

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Greene Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 119 Industrial Park Road 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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>46994</p> <p>Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to maintain accountability for controlled medications (drugs with the potential to be abused) for two of 13 residents reviewed (Residents 11, 13).</p> <p>Findings include:</p> <p>The facility's policy for medication administration, dated August 29, 2023, revealed that facility staff should take all measures required by facility policy and applicable law, including documenting necessary medication information on appropriate forms. Each dose of a medication shall be initialed on the Medication Administration Record (MAR).</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 11, dated August 31, 2024, revealed that the resident was cognitively intact, required assistance with personal care needs, and had diagnoses that included chronic pain syndrome and chronic obstructive pulmonary disease (lung disease).</p> <p>Physician's orders for Resident 11, dated July 1, 2024, included an order for the resident to receive 5 milligrams (mg) of oxycodone (a narcotic pain medication) every four hours as needed for pain.</p> <p>Review of the September 2024 controlled drug record (a form that accounts for each tablet/pill/dose of a controlled drug) for Resident 11 revealed that a 5 mg oxycodone tablet was signed out on September 11, 2024, at 12:30 a.m. and September 14, 2024, at 11:00 p.m. However, there was no documented evidence in Resident 11's clinical record, including the Medication Administration Record (MAR), that the signed-out doses of controlled medications were administered to the resident on the above-mentioned dates and times.</p> <p>A quarterly MDS assessment for Resident 13, dated August 19, 2024, indicated that the resident was cognitively impaired, was understood and able to understand others, required assistance with care needs, was taking opioid medications, and had a diagnosis that included chronic pain.</p> <p>Physician's orders for Resident 13, dated September 9, 2024, included an order for the resident to receive 0.5 milliliters (ml) of morphine (a narcotic pain medication) every two hours as needed for pain.</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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the September 2024 controlled drug record for Resident 13 revealed that 0.5 ml of morphine was signed out on September 15, 2024, at 5:00 a.m. However, there was no documented evidence in Resident 13's clinical record, including the Medication Administration Record (MAR), that the signed-out dose of the controlled medication was administered to the resident on the above-mentioned date and time.</p> <p>Interview with the Director of Nursing on September 26, 2024, at 2:33 p.m. confirmed that there was no documented evidence in the clinical records to indicate that the signed-out doses of controlled medications mentioned above were administered to Residents 11 and 13.</p> <p>28 Pa. Code 211.9(h) Pharmacy Services.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46994</p> <p>Based on observations and staff interviews, it was determined that the facility failed to ensure that dishes used for residents' meals were dried in a sanitary method after manual dishwashing.</p> <p>Findings include:</p> <p>Observations in the main kitchen area on September 26, 2024, at 9:14 a.m. revealed staff removing dishes from the sanitization solution and placing them on a rack to dry. An industrial fan was blowing on the dishes as they sat in the rack. Observations of that fan revealed an accumulation of dirt or dust on the air intake side of the fan. The grate at the front of the fan, where the air blew out, had dirt and dust on it. Dust could also be seen in the interior walls of the fan when looking inside it.</p> <p>Interview with the certified Dietary Manager on September 26, 2024, at 9:25 a.m. confirmed that the fan blowing on the dishes had an accumulation of dirt or dust on it and should not have been used to blow air on the clean dishes.</p> <p>Interview with the Maintenance Director on September 26, 2024, at 11:33 a.m. confirmed that the fan that was blowing on the dishes in the kitchen had an accumulation of dirt and dust on it. He also revealed that the fan was taken out of service when he was notified of its condition.</p> <p>28 Pa. Code 211.6(f) Dietary Services.</p>		