

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 03/25/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>38012</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to notify the physician/provider regarding behaviors for one of seven residents reviewed (Resident 3).</p> <p>Findings include:</p> <p>The facility's policy regarding notification, dated September 26, 2024, indicated that any changes in a resident's condition would be reported to the physician/provider when necessary.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated February 12, 2025, indicated that the resident was severely cognitively impaired and required assistance from staff for daily care needs. The resident's care plan, dated January 20, 2025, indicated that a Gradual Dose Reduction (GDR) would be attempted unless clinically contraindicated.</p> <p>A nursing note for Resident 3, dated January 16, 2025, revealed that the resident was admitted from the hospital on this date.</p> <p>A nursing note for Resident 3, dated January 17, 2025, revealed that the resident was combative with staff and was refusing care and medications. A Certified Registered Nurse Practitioner (CRNP - an advanced practice registered nurse) note for Resident 3 authored by CRNP 2, dated January 17, 2025, revealed that she was notified that the resident was combative with staff and that he was non-compliant with her evaluation.</p> <p>A nursing note for Resident 3, dated January 27, 2025, revealed that the resident was verbally aggressive towards staff and yelling out for help. There was no documented evidence that the physician or CRNP was notified regarding these behaviors.</p> <p>A nursing note for Resident 3, dated January 31, 2025, revealed that he continued to have behaviors, refuse care, and yell at staff. There was no documented evidence that the physician or CRNP was notified.</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
---	-------	-----------

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 03/25/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A nursing note for Resident 3, dated February 6, 2025, revealed that he continued to have behaviors, refuse care, and yell at staff and that CRNP 2 was in the building and made aware of the resident's behaviors.</p> <p>A nursing note for Resident 3, dated February 10, 2025, revealed that the resident was angry and yelling at staff.</p> <p>A nursing note for Resident 3, dated February 11, 2025, and authored by CRNP 2, revealed that the resident has ongoing behaviors and was to continue medicating with his anti-psychotic medications.</p> <p>A nursing note for Resident 3, dated February 12, 2025, revealed that the resident was combative, wandering into other resident's rooms and threatening to hit staff. There was no documented evidence that the physician or CRNP was notified.</p> <p>A nursing note for Resident 3, dated February 17, 2025, and authored by CRNP 2, revealed that the resident has ongoing behaviors and was to continue medicating with his anti-psychotic medications.</p> <p>A nursing note for Resident 3, dated February 21, 2025, revealed that CRNP 2 ordered a Gradual Dose Reduction (GDR) of the resident's anti-psychotic medication.</p> <p>A nursing note for Resident 3, dated February 27, 2025, revealed that the resident had an increase in behaviors and that staff were unable to redirect him. There was no documented evidence that the physician or CRNP was notified.</p> <p>A nursing note for Resident 3, dated March 4, 2025, revealed that the resident was making inappropriate sexual comments towards staff, moaning, and touching his penis. There was no documented evidence that the physician or CRNP was notified.</p> <p>A nursing note for Resident 3, dated March 12, 2025, revealed that the resident was very combative with staff, yelling at the nurse aides, swinging, kicking, and spitting at staff. There was no documented evidence that the physician or CRNP was notified regarding these behaviors.</p> <p>A nursing note for Resident 3, dated March 12, 2025, revealed that the resident's antipsychotic medication was discontinued.</p> <p>A nursing note for Resident 3, dated March 15, 2025, revealed that the resident was yelling for help, wanted the police called, and was not able to be redirected. There was no documented evidence that the physician or CRNP was notified.</p> <p>A nursing note for Resident 3, dated March 17, 2025, revealed that the resident continued to have increased behaviors and that the physician ordered that his antipsychotic drug be restarted at the original dose.</p> <p>There was no documented evidence that the nursing staff attempted to communicate the resident's ongoing behaviors to the physician or CRNP 2 to prevent the GDR of the resident's antipsychotic medication or to further address his increase in behaviors.</p> <p>(continued on next page)</p>		

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 03/25/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with the Director of Nursing on March 25, 2025, at 2:29 p.m. confirmed that Resident 3's physician or CRNP was not notified that the resident had ongoing behaviors and that a GDR was not in his best interest.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>		

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 03/25/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>38012</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to review and revise care plans for one of seven residents reviewed (Resident 3).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated February 12, 2025, indicated that the resident was severely cognitively impaired and required assistance from staff for daily care needs. The resident's care plan, dated January 20, 2025, indicated that the resident was to receive a psychiatric consult.</p> <p>A nursing note for Resident 3, dated January 16, 2025, revealed that the resident was admitted from the hospital on this date.</p> <p>A nursing note for Resident 3, dated January 17, 2025, revealed that the resident was combative with staff and refusing care and medications.</p> <p>A nursing note for Resident 3, dated January 27, 2025, revealed that the resident was verbally aggressive towards staff and yelling out for help.</p> <p>A nursing note for Resident 3, dated January 31, 2025, revealed that he continued to have behaviors, refuse care, and yell at staff.</p> <p>A nursing note for Resident 3, dated February 6, 2025, revealed that he continued to have behaviors, refuse care, and yell at staff.</p> <p>A nursing note for Resident 3, dated February 10, 2025, revealed that the resident was angry and yelling at staff.</p> <p>A nursing note for Resident 3, dated February 12, 2025, revealed that the resident was combative, wandering into other resident's rooms, and threatening to hit staff.</p> <p>A nursing note for Resident 3, dated February 27, 2025, revealed that the resident had an increase in behaviors and that staff were unable to redirect him.</p> <p>A nursing note for Resident 3, dated March 4, 2025, revealed that the resident was making inappropriate sexual comments towards staff, moaning, and touching his penis.</p> <p>A nursing note for Resident 3, dated March 12, 2025, revealed that the resident was very combative with staff, yelling at the nurse aides, swinging, kicking, and spitting at staff.</p> <p>A nursing note for Resident 3, dated March 12, 2025, revealed that the resident's antipsychotic medication was discontinued.</p> <p>(continued on next page)</p>

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 03/25/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A nursing note for Resident 3, dated March 15, 2025, revealed that the resident was yelling for help, wanted the police called, and was not able to be redirected.</p> <p>A nursing note for Resident 3, dated March 17, 2025, revealed that the resident continued to have increased behaviors and that the physician ordered that his antipsychotic drug be restarted at the original dose.</p> <p>There was no documented evidence that the resident was referred for a psychiatric evaluation or that the resident's care plan was revised to reflect new interventions to address the resident's ongoing behaviors.</p> <p>Interview with the Director of Nursing on March 25, 2025, at 2:29 p.m. confirmed that Resident 3's care plan was not updated to address his ongoing behaviors and that he did not receive a psychiatric evaluation.</p> <p>28 Pa. Code 201.24(e)(4) Admission Policy.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>

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 03/25/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>48941</p> <p>Based on review of facility policies, clinical records, and shower schedules, as well as staff interviews, it was determined that the facility failed to ensure that residents were provided with showers per their preferences and plan of care for three of seven residents reviewed (Residents 5, 6, 7).</p> <p>Findings include:</p> <p>The facility policy for bathing and showering, dated September 26, 2024, indicated that residents will be bathed or showered according to their preferences in order to maintain healthy hygiene and skin conditions. The charge nurse will speak with the resident who refuses to ascertain why they are refusing and to determine if alternative arrangements that suit the resident can be made. If the resident continues to refuse, the charge nurse will document the resident's refusal in the medical record.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated January 23, 2025, revealed that the resident was cognitively impaired, required assistance from staff for daily care needs including bathing, and had diagnosis that included a history of a stroke. A care plan, dated July 3, 2024, revealed that the resident preferred showers one time a week. He may refuse showers at any time and a bed bath will be provided.</p> <p>A review of the bathing detail report for Resident 5 from January 1, 2025, through March 25, 2025, revealed that he was given only two showers in January, three showers in February, and did not receive any showers in March. There was no documented evidence that the resident refused his showers, requiring a bed bath to be given.</p> <p>A quarterly MDS assessment for Resident 6, dated December 17, 2024, revealed that the resident was cognitively intact, required substantial assistance with care needs including bathing and toileting hygiene, was incontinent of bowel and bladder, had an unstageable deep tissue injury (pressure injury that affects the underlying soft tissues and may not be visible until advanced), received pressure ulcer treatment, and had diagnoses including peripheral vascular disease (disease reducing blood flow to the legs) and diabetes. A care plan for Resident 6, dated September 13, 2023, included an intervention that the resident preferred to shower three evenings a week. He may refuse showers at any time and a bed bath will be provided.</p> <p>A review of the bathing detail report for Resident 6 from January 1, 2025, through March 25, 2025, revealed that there was no documented evidence that the resident received a shower per his preference, and there was no documented evidence that the resident refused his showers, requiring a bed bath be given.</p> <p>A quarterly MDS assessment for Resident 7, dated February 5, 2025, revealed that the resident was cognitively impaired, required assistance with daily care needs including bathing, and had diagnosis of Alzheimer's dementia. A care plan, dated February 23, 2024, revealed that the resident preferred showers twice a week. She may refuse showers at any time and a bed bath will be provided.</p> <p>(continued on next page)</p>		

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 03/25/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the bathing detail report for Resident 7 from January 1, 2025, through March 25, 2025, revealed that she was not given any showers in January, only two showers in February, and four showers in March 2025. There was no documented evidence that the resident refused her showers, requiring a bed bath to be given.</p> <p>Interview with the Director of Nursing on March 25, 2025, at 2:29 p.m. confirmed that there was no documented evidence that staff offered Resident's 5, 6, 7 showers and that they refused. She confirmed they should have had a shower per preference.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		

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 03/25/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48941</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to follow recommendations from a wound consultation for one of seven residents reviewed (Resident 6).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 6, dated December 17, 2024, revealed that the resident was cognitively intact, required substantial assistance with care needs including bathing and toileting hygiene, was incontinent of bowel and bladder, had an unstageable deep tissue injury (pressure injury that affects the underlying soft tissues and may not be visible until advanced), received pressure ulcer treatment, and had diagnoses including peripheral vascular disease (disease reducing blood flow to the legs) and diabetes.</p> <p>A wound consultation note for Resident 6, dated March 17, 2025, revealed that the resident had an unstageable pressure injury to his right heel measuring 1.4 centimeters (cm) length x 1.9 cm width with no measurable depth, with an area of 2.66 square cm. A subsequent wound encounter noted previous measurements from March 14, 2025, were 1.4 cm length x 1.2 cm width with no measurable depth, with an area of 1.68 square cm. The consulting wound Certified Registered Nurse Practitioner (CRNP) recommended to discontinue the prior wound regimen and change the treatment to the resident's right heel as follows: Cleanse with 0.125 percent Dakin's Solution, apply Santyl nickel thick, cover with a single layer calcium alginate, and cover with abdominal dressing and kerlix every day and as needed.</p> <p>Physician's orders for Resident 6, dated March 22, 2025, included an order for the staff to cleanse his right heel with 0.125 percent Dakin's Solution (a solution used to treat and prevent tissue infections), apply Santyl (a wound debridement treatment) nickel thick, cover with a single layer of calcium alginate (a dressing used to wounds with a high amount of drainage), and cover with abdominal dressing (used for a wound with large amounts of drainage or used as padding for pressure points and cushioning) and kerlix (used to secure dressing in place) daily and as needed.</p> <p>Review of Resident 6's Medication Administration Record for March 2025 revealed no documented evidence that the treatment to his right heel was changed as recommended by the CRNP on March 17, 2025.</p> <p>Interview with the facility's wound nurse, Licensed Practical Nurse 1 on March 25, 2025, at 2:36 p.m. revealed that</p> <p>she usually rounds with the consultant wound CRNP but was not at the facility on March 17, 2025, to round with her. She indicated that she had received a message from the CRNP that she was going to change the order to Resident 6's right heel. Licensed Practical Nurse 1 indicated that when she returned to the facility on [DATE], she had checked the orders and found that the order was not changed to Resident 6's right heel on March 17, 2025, as recommended. She indicated that she changed the order on March 22, 2025.</p> <p>Interview with the Director of Nursing on 2:54 p.m. confirmed that the wound CRNP failed to change the order to Resident 6's right heel as per her recommendations on March 17, 2025.</p> <p>(continued on next page)</p>		

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 03/25/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>

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 03/25/2025
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 0743</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a resident does not develop patterns of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless unavoidable.</p> <p>38012</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to monitor, assess and analyze, and attempt new interventions for a resident's increased verbal, physically-aggressive behaviors, and sexual behaviors for one of seven residents reviewed (Resident 3).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated February 12, 2025, indicated that the resident was severely cognitively impaired, required assistance from staff for daily care needs, and had physical and verbal behaviors towards others.</p> <p>A nursing note for Resident 3, dated January 16, 2025, revealed that the resident was admitted from the hospital on this date.</p> <p>A nursing note for Resident 3, dated January 17, 2025, revealed that the resident was combative with staff and refusing care and medications.</p> <p>A nursing note for Resident 3, dated January 27, 2025, revealed that the resident was verbally aggressive towards staff and yelling out for help.</p> <p>A nursing note for Resident 3, dated January 31, 2025, revealed that he continued to have behaviors, refuse care, and yell at staff.</p> <p>A nursing note for Resident 3, dated February 6, 2025, revealed that he continued to have behaviors, refuse care, and yell at staff.</p> <p>A nursing note for Resident 3, dated February 10, 2025, revealed that the resident was angry and yelling at staff.</p> <p>A nursing note for Resident 3, dated February 12, 2025, revealed that the resident was combative, wandering into other resident's rooms, and threatening to hit staff.</p> <p>A nursing note for Resident 3, dated February 27, 2025, revealed that the resident had an increase in behaviors and that staff were unable to redirect him.</p> <p>A nursing note for Resident 3, dated March 4, 2025, revealed that the resident was making inappropriate sexual comments towards staff, moaning, and touching his penis.</p> <p>A nursing note for Resident 3, dated March 12, 2025, revealed that the resident was very combative with staff, yelling at the nurse aides, swinging, kicking, and spitting at staff.</p> <p>A nursing note for Resident 3, dated March 12, 2025, revealed that the resident's antipsychotic medication was discontinued.</p> <p>(continued on next page)</p>

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 03/25/2025
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 0743</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A nursing note for Resident 3, dated March 15, 2025, revealed that the resident was yelling for help, wanted the police called, and was not able to be redirected.</p> <p>A nursing note for Resident 3, dated March 17, 2025, revealed that the resident continued to have increased behaviors and that the physician ordered that his antipsychotic drug be restarted at the original dose.</p> <p>There was no documented evidence that Resident R3's behaviors were assessed and analyzed, or that any new interventions were attempted to address his behaviors and ensure his safety and the safety of other residents.</p> <p>Interview with the Director of Nursing on March 25, 2025, at 2:29 p.m. revealed that Resident 3 was in need of a psychiatric evaluation/treatment, but that none had been scheduled as of this date.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		