STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395530	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes-Presby	220 Newry Street Hollidaysburg, PA 16648

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 19102 Based on review of clinical records and staff interviews, it was determined that the facility failed to ensure that a resident's care plan was updated/revised to reflect the resident's specific care needs for one of six residents reviewed (Resident 3). Findings include: An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated November 4, 2024, indicated that the resident was cognitively intact and had a history of falls. The care plan, dated December 22, 2024, through February 1, 2025, for Resident 3 revealed that the resident was non-compliant and at risk for falling and had the following interventions in place: provide environment free of clutter, keep call bell light in reach at all times, keep personal items and frequently used items within reach, kid cushion to the night stand, gripper socks on while in bed, reminder signs to ring for assistance, non-skid strips to the right side of the bed, bed height marked on the wall for bed height, anti-roll back devices to wheelchair, offer to lie down after breakfast and lunch, perimeter mattress to bed, reminder sign placed on bathroom door to remind resident of location, reminder sign on wall beside bed to remind resident to ring for assistance, reflective tape to wheelchair and walker, attempt to walk resident with front-wheeled walker if she appears restless, motion activated night light at foot of bed, walker at bedside, dycem (anti-slip material) to wheelchair cushion, offer to toilet if resident seems restless, family agreeable to soft helmet when it arrives, offer fidget dog, offer stuffed animal if resident seems restless, large face alarm clock when it arrives. A nursing note, dated February 2, 2025, at 9:00 p.m. revealed that Resident 3 had an unwitnessed fall in her room. Upon entering the room the resident was noted to be lying flat on her back with her legs extended straight in front of her. She had a bump noted on the back of her head that was painful to touch. She was transferred to the hospital for further evaluation and was admitted with a subdural hematoma (collection of blood on the brain). There was no documented evidence that the resident's care plan was updated to include the intervention of calling the resident's son when she was restless. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395530	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes-Presby	220 Newry Street Hollidaysburg, PA 16648

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A nursing note, dated February 2, 2025, at 7:45 p.m., revealed that Resident 3 had an unwitnessed fall in her room. Upon entering the room the resident was noted to be lying flat on her back with her legs extended straight in front of her, with her head towards the bed and legs toward the door. There were no injuries noted. A fall investigation, dated February 1, 2025, revealed that the resident was restless at the time of the fall and the care plan was followed. A witness statement from Licensed Practical Nurse 3, dated February 1, 2025, revealed that following the fall the resident's son was called and the resident was more relaxed. Interview with the Assistant Director of Nursing and the Nursing Home Administrator on February 5, 2025, at 5:50 p.m. revealed that staff were to call the resident's son and have the resident talk with him when she was restless to help prevent further falls, but the care plan was not updated following the fall of February 1, 2025. 28 Pa. Code 211.12(d)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395530	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes-Presby	220 Newry Street Hollidaysburg, PA 16648

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 19102 Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders for bowel protocols/medications were followed for three of six residents reviewed (Residents 1, 2, 3). Findings include: The facility's policy regarding bowel management, dated January 30, 2025, indicated that the facility would follow the facility-specific bowel protocol or physican orders. A quarterly MDS assessment for Resident 1, dated November 9, 2025, revealed that the resident was severely cognitively impaired, was continent of bowel, and had diagnoses that included kidney failure, anemia, and dementia. Physician's orders for Resident 1, dated July 10, 2024, included orders for the resident to receive 30 mL of Milk of Magnesia as needed for constipation if no bowel movement on day four, a 10 mg Dulcolax suppository as needed if the resident did not have a bowel movement on day five day, and a Fleets enema on day six with no bowel movement if the Dulcolax suppository was not effective. Review of Resident 1's bowel records for January 2025 revealed that there was no documented evidence that the resident had a bowel movement from January 18 through 24, 2025. Review of the MAR's for January 2024 for Resident 1 revealed that staff did not initiate or follow the bowel protocol as ordered by the physician. A quarterly MDS assessment for Resident 2, dated October 22, 2024, revealed that the resident was cognitively impaired, was continent of bowel, and had diagnoses that included dementia. Physician's orders for Resident 2, dated July 17, 2024, included orders for the resident to receive 30 mL of Milk of Magnesia as needed for constipation if no bowel movement on day four, a 10 mg Dulcolax suppository as needed if the resident did not have a bowel movement on day five day, and a Fleets enema on day six with no bowel movement if the Dulcolax suppository was not effective. Review of Resident 2's bowel records for November 2024 revealed that there was no documented evidence that the resident had a bowel movement from November 1 through 6, 2024. Review of the MAR's for November 2024 for Resident 2 revealed that staff did not initiate or follow the bowel protocol as ordered by the physician. An admission MDS assessment for Resident 3, dated November 4, 2024, revealed that the resident was cognitively intact and was occasionally incontinent of bowel. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395530	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes-Presby	220 Newry Street Hollidaysburg, PA 16648

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Current physician's orders for Resident 3 included orders for the resident to receive 30 mL of Milk of Magnesia as needed for constipation if no bowel movement on day four, a 10 mg Dulcolax suppository as needed if the resident did not have a bowel movement on day five day, and a Fleets enema on day six with no bowel movement if the Dulcolax suppository was not effective. Review of Resident 3's bowel records for January 2025 revealed that there was no documented evidence that the resident had a bowel movement from January 18 through 21 and January 24 through 27, 2025. Review of the MAR's for January 2025 for Resident 3 revealed that staff did not initiate or follow the bowel protocol as ordered by the physician. Interview with the Assistant Director of Nursing on February 5, 2025, at 3:56 p.m. confirmed that the bowel protocol was not followed for Residents 1, 2 and 3 on the above-mentioned dates. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395530	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes-Presby	220 Newry Street Hollidaysburg, PA 16648

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 - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19102 Based on review of facility policies, clinical records, and facility investigation reports, as well as staff interviews, it was determined that the facility failed to ensure that assistance devices to prevent accidents or injury were in place as care planned for one of six residents reviewed (Resident 2) who was at risk for falls, resulting in a fall with multiple fractures. This deficiency was cited as past non-compliance. Findings include: The facility's fall management policy, dated January 30, 2025, indicated that the facility would provide each resident with appropriate assessment and interventions to prevent falls and to minimize complications if a fall occurred. The facility would ensure the resident environment remained as free of accident hazards as possible. When a resident sustained a fall, the assessment process would include an investigation using the Fall Investigation analysis sheet. The fall investigation would be used to evaluate probable causal factors, which may include environmental factors, resident medication condition, resident behavioral manifestations, and medical or assistance devices that may implicated in the fall. The investigation and appropriate interventions would be initiated at the time of the fall. Resident who sustained a fall would have a care plan developed or the existing care plan updated at the time the incident occurs that included the date of the new intervention. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated October 22, 2024, revealed that the resident was cognitively impaired, was independent with ambulation, and had diagnoses that included dementia and seizures. An incident report, dated January 8, 2025, at 6:25 a.m. revealed that Resident 2 was observed on the floor lying on her left side. There was a large amount of blood on the floor around her head, and the nurse aide was holding a towel to the laceration on her head. The resident remained unresponsive for 15 to 20 minutes. The resident was transferred to the hospital for further evaluation. A fall investigation, dated January 8, 2025, at 9:23 a.m., revealed that on January 8, 2025, Resident 2 was observed on the floor lying on her left side. There was a large amount of blood on the floor around her head, and the nurse aide was holding a towel to the laceration on her head. The resident remained unresponsive for 15 to 20 minutes. Per staff interviews, the resident was ambulating at her baseline throughout the unit, she paused and stood still, stared blankly for a short period, and then fell backwards. The resident remained at the hospital for evaluation and treatment. A nursing note, dated January 8, 2025, at 12:04 p.m. revealed that the resident was admitted to the hospital due to having another seizure. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395530	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes-Presby	220 Newry Street Hollidaysburg, PA 16648

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 - Actual harm Residents Affected - Few	A nursing note, dated January 10, 2025, at 3:51 p.m., revealed that Resident Family Member 1 called the facility and reported that Resident 2 would be returning to the facility the next day. Resident Family Member 1 was concerned that the resident was going to fall upon return to the facility and was agreeable to placing hipsters on Resident 2 upon her return and starting a prompted toileting program. Nursing notes, dated January 12, 2025, at 2:42 p.m. and January 17, 2025, at 8:54 p.m. revealed that Resident 2 had seizure activity and was transferred to the hospital for evaluation and returned to the facility on [DATE]. A care plan for Resident 2, dated January 17, 2024, included interventions for hipsters to be worn at all times unless performing personal hygiene, and to toilet the resident upon rising, before and after meals, and at bedtime. An incident report, dated January 18, 2025, at 11:05 p.m. revealed that Resident 2 had a fall in the hallway that was witnessed by another resident. Upon entering the hall, Resident 2 was noted to be lying on her right side with her legs bent and gripper socks on. She complained of left hip pain, and the resident who witnessed the fall stated the resident fell backwards and hit her head on railing on wall. She was transferred to the emergency room for evaluation. A fall investigation, dated January 20, 2025, at 10:07 a.m., revealed that on January 18, 2025, Resident 2 had a fall in the hallway that was witnessed by another resident and complained of left hip pain. She was transferred to the emergency room for evaluation. Hospital records revealed that she had an acute (broken bone from traumatic injury) left hip fracture and acute fracture of the seventh vertebrae of the thoracic spine (T7). The investigation found that Resident 2 did not have hipsters on at the time of the fall and that the care-planned intervention was not visible to Nurse Aide 1 due to a facility process error. A witness statement from Nurse Aide 1, date January 19, 2025, revealed that Resident Family Member 1 told her about the hipsters and said that they were not on. Nurse Aide 1 told Resident Family Member 1 that she would obtain the hipsters and apply them in a little bit when she put her in bed. Nurse Aide 1 reported that she did not apply the hipsters to the resident during the shift that evening and it was not showing in her care planned items for them to be applied. A witness statement from Registered Nurse Supervisor 2, dated January 19, 2025, revealed that when she completed her post-fall assessment, she took the resident's pants down and confirmed that the hipsters were not in place and were not present. An interview with the Assistant Director of Nursing and Nursing Home Administrator on February 5, 2025, at 3:04 p.m. confirmed that Resident 2 did not have hipsters on at the time of the fall on January 18, 2025, and should have had them on as care planned. Following the incident/investigation on January 18, 2025, the facility's corrective actions included: Resident 2 was sent to the hospital and her falls care plan would be reviewed and updated upon return. An audit was completed on fall care plans for all current residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395530	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes-Presby	220 Newry Street Hollidaysburg, PA 16648

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 - Actual harm Residents Affected - Few	Education was provided to all nursing staff regarding the care plan policy and following the care plan. Education was completed with licensed staff and interdisciplinary team members who edit care plans on appropriate entering of interventions in the care plan and appropriate linkage to nurse aide charting. Audits to identify any issues with the care plans and fall interventions were started. The results of these audits will be brought to the Quality Assurance Performance Improvement committee for further analysis and corrective actions if necessary. Review of the facility's corrective actions and interviews completed with staff regarding their re-education revealed that they were in compliance with F689 on January 19, 2025. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(b)(1)(e)(1) Management. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395530	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes-Presby	220 Newry Street Hollidaysburg, PA 16648

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. 19102 Based on clinical record reviews, observations, and staff interviews, it was determined that the facility failed to ensure that staff provided assistive devices to eat in accordance with the resident's care plan for one of six residents reviewed (Resident 1). Findings include: The facility's policy regarding adaptive feeding devices, dated January 30, 2025, indicated that the facility would provide the resident with the most independent and safe way of eating. A quarterly Minimum Data Set (MDS) assessment for Resident 1, dated November 9, 2024, indicated that the resident was severely cognitively impaired and was independent with eating after set up. The resident's care plan, dated November 27, 2024, and speech therapy clinical notes, dated December 21, 2024, indicated that her food was to be provided in bowls and given to her one at a time. Observations of Resident 1 during the lunch meal on February 5, 2025, at 11:50 p.m. revealed that the resident was at a dining room table eating her meal, and her pork, mashed potatoes and sauerkraut were served on a plate. The resident's meal ticket, dated February 5, 2025, indicated that the resident was to have her food served in separate bowls, one at a time. Interview with the Nursing Home Administrator on February 5, 2025, at 2:46 p.m. confirmed that Resident 1's food should have been served in separate bowls one bowl at a time, as care planned. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.