

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2025
NAME OF PROVIDER OR SUPPLIER  Maybrook Hills Rehabilitation and Healthcare Cente		STREET ADDRESS, CITY, STATE, ZIP CODE  301 Valley View Boulevard Altoona, PA 16602	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders were followed for one of 11 residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>The facility's policy regarding as needed (prn) pain medications, dated May 8, 2025, revealed that prn medications would be administered according to the physician-ordered parameters.</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated April 14, 2025, revealed that the resident was cognitively intact, understood and able to understand others, required supervision with daily care needs, and had diagnoses that included right arm fracture, osteoporosis and a pathological fracture of the lumbar spine.</p> <p>Physician's orders for Resident 2, dated April 9, 2025, included an order for the resident to have acetaminophen (Tylenol) 325 mg, two tablets by mouth every six hours as needed for mild pain with a level of (1-3), and oxycodone 5 mg, one tablet by mouth every six hours as needed for moderate to severe pain, at a level of (4-10).</p> <p>Review of the Medication Administration Record (MAR) for Resident 2, dated June 2025, revealed that on June 8 and 13 oxycodone was given for a pain level of 3, when the pain parameter for oxycodone was a pain level 4-10, and on June 15 Tylenol was given for a pain level of 5, when the pain parameter for Tylenol was pain level 1-3.</p> <p>Interview with the Director of Nursing on June 24, 2025, at 13:29 p.m. confirmed that Resident 2's pain medications were not given as per physician-ordered parameters, and they should have been.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</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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