STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395607	A. Building B. Wing	04/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shippenville Nursing and Rehab	21158 Paint Boulevard Shippenville, PA 16254

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. Based on review of clinical records and staff interview, it was determined that the facility failed to ensure that physician's orders were followed for one of three residents reviewed (Resident R1). Findings include: Resident R1's clinical record revealed an admission date of 12/17/25, with diagnoses that included weakness, uncontrolled seizures and an inability to eat food by mouth. Resident R1's clinical record revealed a physician's order dated 12/17/25, that directed the administration/infusion of liquid nutrition/food by a gastric tube (a tube inserted into the stomach through which medications and liquid food can be administered), to run continuously at 50 cc's per hour. Resident R1's clinical record revealed a nurse's note at 9:12 p.m. on 12/30/25, that documented an observation that Resident R1's continuous tube feed infusion was not infusing as physician ordered. During interview on 4/18/26, at approximately 10:05 a.m., the Director of Nursing confirmed that the above nurse's note was correct, Resident R1's tube feed solution had not been infusing for approximately four hours on 12/30/25, as physician ordered. 28 Pa. Code 211.12(d)(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