

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 07/23/2025
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 - Few</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>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that care plans were updated to reflect changes in residents' care needs for one of eight residents reviewed (Resident 7). Findings include: The facility's policy regarding care plans, dated July 22, 2025, indicated that the facility will develop a comprehensive person-centered care plan for each resident. The care plan is reviewed on an ongoing basis and revised as indicated by the resident's needs, wishes, or a change in condition. At a minimum, this will occur with each comprehensive and quarterly assessment in accordance with the Resident Assessment Instrument (RAI - a standardized, comprehensive process used in nursing facilities to assess residents' needs and develop individualized care plans) requirements. A quarterly Minimum Data Set (MDS) assessment (a federally mandated assessment of a resident's abilities and care needs) for Resident 7, dated April 30, 2025, revealed that the resident was understood, could understand others, and had a diagnosis which included aftercare following surgery for a shoulder joint prosthesis (an artificial body part), and repeated falls. A care plan for the resident, dated July 15, 2025, revealed that the resident has a history of falls with a left should injury and left hip fracture, and is at risk for falls related to deconditioning, limited mobility, vertigo (a sensation of feeling off-balance, as if you or your surroundings are spinning or moving), orthostatic hypotension (a form of low blood pressure that occurs when a person stands up, leading to dizziness, lightheadedness, and potentially fainting), and weakness. A Therapy note for Resident 7, dated April 28, 2025, revealed that the writer attended the falls meeting with interdisciplinary team (IDT - a group of professionals from various fields who collaborate to address a complex issue, often in healthcare, by sharing their unique expertise and working together to achieve a common goal). The resident fell while attempting to self-ambulate. She then fell again while sitting on the edge of her bed. New intervention is to add a bed alarm that the resident is unable to turn off. A Therapy note for Resident 7, dated May 8, 2025, revealed that the writer attended the falls meeting with IDT. The resident fell in the shower room. New intervention is to place an alarm on her wheelchair. A Therapy note for Resident 7, dated June 18, 2025, revealed that the writer attended the falls meeting with IDT. The resident fell attempting to self-transfer out of her bed. New intervention is to place a bed/chair alarm on the bed and wheelchair. Observations of Resident 7 on July 23, 2025, at 4:35 p.m. revealed that the resident was lying in bed and there was a bed alarm hanging on the bedside stand drawer with a cord leading to the resident's bed. However, as of July 23, 2025, there was no documented evidence that Resident 7's care plan was revised/updated to reflect those alarms had been added to the resident's bed and wheelchair. Interview with the Director of Nursing on July 23, 2025, at 4:53 p.m. confirmed that the facility currently uses a bed and wheelchair alarm for Resident 7, and that there was no documented evidence that the resident's care plan was revised/updated to reflect the use of a bed and wheelchair alarm. 28 Pa. Code 211.12(d)(5) Nursing Services.</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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