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	06/11/2026

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. Based on clinical record review and staff interviews, it was determined the facility failed to ensure timely completion of prescribed laboratory services for one of two residents reviewed (Resident 1).Findings include:An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated May 15, 2026, indicated that the resident had moderate cognitive impairment, required assistance from staff for her daily care needs and had diagnoses that included heart failure. Physician's orders for Resident 1 dated May 19, 2026, included an order for urinalysis (involves checking the appearance, concentration and content of urine) and urine culture and sensitivity (a laboratory test used to diagnose urinary tract infections and find the most effective medication to treat them). Physician's orders dated May 27, 2026, included an order for urinalysis and urine culture and sensitivity.Nurse's note for Resident 1 dated May 19, 2026, at 1:03 p.m. revealed that a new order was received for a urinalysis and culture and sensitivity per the family's request. Review of the Medication Administration Record for Resident 1 dated May 2026 indicated that a urine specimen for urinalysis, culture and sensitivity was obtained on May 19, however there was no documented evidence that it was sent to the laboratory or that results were obtained. Nurse's note for Resident 1 dated May 29, 2026, at 10:55 a.m. revealed that the resident was discharged home accompanied by her daughter. A Nurse's note dated May 29, 2026, at 1:13 p.m. revealed that the resident's daughter was notified that the physician was calling a prescription into the pharmacy for an antibiotic for a urinary tract infection. Interview with Director of Nursing on June 11, 2026, at 3:08 p.m. confirmed that there was no evidence that urine for urinalysis and culture and sensitivity was sent to the lab or that results were obtained when it was ordered on May 19, 2026, and that the urinalysis and culture and sensitivity were not completed until May 27, 2026. The resident was discharged home prior to the results returning and treatment for the urinary tract infection started. 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