress note dated 2/6/25, at 8:03 p.m. revealed the emergency contact/representative was notified of Resident R1 having increased coughing and that he/she was using accessory muscles when breathing, at this time the emergency contact/representative requested Resident R1 to be transferred to the emergency room and he/she was admitted to the hospital with Respiratory Syncytial Virus (RSV). These progress notes in Resident R1's clinical record revealed the emergency contact/representative was not notified of Resident R1's change in condition until approximately 21 hours after his/her onset of symptoms.</p> <p>During an interview on 3/6/25, at 11:55 a.m. the Nursing Home Administrator confirmed that the clinical record lacked evidence of Resident R1's emergency contact/representative being notified of the above transfer to the emergency room and change in condition in a timely manner and that the facility staff should have notified the resident's emergency contact/representative and documented the notification in the clinical record.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		