

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395618	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2025
NAME OF PROVIDER OR SUPPLIER Mulberry Healthcare and Rehabilitation Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 411 1/2 W Mahoning Street Punxsutawney, PA 15767	

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** Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that pressure ulcer care/prevention treatments were provided as ordered for one of four residents reviewed (Resident 3). Findings include: A significant change Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated September 19, 2025, revealed that the resident was cognitively impaired, required assistance from staff for daily care needs, and had medical diagnoses that included left hip fracture. A nursing note dated October 13, 2025, at 6:36 p.m. revealed that Resident 3 was admitted back to the nursing home from the hospital and that the resident had an unstageable pressure ulcer to his left heel. A review of the October 13, 2025, Treatment Administration Record (TAR) for Resident 3 revealed that there was no documented evidence that the facility obtained an order for treatment of the pressure ulcer on his left heel until he was seen by the Certified Nurse Practitioner wound consultant on October 15, 2025. Physician's orders for Resident 3, dated November 13, 2025, included an order for the resident to have his left heel cleansed with wound cleanser, pat dry, apply medi-honey (medical-grade honey intended for wound care that helps with healing by protecting from bacteria, reducing odor and cleaning/debriding the wound) and an ABD pad (a gauze dressing that absorbs fluid from large or heavily draining wounds), wrap daily and as needed. A review of Resident 3's November 2025 TAR revealed that there was no documented evidence to indicate that his treatment was completed per physician's orders on November 23 and 25, 2025. An interview with the Director of Nursing on December 22, 2025, at 1:32 p.m. confirmed that there was no documented evidence that an order for wound treatments were obtained when the resident readmitted on [DATE] for Resident 3. She also confirmed that there was no documented evidence that the wound treatment were completed as ordered on the dates listed above. 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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