

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Grove Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 435 North Broad Street Grove City, PA 16127	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41309</p> <p>Based on review of clinical records and facility documentation, and resident family and staff interviews, it was determined that the facility failed to ensure that residents were provided with showers as scheduled for one of 13 residents reviewed (Resident R26).</p> <p>Findings include:</p> <p>Resident R26's clinical record revealed an admitted [DATE], with diagnoses that included dementia, dysphasia (communication disorder affecting the ability to understand and produce language), Parkinsonism (neurodegenerative diseases that cause motor symptoms such as shakes and tremors), and history of falling.</p> <p>During an interview with Resident R26's family member on 10/24/24, at approximately 12:00 p.m., it was disclosed that there were concerns that Resident R26 was not receiving routine showers on his/her designated shower days, and was observed in the same clothes on consecutive days while visiting.</p> <p>Review of Resident R26's care plan with a date initiated of 9/24/24, revealed under interventions Bathing: Prefers a shower and to receive in the afternoon on Wednesdays and Saturdays.</p> <p>Review of an Admission Minimum Data Set (a mandated assessment of a resident's abilities and care needs) assessment for Resident R26, dated 9/28/24, revealed that the resident was cognitively impaired, required partial to moderate assistance from staff for showering, and had diagnoses that included dementia.</p> <p>Review of facility documentation revealed that Resident R26 had a shower schedule for Tuesdays and Fridays, that was then was switched to Wednesdays and Saturdays when he/she had a room move.</p> <p>Review of nurse aide documentation for Resident R26 for the time period from 10/11/24 through 10/23/24, revealed no documented evidence that a shower was provided from 10/16/24 until 10/23/24, a time frame of seven days. There was no documented evidence in the clinical record that the resident was offered and/or refused a shower on those identified dates.</p> <p>During an interview on 10/24/24, at approximately 1:30 p.m. the Director of Nursing and Assistant Director of Nursing confirmed that there was no documented evidence that Resident R26 received and/or refused showers as scheduled during the time frame of 10/16/24 through 10/23/24, for a period of seven days.</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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(5) Nursing Services		