STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395499	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tremont Health & Rehabilitation Center	44 Donaldson Road Tremont, PA 17981

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36935 Based on clinical record review and resident interview, it was determined that the facility failed to provide services to enhance each resident's quality of life by offering showers as scheduled to four of six sampled residents. (Residents 1, 2, 3, 4) Findings include: Clinical record review revealed that Resident 1 was admitted to the facility on [DATE] with diagnoses that included hypertension and chronic obstructive pulmonary disease . The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident needed staff assistance for bathing. The resident was to receive a shower twice per week on Monday and Thursday. Review of documentation in the clinical record revealed that the resident only received two showers since admission to the facility on [DATE]. Clinical record review revealed that Resident 2 had diagnoses that included congestive heart failure and hypertension. The MDS assessment dated [DATE], indicated the resident needed staff assistance for bathing. The resident was to receive a shower twice per week on Monday and Thursday. Review of documentation in the clinical record revealed that the resident was not offered a shower eight of 18 scheduled times in the past 90 days. Clinical record review revealed that Resident 3 had diagnoses that included diabetes mellitus and chronic obstructive pulmonary disease. The MDS assessment dated [DATE], indicated that the resident was oriented and needed staff assistance for bathing. The resident was to receive a shower twice per week on Wednesday and Saturday. In an interview on September 11, 2024, at 12:05 p.m. the resident stated that she preferred to take a shower twice a week and was not offered the opportunity to do so. Resident 3 stated that she would not refuse the opportunity to shower. Review of documentation in the clinical record revealed that the resident was not offered a shower 14 of 17 scheduled times in the past 90 days. (continued on next page)

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: 395499	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Tremont Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 44 Donaldson Road Tremont, PA 17981	

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Clinical record review revealed that Resident 4 had diagnoses that included hypertension and depression. The MDS assessment dated [DATE], indicated that the resident was oriented and was dependent on staff assistance for bathing. The resident was to receive a shower twice per week on Monday and Thursday. In an interview on September 11, 2024, at 12:30 p.m. the resident stated that she preferred to take a shower twice a week and was not offered the opportunity to do so. Resident 4 stated that she would not refuse the opportunity to shower. Review of documentation in the clinical record revealed that the resident was not offered a shower eight of 18 scheduled times in the past 90 days. 28 Pa. Code 211.12(d)(5) Nursing services. Previously cited 10/28/23

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	395499	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tremont Health & Rehabilitation Center	44 Donaldson Road Tremont, PA 17981

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36935 Based on clinical record review and staff interview, it was determined that the facility failed to provide care and services to meet each resident's needs for one of six sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included hypertension and chronic obstructive pulmonary disease. Review of the current care plan revealed that the resident had hearing loss and wore hearing aides. Review of a progress note dated August 15, 2024, revealed that Resident 1 had an appointment for the physician to clean his ears on September 6, 2024, and that the physician was to clean his ears in the facility. Review of a physician's progress note dated August 22, 2024, revealed that there was no evidence that the physician addressed or cleaned Resident 1's ears. On August 28, 2024, the physician ordered for staff to administer ear drops to both the resident's ears for seven days and then the physician would flush. There was no documented evidence that the physician cleaned or flushed Resident 1's ears or that the resident went to his scheduled appointment on September 6, 2024. In an interview on September 11, 2024, at 2:25 p.m., the Administrator and Director of Nursing confirmed there was no evidence that the physician cleaned Resident 1's ears and that Resident did not attend the September 6, 2024 appointment to have his ears cleaned. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

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NAME OF PROVIDER OR SUPPLIER: Tremont Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 44 Donaldson Road Tremont, PA 17981	

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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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36935 Based on observation it was determined that the facility failed to provide a safe, sanitary, and comfortable environment on two of three nursing units (B and C unit) and the main dining room. Findings include: Observation on the B nursing unit on September 11, 2024, from 10:30 a.m. through 2:00 p.m. revealed the following: The wall paper was peeling and hanging off the wall in multiple areas in the common area across from the nurses' station. The floor outside the door to the janitor's closet had a large accummulation of black dirt. In rooms 101, 102, 104, 105, 106, and 107, the floors were sticky and the tiles had a dull black/brown coating of dirt accummulation. In room [ROOM NUMBER] the heating unit contained peeling paint and cobwebs near the controls. The wall to the right of the closet was heavily marred. In the shared bathroom there was a brown/black ring of dirt on floor around the bottom of the toilet, the right side toilet grab bar was loose, the wall around the soap dispenser was peeling, and the bathroom door was heavily marred. In room [ROOM NUMBER] near the doorway, the floor was cracked and missing a piece of tile. In room [ROOM NUMBER], bed 2's top drawer to the night stand was broken and crooked, the bottom drawer near the sink did not close and was misaligned, and the closet doors did not close and were misaligned. Obersvations on the C nursing unit on September 11, 2024, from 10:30 a.m. through 2:30 p.m. revealed the following: In room [ROOM NUMBER] the front cover to the heating unit was broke and sticking out exposing a sharp edge. In room [ROOM NUMBER] there was a chair for resident use that the cushion was peeling and flaking off. In the main dining room there was a missing ceiling tile in the middle of the room. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1) Management.