STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395604	A. Building B. Wing	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greene Health & Rehab Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 46994 Based on clinical record reviews, as well as staff interviews, it was determined that the facility failed to follow physician's orders for one of five residents reviewed (Resident 1). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandatory assessment of a resident's abilities and care needs) for Resident 1, dated October 1, 2024, revealed that the resident was cognitively intact, was independent with personal care needs, and had a diagnosis of chronic kidney disease. Physician's orders for Resident 1, dated July 12, 2024, included for the resident to receive 10 milligrams (mg) of metoclopramide before meals three times a day. Review of mealtime deliveries provided by the facility revealed that 300 hall breakfast trays were delivered daily at 7:10 a.m. Observations of Resident 1 on December 17, 2024, at 8:40 a.m. revealed the resident lying in his bed with his eyes closed and a medicine cup with two white pills in it sitting unsupervised on his bedside table. There was no breakfast on his table. Interview with Licensed Practical Nurse 1 on December 17, 2024, at 8:40 a.m. revealed that the pills in the medicine cup were his morning medications that the resident should have been administered. Interview with the Director of Nursing on December 17, 2024, at 2:02 p.m. confirmed that the resident's morning dose of metoclopramide should not have been left at the resident's beside unsupervised, and that Licensed Practical Nurse 1 should have made sure the medication was administered before breakfast as ordered. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

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