

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/16/2025
NAME OF PROVIDER OR SUPPLIER  Saint Anne Home		STREET ADDRESS, CITY, STATE, ZIP CODE  685 Angela Drive Greensburg, PA 15601	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on clinical record reviews as well as observations and resident and staff interviews, it was determined that the facility failed to develop an individualized care plan for three of three residents reviewed (Residents 1, 2, 3). Findings include: A comprehensive Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated November 30, 2025, indicated that the resident was confused, had diagnoses that included a hip fracture and dementia, and required assistance from staff for his daily care needs, including bed mobility. Resident 1's care plan, dated November 30, 2025, revealed that it did not include that the resident's bed was against the wall. Observations of Resident 1's room on December 16, 2025 at 8:36 a.m. revealed that his bed was against the wall in his room. A quarterly MDS assessment for Resident 2, dated November 4, 2025, revealed that the resident was alert with some confusion, had diagnoses that included dementia, and required some assistance from staff for daily care needs, including bed mobility. Resident 2's care plan, dated October 22, 2025, revealed that it did not include the resident's preference to keep her bed up against the wall. A comprehensive MDS assessment for Resident 3, dated November 2, 2025, revealed that the resident was alert and oriented, had diagnoses that included schizoaffective disorder, and required some assistance from staff for daily care needs, including bed mobility. Resident 2's care plan, dated November 4, 2025, revealed that it did not include the resident's preference to keep her bed up against the wall. An interview with the Director of Nursing on December 16, 2025 at 11:13 a.m. confirmed that Residents 1, 2, and 3's care plans did not include anything regarding their beds against the wall and that they should have. 28 Pa. Code 211.11(d) Resident care plans.</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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