

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 12/08/2025
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)		
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations and staff interviews, it was determined that the facility failed to serve food items that were palatable. Findings include: Observations of the lunch meal on September 25, 2025 at 11:41 a.m. revealed that dietary staff began to prepare the north hall cart. At 11:55 a.m. the north hall cart was complete and left the kitchen at 11:58 a.m. The cart arrived on north hall at 11:59 a.m. and staff began to pass the trays at 12:00 p.m. At 12:05 p.m. all lunch trays were passed. A test tray was completed on September 25, 2025 at 12:16 p.m. revealing the turkey was 120.4 degrees Fahrenheit and tasted cold and was not palatable, and the capri blend vegetables were 120 degrees Fahrenheit and tasted cold and was not palatable. Interview with the Dietary Manager on September 25, 2025 at 12:16 p.m. revealed that the turkey and vegetables were cold and not palatable.		

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and staff interviews, it was determined that the facility failed to ensure that food was stored and prepared under sanitary conditions. Findings include: Observations in the main kitchen on September 22, 2025 at 9:10 a.m. revealed that there was a crate of grape juice cartons that expired on September 3, 2025. There was a puddle of spilled milk and a puddle of an unidentified substance laying on the floor inside the cooler. There was a tray of hamburger patties open and exposed to air in the freezer. Interview with Dietary Aide 3 on September 22, 2025 at 9:10 a.m. revealed that the grape juice should have been discarded when it expired and that it was used for the breakfast meal that morning. She further stated the spills in the cooler should be cleaned up and that the hamburger patties should have been covered and sealed. Interview with the Dietary Manager on September 23, 2025 at 1:48 p.m. confirmed that the grape juice had expired and should have been thrown out, the spills should have been cleaned up and the hamburger patties should not have been exposed. She explained that the kitchen had been working very short staffed and they were doing their best for the residents. 28 Pa. Code 211.6(f) Dietary services.		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on a review of facility policies and clinical records as well as staff interviews, it was determined that the facility failed to ensure that residents medication regimen was free from unnecessary psychotropic medication (drugs that affect a person's mental state, emotions, and behavior) for one of 31 residents reviewed (Residents 19).The facility's policy regarding antipsychotic medication use, dated May 15, 2025, indicated that residents will not receive as needed doses of psychotropic medications unless that medication is necessary to treat a specific condition that is documented in the clinical record. The need to continue as needed orders for psychotropic medications beyond 14 days requires that the practitioner document the rationale for the extended order. The duration of the as needed order will be indicated in the order. A quarterly Minimum Data Set (MDS) assessment (a federally mandated assessment of the resident's abilities and care needs) for Resident 19 dated August 5, 2025, indicated that the resident was cognitively impaired, required assistance from staff for daily care needs and had diagnosis that included dementia. Physician's orders for Resident 19 dated June 20, 2025, included an order for the resident to receive 10 milligrams (mg) of hydroxyzine (a psychotropic medication used to treat anxiety) every four hours as needed for anxiety. Review of the Medication Administration Record for Resident 19 dated July 2025 and August 2025 revealed that 10 mg of hydroxyzine was administered to the resident on July 9, at 6:38 p.m.; July 12 at 12:08 p.m.; July 30 at 12:48 p.m.; and on August 13 at 1:48 p.m. There was no evidence that a practitioner documented a rationale for extending this as needed medication beyond 14 days or a duration for its use. There was also no documented evidence that non-pharmalogical interventions were attempted prior to administering the as needed doses of hydroxyzine on July 9 at 6:38 p.m.; July 30 at 12:48 p.m.; and on August 13 at 1:48 p.m.Interview with the Director of Nursing on September 24, 2025, at 1:48 p.m. revealed that there was no documented rationale for extending the use of as needed hydroxyzine for Resident 19 beyond 14 days when it was administered on the above dates and times. Interview with the Director of Nursing on September 25, 2025, at 11:34 a.m., respectively, revealed that there was no documented evidence that non-pharmalogical interventions were attempted before administering hydroxyzine to Resident 19 on the above-mentioned dates and times and there should have been.28 Pa. Code 211.12(d)(5) Nursing Services.		

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F 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor each resident's preferences, choices, values and beliefs. Based on review of facility policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that residents were positioned appropriately while eating for one of 31 residents reviewed (Resident 36). Findings include: Findings include: The facility's policy regarding preparing the resident for a meal, dated May 15, 2025, indicated that residents should be positioned so his or her head and upper body are as upright as possible and with the head tipped slightly forward. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 36, dated June 5, 2025, indicated that the resident was cognitively impaired and dependent on two staff for daily care needs including eating. The resident's care plan, dated April 15, 2025, indicated that the resident required supervision to limited assistance with meals. Observations of Resident 36 on September 22, 2025 at 12:08 p.m. revealed that the resident was sitting in her specialized chair with the rear end tilted back for safety/positioning when her meal was served. The chair was not close enough to the table for her to reach her plate and her upper torso and head were reclined back. She was observed attempting to reach her plate and trying to pull herself closer to the table, but was not able to do so. Interview with the Director of Nursing on September 22, 2025 at 12:21 p.m. confirmed that Resident 36's chair should have been placed in the upright position for the meal and that she should have been seated closer to the table in order to reach her food. 28 Pa. Code 211.10(a)(c)(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(2)(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** Based on review of facility policies, clinical record reviews, facility investigation documents, and staff interviews, it was determined that the facility failed to ensure that each resident received assistance devices to prevent accidents for one of 31 residents reviewed (Resident 50). Findings include: The facility's policy regarding wheelchair leg rests, dated May 15, 2025, revealed that footrests serve valuable purposes. They support the weight of the legs for those in the wheelchair, who often lack the strength to keep their legs from otherwise dragging. They also serve a valuable safety purpose by keeping the person's feet out of the way of the wheels and inadvertently getting caught under the wheelchair when it is pushed (which could cause the person from being thrown from the wheelchair). A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 50, dated August 21, 2025, revealed that the resident was cognitively impaired, required assistance for daily care needs including transfers and locomotion, and had diagnoses that included cerebral palsy (disorder that affects body movements and muscle coordination). A care plan dated May 26, 2025 revealed that the resident, when out of bed, to be in [NAME] tilt in space wheelchair with wedge cushion and bilateral leg rests for transportation as tolerated daily. A witness interview from Nurse Aide 1 dated September 16, 2025 at 5:15 p.m. revealed that she was helping other residents when she heard Resident 50 shouting Slow down Stop my foot as he was in his wheelchair being pushed into the dining room for dinner by Nurse Aide 2. Resident 50's foot was caught under the wheelchair and he fell out of the chair onto his hands and knees. The facility's investigation dated September 16, 2025 at 4:45 p.m. revealed that Resident 50 had fallen on the floor out of wheelchair when Nurse Aide 2 was pushing him in his wheelchair without leg rests to the dining room when she stopped pushing him, he fell to the floor. A witness interview from Nurse Aide 2 dated September 16, 2025 at 4:40 p.m. revealed that she did push Resident 50 in his chair to the dining room without leg rests. After stopping resident leaned forward with hands on floor. She asked him to sit back in chair but instead leaned further onto the floor. An interview with the Director of Nursing on September 24, 2025, at 2:25 p.m. confirmed that footrests should have been used when transporting Resident 50 in his wheelchair per his care plan. 28 Pa. Code 211.10(c)(d) Resident care policies. 28 Pa. Code 211.12(d)(5) Nursing services.		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. Based on a review of clinical records, as well as observation and staff interview, it was determined that the facility failed to thoroughly assess the potential entrapment risks from the use of bed rails for one of 31 residents reviewed (Resident 36). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 36, dated September 4, 2025, indicated that the resident was cognitively impaired, required assistance from staff for daily care needs, and had a diagnosis of congestive heart failure (a condition where the heart muscle is weakened and cannot pump blood effectively). Physician's orders for Resident 36, dated May 2, 2025, included for the resident to have bilateral bed enabler bars to assist with repositioning, comfort, and bed mobility. Observations of Resident 36 on September 22, 2025, at 10:58 a.m. revealed that the resident was resting in bed and the resident's bed was equipped with bilateral enabler bars. There was no documented evidence that Resident 36 was assessed for potential safety hazards prior to the enabler bars being applied to the resident's bed. Interview with the Director of Nursing on September 25, 2025, at 1:15 p.m. confirmed that bed rail/enabler safety assessment was not completed for Resident 36. 28 Pa. Code 211.12(d)(5) Nursing Services.		

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies. Findings include: The facility's deficiencies and plans of corrections for State Survey and Certification (Department of Health) survey ending October 18, 2024, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending September 25, 2025, identified repeated deficiencies regarding safety/accidents, palatable food, food procurement and storage, and infection control. The facility's plan of correction for a deficiency regarding safety/accidents, cited during the survey ending October 18, 2024, revealed that safety/accidents would be monitored by QAPI. The results of the current survey, cited under F689, revealed that the QAPI committee was ineffective in maintaining compliance with regulation regarding abuse /neglect. The facility's plan of correction for a deficiency palatable food, cited during the survey ending October 18, 2024 revealed that palatable food would be monitored by QAPI. The results of the current survey, cited under F804, revealed that the QAPI committee was ineffective in maintaining compliance with regulation regarding palatable food. The facility's plan of correction for a deficiency regarding food procurement and storage, cited during the survey ending October 18, 2024, revealed that food safety would be monitored by QAPI. The results of the current survey, cited under F812, revealed that the QAPI committee was ineffective in maintaining compliance with regulation regarding food procurement and storage. The facility's plan of correction for a deficiency regarding infection control, cited during the survey ending October 18, 2024, revealed that infection control would be monitored by QAPI. The results of the current survey, cited under F880, revealed that the QAPI committee was ineffective in maintaining compliance with regulation regarding infection control. Refer to F689, F804, F812, F880.28 Pa. Code 201.14(a) Responsibility of Licensee.28 Pa. Code 201.18(e)(1) Management.		

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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. Based on review of facility policies and clinical record reviews, as well as observations and staff interviews, it was determined that the facility failed to follow CDC guidelines to reduce the spread of infections and prevent cross-contamination related to an Multi-Drug resistant organism (MDRO) bacteria that may make them resistant to some antibiotics) infection in the urine for one of 31 residents reviewed (Resident 42). Findings include: The facility's Infection Prevention and Control policy, dated May 15, 2025, revealed that contact precautions are intended to prevent the transmission of infectious agents which are spread through direct or indirect contact with the patient or the patient's environment. Contact precautions also apply where the presence of excessive wound drainage, urine or fecal incontinence, or other discharges from the body suggest an increased potential for environmental contamination and risk of transmission. Enhanced barrier protections are intended to prevent transmission of multi-drug-resistant organisms (MDRO's-bacteria that have become resistant to certain antibiotics) via contaminated hands and clothing of healthcare workers to high-risk residents. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 42, dated August 7, 2025, revealed that the resident was cognitively intact, required assistance for daily care needs, was frequently incontinent of bowel and bladder, and had diagnoses that included urinary tract infection. Review of a urine culture and sensitivity (laboratory test to attempt to grow bacteria and then test which medications will effectively work to stop the infection) final results for Resident 42, dated September 17, 2025, revealed that the urine culture was positive for MDRO. Observations of Nurse Aide 4 providing continence care for Resident 42 on September 22, 2025 at 11:03 a.m. revealed that she was not wearing proper protective equipment that included a gown while providing care to the resident. Interview with Nurse Aide 4 on September 22, 2025, at 12:15 a.m. confirmed she should have worn a gown while providing care to Resident 42. Interview with the Director of Nursing on September 22, 2025, at 2:54 p.m. confirmed that Nurse Aide 4 should have had personal protective equipment including a gown on while providing care to Resident 42.28 Pa. Code 211.12(d)(1)(5) Nursing services.		