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	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greene Health & Rehab Center	119 Industrial Park Road Greensburg, PA 15601

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 19102 Based on review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to determine if residents were safe to self-administer medications for one of 51 residents reviewed (Resident 107). Findings include: The facility's self administration of medications policy, dated September 26, 2024, indicated that the interdisciplinary team would assess and determine, with respect to each resident, whether self administration of medications was safe and clinically appropriate based on the resident's functionality and health condition. A nursing note, dated October 9, 2024, at 4:01 p.m. revealed that Resident 107 was alert and oriented, and admitted to the facility on this day. Physician's orders for Resident 107, dated October 22, 2024, included orders for the resident to receive 6.25 milligrams (mg) of Carvedilol (used to treat high blood pressure) twice a day, 550 mg of Xifaxan (antibiotic) twice a day, and 30 milliliters (mL) of Lactulose (used to treat constipation) twice a day. Observations during a tour of the facility on October 28, 2024, at 11:31 a.m. revealed that a plastic cup containing two white pills and a plastic cup containing 30 mL of a green liquid were sitting on the resident's overbed table with no staff present. Interview with Licensed Practical Nurse 1 on October 28, 2024, at 11:32 a.m. confirmed that she left medications with Resident 107 because he wanted to take them himself and did not want to take them when she was there. Interview with the Nursing Home Administrator on October 29, 2024, at 8:38 a.m. confirmed that Resident 107 did not have an assessment to determine if he was safe to self-administer his medications. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 31760 Based on review of policies, as well as observations and staff interviews, it was determined that the facility failed to ensure that residents' wheelchairs were clean for one of 51 residents reviewed (Resident 30), and failed to provide a clean and homelike environment in residents' rooms for one of 51 residents reviewed (Resident 31). Findings included: The facility's policy titled General/Routine Environmental Cleaning and Disinfection, dated September 26, 2024, revealed that the policy objective was to provide a safe, clean environment and equipment for residents. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 30, dated August 14, 2024, revealed that the resident was severely cognitively impaired, required assistance with most daily care needs, and had diagnoses that included dementia and hypertension. Observation of Resident 30 lying on the bed in her room on October 28, 2024, at 11:15 p.m. with her wheelchair beside the bed revealed that there was a heavy accumulation of removable dust/debris on the wheels and the metal supports under the chair, with a large amount of crumbs and dirt beside the seat cushion. Interview with Nurse Aide 2 and Licensed Practical Nurse 3 on October 29, 2024, at 3:05 p.m. confirmed that Resident 30 uses her wheelchair to self propel throughout the Memory Impaired Unit. They also confirmed that there was a heavy accumulation of removable dust/debris on the wheels and the metal supports under the chair, and that there was a a large amount of crumbs and dirt on both sides of the seat cushion. In addition, they indicated that to the best of their knowledge, the wheelchairs are cleaned by environmental services. Interview with the Director of Environmental Services on October 29, 2024, at 3:15 p.m. confirmed that Resident 30's wheelchair should not have an accumulation of dust, dirt, and debris, and that it should have been cleaned. In addition, she added that her department has recently implemented a process for cleaning the facility wheelchairs, whereas they clean a certain amount of wheelchairs per day. Observations of Resident 31's room on October 28, 2024, at 11:26 a.m.; October 29, 2024, at 10:09 a.m.; and on October 30, 2024, at 10:38 a.m. revealed that the resident had a fan in the corner of his room by the window that had and accumulation of dust on the fan guard. Interview with the Director of Environmental Services on October 30, 2024, at 10:38 a.m. confirmed that Resident 31's fan had an accumulation of dust and needed to be cleaned. She indicated that staff should advise them if the resident's equipment needs to be cleaned sooner. 28 Pa. Code 201.29(j) Resident Rights. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 207.2(a) Administrator's Responsibility.

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 19102 Based on clinical record reviews and staff interviews, it was determined that the facility failed to notify the resident and legal guardian in writing regarding the reason for hospitalization for two of 51 residents reviewed (Residents 22, 32). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 22, dated August 19, 2024, revealed that the resident was cognitively impaired, required assistance with daily care needs, and had diagnosis that included atherosclerosis (thickening or hardening of the arteries). A nursing note for Resident 22, dated August 6, 2024, at 2:03 a.m., revealed that the resident was observed on the floor, could not move her leg, and had severe pain in her left hip. The resident was transferred to the emergency room for evaluation. A nursing note for Resident 22, dated August 6, 2024, at 6:10 a.m., reveled that the resident was admitted to the hospital with a left femur fracture. There was no documented evidence that a written notice of Resident 22's transfer to the hospital was provided to the resident's responsible party regarding the reason for her transfer. A nursing note, dated April 11, 2024, at 9:40 a.m., revealed that Resident 32 was at dialysis and during her treatment she became unresponsive and had a left facial droop. The resident was transferred to the emergency room . A nursing note, dated April 12, 2024, at 1:38 p.m., revealed that Resident 32 was admitted to the hospital with diagnoses that included anemia (lack of blood), syncope (brief loss of consciousness), and end-stage renal disease. There was no documented evidence that a written notice of Resident 32's transfer to the hospital was provided to the resident's responsible party regarding the reason for her transfer. Interview with the Nursing Home Administrator on October 31, 2024, at 3:41 p.m. confirmed that the facility did not provide a written notice to the resident or the resident's responsible party when the resident was transferred to the hospital for Residents 22 and 32. 28 Pa. Code 201.25 Discharge Policy. 28 Pa. Code 201.29(f)(g) Resident Rights.

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31760 Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that comprehensive admission Minimum Data Set assessments were completed in the required time frame for seven of 51 residents reviewed (Residents 48, 70, 98, 203, 204, 205, 206) and annual Minimum Data Set assessments were completed in the required timeframe for one of 51 residents reviewed (Resident 36). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that an admission MDS assessment was to be completed no later than 14 days following admission (admitted + 13 calendar days), and that an annual comprehensive MDS assessment was to be completed no later than the assessment reference date (ARD - the last day of the assessment's look-back period) plus 14 calendar days. An admission MDS assessment for Resident 48, dated July 19, 2024, revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on August 1, 2024, which was 21 days after admission. An admission MDS assessment for Resident 70, dated August 4, 2024, revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on August 12, 2024, which was 15 days after admission. An admission MDS assessment for Resident 98, dated August 27, 2024, revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on September 5, 2024, which was 16 days after admission. An admission MDS assessment for Resident 203, dated September 24, 2024, revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on October 3, 2024, which was 16 days after admission. An admission MDS assessment for Resident 204, dated September 19, 2024, revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on October 2, 2024, which was 20 days after admission. An admission MDS assessment for Resident 205, dated August 27, 2024, revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on September 5, 2024, which was 16 days after admission. An admission MDS assessment for Resident 206, dated August 4, 2024, revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on August 12, 2024, which was 15 days after admission. (continued on next page)

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An annual MDS assessment for Resident 36 with an ARD of May 6, 2024, was due to be completed on May 19, 2024, but was not signed as completed until August 7, 2024, which was 94 days from ARD until completion. Interview with the Nursing Home Administrator on October 31, 2024, at 3:10 p.m. confirmed that the admission MDS assessments for Residents 48, 70, 98, 203, 204, 205, 206, and the annual MDS assessment for Resident 36 were completed late. 28 Pa. Code 211.5(f) Clinical Records.

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition 46994 Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to complete a significant change Minimum Data Set assessment for one of 51 residents reviewed (Resident 22). Findings include: Review of the Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides guidance and instructions for the completion of Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs) revealed that the facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined that there has been a significant change in the resident's physical or mental condition. The RAI Manual revealed that staff should complete a significant change MDS when a resident has a decline that will not normally resolve itself without interventions by staff, impacts more than one area of the resident's health status, and requires interdisciplinary review and/or revision of the resident's care plan. The RAI Manual revealed that staff should complete a significant change MDS when a terminally ill resident enrolls in a hospice program (Medicare-certified or state-licensed hospice provider) or changes hospice providers and remains a resident at the nursing home. A quarterly MDS assessment for Resident 22, dated August 19, 2024, revealed that the resident was cognitively impaired, required assistance with daily care needs, and had diagnosis that included atherosclerosis (thickening or hardening of the arteries). Physician's orders for Resident 22, dated September 5, 2024, included orders to admit the resident to a hospice provider for a diagnosis of protein-calorie malnutrition. The current care plan indicated that the resident was started on hospice services on August 14, 2024. Nurse's note for Resident 22, dated September 4, 2024, at 11:12 a.m., revealed that the resident's family was requesting that the resident's hospice care be transferred from one hospice provider to another hospice provider of their choice. There was no documented evidence in Resident 22's clinical record to indicate that a significant change MDS was completed when the resident was enrolled in hospice services. An interview with Registered Nurse Assessment Coordinator 4 (RNAC- a registered nurse who is responsible for the completion of MDS assessments) on October 31, 2024, at 10:15 a.m. confirmed that a significant change MDS should have been completed for Resident 22 when she was enrolled in hospice services. 28 Pa. Code 211.12(d)(5) Nursing Services.

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure that each resident’s assessment is updated at least once every 3 months. 31760 Based on review of the Resident Assessment Instrument Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that quarterly Minimum Data Set assessments were completed within the required timeframe for four of 51 residents reviewed (Residents 27, 45, 55, 63). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that the assessment reference date (ARD - the last day of the assessment's look-back period) of a quarterly MDS assessment must be no more than 92 days after the ARD of the most recent assessment of any type, and the assessment was to be completed no later than the ARD plus 14 calendar days. A quarterly MDS assessment for Resident 27, with an ARD of May 4, 2024, was due to be completed by May 18, 2024, but was not signed as completed until August 7, 2024, which was 96 days from the ARD until completion. A quarterly MDS assessment for Resident 45, with an ARD of July 17, 2024, was due to be completed by July 31, 2024, but was not signed as completed until August 1, 2024, which was 16 days from the ARD until completion. A quarterly MDS assessment for Resident 55, with an ARD of July 15, 2024, was due to be completed by July 29, 2024, but was not signed as completed until July 30, 2024, which was 16 days from the ARD until completion. A quarterly MDS assessment for Resident 63, with an ARD of July 17, 2024, was due to be completed by July 31, 2024, but was not signed as completed until August 1, 2024, which was 16 days from the ARD until completion. Interview with the Nursing Home Administrator on October 31, 2024, at 3:10 p.m. confirmed that the quarterly MDS assessments for Residents 27, 45, 55, and 63 were completed late. 28 Pa. Code 211.5(f) Clinical Records.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. 19102 Based on a review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate Minimum Data Set assessments for seven of 51 residents reviewed (Residents 20, 22, 34, 38, 49, 87, 92). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides guidance and instructions for the completion of Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that Section N0415I1 was to be checked if the resident received an anti-platelet medication during the seven-day assessment period, Section N0415G1 was to be coded if the resident received a diuretic pill (a medication used to help remove extra fluid) during the seven day assessment period, and Section N0450D Antipsychotic Medication - physician documented gradual dose reduction (GDR) as clinically contraindicated was to be coded (0) no, if a GDR has not been documented by a physician as clinically contraindicated or (1) yes a GDR has been documented by a physician as clinically contraindicated. Physician's orders for Resident 20, dated March 31, 2024, 2022, included an order for the resident to receive 81 milligrams (mg) of aspirin daily and 20 mg of Furosemide (a diuretic) every day. Physician's orders for Resident 20, dated April 29, 2024, included orders for the resident to receive 4 mg of Risperidone (antipsychotic) for an anxiety disorder. The resident's Medication Administration Record (MAR) for September 2024 revealed that the resident received aspirin and Furosemide and Risperidone every day during the seven-day look-back period. A psychiatry note, dated July 26, 2024, revealed that the resident's medications were reviewed, and a GDR was clinically contraindicated at the time. However, a quarterly MDS assessment for Resident 20, dated September 4, 2024, revealed that Section N041G1 and N0415I1 were coded zero (0), indicating that the resident did not receive an anti-platelet or a diuretic during the last seven days and Section N0450D was coded (0), indicating that a GDR had not been documented by a physician as clinically contraindicated. The RAI User's Manual, dated October, 2023, indicated that Section N0415I (Antiplatelet Medications-medications used to reduce the risk of blood clots) was to be checked if the resident took the medication during the seven-day look-back period. Section O0110H1(b) should be checked only if the resident was receiving intravenous medication while a resident at the facility during the seven-day look-back period. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Physician's orders for Resident 22, dated November 21, 2023, included an order for the resident to receive 90 milligrams (mg) of Brilinta (antiplatelet medication) twice a day. Review of the resident's Medication Administration Record (MAR) for August 2024 revealed that the resident was administered Brilinta twice a day during the seven-day look-back assessment period. There was no documented evidence to indicate that the resident received any intravenous medication during the seven-day look-back period. A quarterly MDS assessment for Resident 22, dated August 19, 2024, revealed that N0415I was not checked, indicating that she did not receive an antiplatelet medication during the seven-day look-back assessment period and Section O0110H1(b) was checked to indicate that the resident received intravenous medication during the seven-day look-back assessment period. Physician's orders for Resident 34, dated June 28, 2024, included an order for the resident to receive 90 mg of Brilinta twice a day. Review of the resident's MAR for June 2024 revealed that the resident was administered Brilinta twice a day during the seven-day look-back assessment period. However, a quarterly MDS assessment for Resident 34, dated August 7, 2024, revealed that N0415I was not checked, indicating that he did not receive an antiplatelet medication during the seven-day look-back assessment period. The RAI User's Manual, dated October 2023, indicated that Section N0415G (Diuretic-medicines that help reduce fluid buildup in the body) was to be checked if the resident took the medication during the seven-day look-back period. Physician's orders for Resident 38, dated July 15, 2023, included an order for the resident to receive 20 mg of furosemide (a diuretic medication) every Monday, Wednesday, and Friday. Review of the resident's MAR for July 2024 revealed that the resident was administered furosemide on Monday, Wednesday, and Friday during the seven-day look-back assessment period. However, a quarterly MDS assessment for Resident 38, dated August 15, 2024, revealed that N0415G was not checked, indicating that he did not receive a diuretic medication during the seven-day look-back assessment period. Physician's orders for Resident 49, dated May 31, 2024, included an order for the resident to receive 81 milligrams (mg) of aspirin daily. Review of the Resident's MAR for October 2024 revealed that the resident received aspirin every day during the seven-day look-back period. However, a quarterly MDS assessment for Resident 49, dated October 18, 2024, revealed that Section N0415I1 was coded zero (0), indicating that the resident did not receive an anti-platelet during the last seven days. The RAI User's Manual, dated October 2023, revealed that Section O0250A (Influenza Vaccine) was to be coded (0) if the resident did not receive the influenza vaccine, and (1) if the resident did receive the influenza vaccine, Section O0250A was to be completed with the date the influenza vaccine was received, and Section O0250C was to be coded with the reason why the influenza vaccine was not received; (1) if the resident was not in the facility during the flu season; (2) if received outside the facility; (3) if not eligible; (4) if offered and declined; (5) if not offered; (6) inability to obtain influenza vaccine due to a declared shortage; and (9) none of the above. Vaccination information for Resident 87 revealed that the resident refused the influenza vaccine on October 4, 2024. However, an admission MDS assessment for Resident 87, dated October 6, 2024, revealed that the resident did not have his influenza vaccine because it was not offered. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The RAI User's Manual, dated October 2023, indicated that Section O0110K1(b) was to be checked if the resident was receiving hospice service while a resident at the facility during the seven-day look-back assessment period. Physician's orders for Resident 92, dated July 24, 2023, included an order for the resident to receive hospice services. A quarterly MDS assessment for Resident 92, dated August 28, 2024, revealed that Section O0110K1(b) was not checked, indicating that she did not receive hospice services during the seven-day look-back assessment period. An interview with Registered Nurse Assessment Coordinator 10 (RNAC- a registered nurse who is responsible for the completion of MDS assessments) on October 31, 2024, at 10:20 a.m. confirmed that the MDS assessments for Residents 20, 22, 34, 38, 49, 87, and 92 were coded incorrectly. 28 Pa. Code 211.5(f) Clinical Records.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 31760 Based on review of policies, clinical records, and information submitted by the facility, as well as staff interviews, it was determined that the facility failed to review and revise care plans to reflect changes in residents' care needs for two of 51 residents reviewed (Residents 5, 31). Findings include: The facility's policy regarding care plans, dated September 26, 2024, revealed that an interdisciplinary plan of care will be established for every resident and updated in accordance with state and federal regulatory requirements and on an as needed basis. The comprehensive care plan is reviewed and updated at least every 90 days by the interdisciplinary team. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's care needs and abilities) for Resident 5, dated August 15, 2024, indicated that the resident was cognitively impaired, was dependent on staff for daily care needs, and had diagnoses that included dementia. Physician's orders for Resident 5, dated July 29, 2024, included for the resident to receive 5 milligrams (mg) of Zyprexa (antipsychotic medication) at bedtime daily. Review of Resident 5's Medication Administration Record (MAR), dated August 2024 through October 2024, revealed that the resident was administered 5 milligrams (mg) of Zyprexa every night at bedtime. Review of the care plan for Resident 5, dated May 1, 2024, revealed that it was not revised to include the care and treatment needs for antipsychotic medication use. Interview with the Director of Nursing on October 31, 2024, at 1:50 p.m. confirmed that Resident 5's care plan was not revised to include the care and treatment needs for antipsychotic medication use, and it should have been. A quarterly MDS assessment for Resident 31, dated October 9, 2024, revealed that the resident was understood, could understand others, and had a diagnosis that included multiple sclerosis (MS -a chronic disease that damages the central nervous system). Physician's orders for Resident 31, dated June 17, 2024, included an order for the resident to be on contact precautions/isolation (isolation measures used to prevent the spread of germs that are spread by touching) related to for extended spectrum beta-lactamase (ESBL - a bacteria that cannot be killed by many of the antibiotics). Observations of Resident 31 on October 28, 2024, at 11:26 a.m.; October 29, 2024, at 10:09 a.m.; and on October 30, 2024, at 10:38 a.m. revealed that the resident was lying in bed in his room. There were no signs outside the resident's room to indicate that the resident was on contact precautions/isolation. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 31's current care plan, dated June 18, 2024, revealed that the resident was on Enhanced Barrier Precautions (EBP - an infection control practice that involves wearing gloves and gowns during high-contact resident care activities) for ESBL in his urine. Interview with the Director of Nursing on October 30, 2024, at 2:15 p.m. revealed that Resident 31 does not require EBP any longer, so his care plan should have been revised to reflect that he does not require placement in EBP any longer. 28 Pa. Code 211.12(d)(5) Nursing Services.

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F 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 19102 Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that a discharge summary, including a recapitulation of the resident's stay, was completed for one of three discharged residents reviewed (Resident 102). Findings include: A nursing note for Resident 102, dated September 11, 2024, at 9:28 a.m. revealed that the resident was discharged from the hospital directly to home. As of October 31, 2024, there was no documented evidence that a discharge summary that included a recapitulation of the resident's stay was completed for Resident 102. Interview with the Assistant Director of Nursing on October 31, 2024, at 2:51 p.m. confirmed that there was no documented evidence that a discharge summary was completed for Resident 102. 28 Pa. Code 211.5(d) Clinical Records.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. 41233 Based on clinical record reviews, observations, and staff interviews, it was determined that the facility failed to provide adequate ongoing activities designed to meet the needs of five of 51 residents reviewed (Residents 30, 53, 63, 67, 74) who had wandering behaviors and/or dementia, and resided on the facility's Memory Impaired Unit (secured unit). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 30, dated August 14, 2024, revealed that the resident was severely cognitively impaired, was rarely able to understand others, was sometimes understood by others, and had diagnoses that included dementia. The resident's care plan, dated February 27, 2024, revealed that the resident enjoyed socializing with other residents, was an elopement risk, and required a secure, locked unit for her safety. An annual MDS assessment for Resident 53, dated August 14, 2024, revealed that the resident was sometimes understood and could sometimes understand others, was severely cognitively impaired, had diagnoses that included dementia, and required a wheelchair for mobility. The resident's care plan, dated August 26, 2024, revealed that the resident was encouraged to participate in individual and group activities at least four times a week, was hard of hearing, and that he required a secure, locked unit for his safety. A quarterly MDS assessment for Resident 63, dated October 16, 2024, revealed that the resident was severely cognitively impaired, was never understood and rarely able to understand, and had diagnoses that included dementia. The resident's care plan, dated October 10, 2024, indicated that the resident was to maintain involvement in cognitive and social stimulation by attending group activities three to five times a week, and that she was confused and required a secured, locked unit for safety. A quarterly MDS assessment for Resident 67, dated September 10, 2024, revealed that the resident was cognitively impaired, had unclear speech, and had diagnoses that included dementia. The resident's care plan, dated September 19, 2024, indicated that the resident was to maintain involvement in cognitive and social stimulation by attending group activities three to five times a week, and that she required a secured, locked unit for safety. A quarterly MDS assessment for Resident 74, dated September 11, 20124, revealed that the resident was severely cognitively impaired and had diagnoses that included dementia with behavioral disturbances. The resident's care plan, dated September 13, 2024, revealed that the resident was encouraged to participate in group activities, escorted to those activities as needed, and required a secure, locked unit for safety. The Memory Impaired Unit's (MIU) activity calendar for October 2024 indicated that activities for October 28, 29, 30, and 31, 2024, included table talk, rise and stretch, puzzle time, exercise time, table ball, television, and music time. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observations of Residents 30, 53, 63, 67, and 74 on the MIU during the survey October 28-31, 2024, between 10:00 a.m. and 4:00 p.m. revealed that the majority of time residents were sitting at or walking around the tables in the activity room. Observations on October 28, 2024, at approximately 2:10 p.m. revealed that an activity staff member got some puzzles for two residents. None of the other activities (table talk, rise and stretch, exercise time, table ball, and music time) were provided despite being scheduled on the MIU activity calendar. Interview with Registered Nurse 5 on October 29, 2024, at 9:54 a.m. confirmed that the residents on the MIU could most definitely use more activities and that it has been close to a month since she has seen any. Interview with Nurse Aide 6 on October 29, 2024, at 11:27 a.m. confirmed that the residents lack activities on the MIU and that they are lucky if they get a couple of activities a week. Nurse Aide 6 revealed that the activity department rarely comes to the MIU and that there was a time when one staff member was designated for activities and they came three times a day and did activities with the residents. Nurse Aide 6 showed the activity calendar to the surveyor and the Rise and Stretch was to be at 11:00 a.m. but no one from activities came to the unit to run the program. Interview with the Activities Director on October 30, 2024, at 1:31 p.m. indicated that she used to have more staff and hours to devote to hands on activities, but now there is more paperwork and less hours to devote time to the MIU. She confirmed that the residents of the MIU have not been getting the activities that are listed on the activity calendar. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41233 Based on review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that assistance devices to prevent accidents or injury were in place for two of 51 residents reviewed (Residents 22, 74) Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 22, dated August 19, 2024, revealed that the resident was cognitively impaired, required assistance with daily care needs, and had diagnosis that included atherosclerosis (thickening or hardening of the arteries). The resident's care plan, dated August 8, 2023, indicated that the resident was at risk for falling and was to have a bolster overlay (a mattress cover with foam bolsters around the edge of the bed to help prevent residents from falling out) on her mattress. An intervention that was added on September 10, 2024, indicated that the resident was to have a reacher (device that enables a person to pick up objects that are difficult to reach) within reach at all times. Observations of Resident 22 on October 30, 2024, at 9:16 a.m. revealed that the resident was resting in her bed. There was no bolster overlay on her air mattress, and she did not have a reacher within reach. Interview with Licensed Practical Nurse 7 at that time confirmed that an overlay mattress was not in place and that the resident did not have a reacher in reach. Interview with the Director of Nursing on October 30, 2024, at 2:18 p.m. confirmed that Resident 22 should have had a bolster overlay on her mattress and her reacher should have been within reach as care planned. A quarterly MDS assessment for Resident 74, dated September 11, 2024, revealed that the resident was cognitively impaired, required assistance with all care, and had diagnoses that included dementia. A current care plan for Resident 74 revealed that she was at risk for falls due to dementia and a history of falls related to confusion. Observations on the Memory Impaired Unit on October 28, 2024, at 11:08 a.m. revealed that Resident 74 was in her wheelchair being transported by Nurse Aide 8 from room [ROOM NUMBER] to the dining/activity room without footrests on the chair. The resident had her feet elevated approximately two inches off the floor. Interview with Nurse Aide 8 on October 28, 2024, at 11:09 a.m. confirmed that there should have been footrests on Resident 74's wheelchair. Interview with the Assistant Director of Nursing on October 28, 2024, at 11:11 a.m. confirmed that footrests should have been used when transporting Resident 74 in her wheelchair. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 19102 Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to obtain physician's orders for the size of indwelling urinary catheters for one of of 51 residents reviewed (Resident 42). Findings include: The facility's policy regarding urinary catheters, dated September 26, 2024, revealed that staff would catheterize the resident per the provider's order. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's care needs and abilities) for Resident 42, dated October 8, 2024, revealed that the resident was understood and could understand, required staff assistance for care, had pressure ulcers, and had an indwelling urinary catheter (a tube inserted and held in the bladder to drain urine). A care plan, dated October 28, 2024, indicated that the resident was to have an indwelling urinary catheter per orders. A nursing note for resident 42, dated September 25, 2024, at 3:18 p.m., revealed that a urinary catheter was placed per orders. Physician's orders for Resident 42, dated October 2, 2024, included an order for catheter care every shift and monitoring of the catheter output each shift. There was no catheter size or balloon size indicated. Interview with the Director of Nursing on October 31, 2024, at 1:15 p.m. confirmed that Resident 42's physician's order did not contain a catheter or balloon size and should have. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident’s drug regimen must be free from unnecessary drugs. 46994 Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents were free from unnecessary drugs for one of 51 residents reviewed (Resident 34). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 34, dated August 7, 2024, revealed that the resident was cognitively intact, required assistance from staff for daily care needs, and had diagnoses that included diabetes. A nurse's note for Resident 34, dated October 10, 2024, at 10:56 a.m., revealed that the resident was seen by the Certified Registered Nurse Practitioner for shortness of breath and congestion and was to be administered azithromycin for five days, two 10 mg tablets of prednisone for three days, then one 10 mg tablet of prednisone for three days. Physician's orders for Resident 34, dated October 10, 2024, included orders for the resident to receive two 250 milligram (mg) tablets of azithromycin one time on October 10, 2024, then one 250 mg tablet of azithromycin on days two through five, and two 10 mg tablets of Prednisone for three days, then one 10 mg tablet of prednisone for three days. Review of the Medication Administration Record (MAR) for Resident 34, dated October 2024, revealed that staff administered 500 mg of azithromycin on October 10, 2024, and 250 mg of azithromycin on October 11, 12, 13, 14, and 15, to total six days of antibiotic administration. Review of the MAR revealed that the resident was administered two 10 mg tablets of prednisone on October 10, 11, 12, and 13, and one 10 mg tablet of prednisone on October 13, 14, 15, and 16, indicating that the resident received an extra two tablets on October 13 and an extra one tablet on October 16. Interview with the Director of Nursing on October 30, 2024, at 2:19 p.m. confirmed that staff did not follow physician's orders correctly and administered one extra dose of azithromycin and two extra doses of prednisone to Resident 34. 28 Pa. Code 211.12(d)(5) Nursing Services.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 46994 Based on review of clinical records and staff interviews, it was determined that the facility failed to provide medication as ordered by the physician, resulting in significant medication errors for one of 51 residents reviewed (Resident 34). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 34, dated August 7, 2024, revealed that the resident was cognitively intact, required assistance from staff for daily care needs, and had diagnoses that included diabetes. Physician's orders for Resident 34, dated October 4, 2024, included an order for the resident to receive 10 units of insulin lispro (used to lower blood sugar levels) twice a day, to be held for a blood sugar less than 100 milligrams/deciliter (mg/dL). A review of the Medication Administration Record (MAR) for Resident 35, dated October 2024, revealed that on October 7 at 8:00 a.m. the resident's blood sugar was 95 mg/dL and 10 units of insulin lispro was administered; on October 9 at 8:00 a.m. the resident's blood sugar was 82 mg/dL and 10 units of insulin lispro was administered; on October 29 at 8:00 a.m. the resident's blood sugar was 74 mg/dL and 10 units of insulin lispro was administered; and on October 30 at 8:00 a.m. the resident's blood sugar was 70 mg/dL and 10 units of insulin lispro was administered. Interview with the Director of Nursing on October 30, 2024, at 2:19 p.m. confirmed that there was documented evidence that insulin lispro was administered to Resident 34 on the above-mentioned dates and times when his blood sugar was less than 100 mg/dL, and it should not have been administered. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 19102 Based on review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that medications were properly stored and labeled for one of 51 residents reviewed (Resident 107). Findings include: The facility's medication administration policy, dated September 26, 2024, indicated that facility staff were not to leave medications or chemicals unattended. A nursing note, dated October 9, 2024, at 4:01 p.m. revealed that Resident 107 was alert and oriented, and admitted to the facility on that day. Physician's orders for Resident 107, dated October 22, 2024, included orders for the resident to receive 6.25 milligrams (mg) of Carvedilol (used to treat high blood pressure) twice a day, 550 mg of Xifaxan (antibiotic) twice a day, and 30 milliliters (mL) of lactulose (used to treat constipation) twice a day Observations during a tour of the facility on October 28, 2024, at 11:31 a.m. revealed that a plastic cup containing two white pills and a plastic cup containing 30 mL of a green liquid were sitting on the resident's overbed table with no staff present. Interview with Licensed Practical Nurse 1 on October 28, 2024, at 11:32 a.m. confirmed that she left medications with Resident 107 because he wanted to take them himself and did not want to take them when she was there. Interview with the Nursing Home Administrator on October 29, 2024, at 8:38 a.m. confirmed that medications should not have been left unsupervised and unlabeled at the bedside for Resident 107. 28 Pa. Code 211.9(a)(1) Pharmacy Services. 28 Pa. Code 211.12(d)(1) Nursing Services.

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F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. 31760 Based on clinical record reviews and staff interviews, it was determined that the facility failed to obtain a physician's order for an invasive procedure to collect a specimen for a laboratory test for one of 51 residents reviewed (Resident 8). Findings include: An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 8, dated July 10, 2024, revealed that the resident was rarely/never understood, could rarely/never understand others, was always incontinent (lack of voluntary control) of urine, and had diagnoses that included dementia. Physician's orders for Resident 8, dated October 7, 2024, included an order for staff to obtain a urine culture and sensitivity (C&S - to test for specific bacteria) after the completion of her antibiotics. A nursing note for Resident 8, dated October 10, 2024, revealed that a urine sample was collected via straight catheterization (insertion of a plastic tube into the bladder to obtain urine) and labeled and placed into the specimen refrigerator. The Registered Nurse Supervisor was made aware. There was no documented evidence that staff obtained a physician's order to collect Resident 8's urine specimen via straight catheterization. Interview with the Director of Nursing on October 30, 2024, at 2:10 p.m. confirmed that there was no documented evidence that a physician's order was obtained for Resident 8 to have a straight catheterization performed to collect the urine specimen on October 10, 2024. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. 46994 Based on clinical record reviews and observations, as well as resident and staff interviews, it was determined that the facility failed to ensure that drink preferences were honored for six of 51 residents reviewed (Residents 6, 23, 36, 75, 79, 96). Findings include: Interview with a group of residents on October 29, 2024, at 10:00 a.m. revealed that they wanted to have soda as a drink choice, either for meals or for a snack. They stated that they previously had soda available with their meals or with a snack, but that this is no longer the case. The residents stated that they were told that they could purchase their own soda from the activity room or the snack wagon located at the entrance to the facility. They could also have someone bring in soda for them, but it would no longer be supplied. Interview with the Dietary Manager on October 30, 2024, at 10:56 a.m. revealed that the facility has some soda (ginger ale) that is available if a resident is ill. However, she does not order any other soda for the residents on a regular basis. Interview with the Activities Manager on October 30, 2024, at 1:00 p.m. revealed that the residents have indicated that they miss having soda, so she will occasionally have activities that incorporate root beer or Pepsi floats. Interview with the Nursing Home Administrator (NHA) on October 30, 2024, at 2:50 p.m. revealed that the facility prefers to give the residents drinks with nutritional value and not soda. The NHA stated that the residents may purchase their own soda, but they would not provide it for them, and they are aware that the residents continue to request soda as a drink choice for some meals and for their snacks. 28 Pa. Code 201.29(j) Resident Rights.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 19102 Based on review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that proper infection control practices were followed during medication administration for one of 51 residents reviewed (Resident 77). Findings include: The facility's policy regarding medication administration, dated September 26, 2024, indicated that staff were to avoid touching the medication with their bare hands when opening a bottle or unit dose package. Observations during medication administration on October 31, 2024, at 8:23 a.m. revealed that Licensed Practical Nurse 9 was preparing medications to administer to Resident 77 when she knocked over the medication cup and two pink pills landed on the medication cart. With her bare hands, the nurse picked up the pills and placed them into a plastic medication cup, entered the resident's room, and the resident took the medications by mouth. Interview with Licensed Practical Nurse 9 on October 31, 2024, at 8:45 a.m. confirmed that she should not have touched the pills with her bare hands. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19102 Based on review of residents' clinical records, as well as staff interviews, it was determined that the facility failed to ensure that each resident received pneumococcal immunizations for four of 51 residents reviewed (Residents 20, 42, 49, 55). Findings include: The facility's vaccination policy, dated September 26, 2024, indicated that residents and/or their responsible party would be asked about prior vaccinations at admission. Prior doses of influenza, pneumococcal, COVID-19, and other vaccines would be documented in the immunization portal in the electronic health record. A quarterly Minimum Data Set (MDS) assessments (a mandated assessment of a resident's abilities and care needs) for Resident 20, dated September 4, 2024, revealed that the resident was admitted to the facility on [DATE]. The sections of the MDS assessment related to the resident's pneumococcal vaccination revealed that the resident's pneumococcal vaccination was not up to date and was not offered. There was no documented evidence that the facility offered or administered the pneumococcal vaccine to the resident. An admission MDS assessment for Resident 42, dated October 8, 2024, revealed that the resident was admitted to the facility on [DATE]. The sections of the MDS assessment related to the resident's pneumococcal vaccination revealed that the resident's pneumococcal vaccination was not up to date and was not offered. There was no documented evidence that the facility offered or administered the pneumococcal vaccine to the resident. A quarterly MDS assessment for Resident 49, dated October 18, 2024, revealed that the resident was admitted to the facility on [DATE]. The sections of the MDS assessment related to the resident's pneumococcal vaccination revealed that the resident's pneumococcal vaccination was not up to date and was not offered. There was no documented evidence that the facility offered or administered the pneumococcal vaccine to the resident. A quarterly MDS assessment for Resident 55, dated August 21, 2024, revealed that the resident was admitted to the facility on [DATE]. The sections of the MDS assessment related to the resident's pneumococcal vaccination revealed that the resident's pneumococcal vaccination was not up to date and was not offered. There was no documented evidence that the facility offered or administered the pneumococcal vaccine to the resident. Interview with the Nursing Home Administrator on October 30, 2024, at 1:26 p.m. confirmed that there was no documented evidence that Residents 20, 42, 49, and 55 were offered the pneumococcal vaccine at the time of their admissions or at any time afterward. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(b)(1) Management. (continued on next page)

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	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greene Health & Rehab Center	119 Industrial Park Road Greensburg, PA 15601

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	28 Pa. Code 211.12(d)(1)(5) Nursing Services.