

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Grandview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Woodbine Lane Danville, PA 17821	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48277</p> <p>Based on a review of clinical records and staff interviews, it was determined the facility failed to ensure that residents who were dependent on staff for assistance with activities of daily living were consistently provided showers as planned to maintain adequate personal hygiene for two of 17 residents reviewed (Resident 1 and Resident 2).</p> <p>Findings include:</p> <p>A review of Resident 1's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses to include hypertension (blood pressure that is higher than normal) and atrial fibrillation (a condition that causes the heart to beat irregularly and sometimes much faster than normal).</p> <p>A quarterly Minimum Data Set Assessment (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) of Resident 1 dated November 29, 2024, indicated the resident required substantial/maximal assistance for showering/bathing. The resident was severely cognitively impaired with a BIMS score of 00 (brief interview for mental status, a tool to assess the residents' attention, orientation, and ability to register and recall new information, a score of 0-7 indicates severe cognitive impairment).</p> <p>A review of the Documentation Survey Report (care tasks completed for the resident) revealed the resident was scheduled to be showered on Mondays and Thursdays, during the dayshift.</p> <p>A review of shower logs and the Documentation Survey Report dated from December 1, 2024, through December 31, 2024, revealed that Resident 1 did not receive a shower on the following dates as scheduled.</p> <p>Monday, December 9, 2024, Thursday, December 12, 2024, Thursday, December 19, 2024, Monday, December 23, 2024, and Thursday, December 26, 2024.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Grandview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Woodbine Lane Danville, PA 17821	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of shower logs and the Documentation Survey Report dated from January 1, 2025, through January 31, 2025, revealed Resident 1 did not receive a shower on the following dates as scheduled:</p> <p>Monday, January 6, 2025,</p> <p>Thursday, January 9, 2025,</p> <p>Thursday, January 16, 2025, and Monday, January 27, 2025.</p> <p>A review of shower logs and the Documentation Survey Report dated from February 1, 2025, through February 26, 2025, revealed Resident 1 did not receive a shower on the following dates as scheduled:</p> <p>Monday, February 10, 2025,</p> <p>Thursday, February 13, 2025, and Monday, February 24, 2025.</p> <p>A review of the shower logs revealed multiple missed showers, with no documented evidence that the showers were provided or that the resident refused.</p> <p>A review of Resident 2's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses to include osteoarthritis (a degenerative joint disease that occurs when tissues that cushion the ends of bones within the joints break down) and dementia (a condition characterized by the loss of cognitive functioning such as thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities).</p> <p>A review of Resident 2's quarterly MDS assessment dated [DATE], indicated the resident required partial/moderate assistance for showering/bathing. The resident was severely cognitively impaired with a BIMS score of 00.</p> <p>A review of the Documentation Survey Report revealed the resident was scheduled to be showered on Tuesdays and Fridays, during the evening shift.</p> <p>A review of shower logs and the Documentation Survey Report dated from December 1, 2024, through February 26, 2025, revealed that Resident 21 did not receive a shower on the following dates as scheduled:</p> <p>Friday, December 6, 2024,</p> <p>Tuesday, December 10, 2024,</p> <p>Tuesday, December 17, 2024,</p> <p>Tuesday, December 24, 2024,</p> <p>Friday, December 27, 2024,</p> <p>Tuesday, December 31, 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Grandview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Woodbine Lane Danville, PA 17821	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Tuesday, January 4, 2025,</p> <p>Tuesday, January 28, 2025.</p> <p>Tuesday, February 11, 2025,</p> <p>Friday, February 14, 2025,</p> <p>Friday, February 21, 2025.</p> <p>A review of the shower logs revealed multiple missed showers, with no documented evidence that the showers were provided or the resident refused.</p> <p>During an interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on February 26, 2025, at approximately 5:00 PM, both confirmed that the residents should have received their showers as scheduled. However, they were unable to explain why the showers were not provided as planned or documented accordingly.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Grandview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Woodbine Lane Danville, PA 17821	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>48277</p> <p>Based on observations, a review of the facility's planned cycle menus, and resident and staff interview it was determined the facility failed follow written planned menus for four of four residents sampled for meals. (Residents 3, 6, 4 and 8).</p> <p>Findings included:</p> <p>Review of the facility policy titled Menu Substitutions last reviewed by the facility January 23, 2025, revealed that menu substitutions will be made after discussion with the director of food and nutrition services whenever possible. Kitchen staff will consult with the director of food and nutrition or designee on any needed menu substitution. All changes to the menu (including the date, menu item substitution, and reason for the substitution) will be recorded. The registered dietitian nutritionist (RDN) or designee will periodically evaluate menu changes and if needed, an appropriate plan of action will be made to correct any concerns. Records of menu substitutions should be retained for 12 months.</p> <p>At the time of the survey ending on February 26, 2025, the facility census was 156 residents.</p> <p>Review of the facility's Week 2 breakfast menu for Wednesday February 26, 2025, revealed the planned menu included:</p> <p>Hot cereal,</p> <p>Egg, cheese and ham biscuit,</p> <p>Banana,</p> <p>Milk,</p> <p>Coffee or tea.</p> <p>Observation of the breakfast meal on Wednesday February 26, 2025, at 8:10 AM revealed food omissions without substitutions:</p> <p>Resident #3's meal tray was missing hot cereal and a biscuit. The resident stated, They don't tell you; it happens almost all the time. The resident provided a copy of the menu and pointed to his tray, stating, Look, they don't give you all that's on the menu. I didn't get a biscuit.</p> <p>Observation at 8:15 AM, Resident #6's meal tray was missing hot cereal and a biscuit.</p> <p>Observation at 8:18 AM, Resident #4's meal tray was missing hot cereal and a biscuit.</p> <p>Observation at 8:25 AM, Resident #8's meal tray was missing hot cereal and a biscuit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Grandview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Woodbine Lane Danville, PA 17821	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview with the Dietary Manager on February 26, 2025, at approximately 3:30 PM revealed she started employment with the facility on February 25, 2025. She confirmed that biscuits were missing from the breakfast meal due to being overbaked and deemed unacceptable to serve. However, she could not provide a reason why a substitution was not made.</p> <p>The surveyor requested a copy of the facility's Meal Substitution Record for the months of December 2024, January 2025, and February 2025; however, the facility was unable to provide the Meal Substitution Record for the requested timeframe as required by facility policy.</p> <p>The facility was unable to provide evidence that a system was in place to monitor for food omission or substitutions.</p> <p>An interview with the Nursing Home Administrator and the Dietary Manager on February 26, 2025, at approximately 5:00 PM confirmed the facility was unable locate the Meal Substitution Records and that the facility failed to consistently follow the written planned menus. The facility was unable to provide justification for omission or substitution of menu items as planned.</p> <p>The facility failed to follow written planned menus as required, resulting in food omissions and inconsistent meal service. Additionally, the facility did not maintain a system to monitor food substitutions or omissions, did not ensure required documentation of menu changes, and did not demonstrate compliance with its own policies regarding meal service.</p> <p>28 Pa. Code 211.6(a) Dietary Services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Grandview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Woodbine Lane Danville, PA 17821	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>48277</p> <p>Based on observation, review of select facility policy, test tray results, and resident and staff interviews, it was determined the facility failed to serve meals that were palatable and maintained at a safe and appetizing temperature for 3 out of 17 residents sampled (Residents 3, 4, and 5).</p> <p>Findings include:</p> <p>According to the federal regulatory guidance at 483.60(i)-(2) Food safety requirements - the definition of Danger Zone, found under the Definitions section, is food temperatures above 41 degrees Fahrenheit and below 135 degrees Fahrenheit that allow rapid growth of pathogenic microorganisms that can cause foodborne illness.</p> <p>Review of the facility policy titled Food Temperatures last reviewed by the facility on January 23, 2025, indicated all hot food items must be cooked to appropriate internal temperatures, held and served at a temperature of at least 135 degrees Fahrenheit. All cold food items must be stored and served at a temperature of 41 degrees Fahrenheit or below. Temperatures should be taken periodically to assure hot foods stay above 135 degrees Fahrenheit and cold foods stay below 41 degrees Fahrenheit during holding and plating process and until food leaves the service area. Foods should be transported as quickly as possible to maintain temperatures for delivery and service.</p> <p>During an interview with Resident 3 on February 26, 2025, at 8:10 AM, the resident stated, all meals are cold, I haven't had a hot meal yet since I've been here. He continued to state he does not receive condiments on his meal trays, such as sugar, ketchup, salt and pepper. He stated, If I want it, I have to go ask (the kitchen) for it and then they b****h about it.</p> <p>During an interview with Resident 4 on February 26, 2025, at 8:18 AM, the resident stated the food is not hot enough, the eggs are always cold. Everything is always cold.</p> <p>During an interview with Resident 5 on February 26, 2025, at 8:41 AM, the resident stated 98% of the time the food is cold and a lot of times we don't get enough to eat.</p> <p>A test tray evaluation was conducted on the East Wing Nursing Unit on February 26, 2025. The test tray arrived on the Nursing Unit at 11:36 AM. The meal served was ziti with meat sauce, Italian blend vegetables, vanilla pudding, milk, coffee or hot tea.</p> <p>At 12:12 PM, after the last resident was served, food temperatures were recorded in the presence of the dietary manager:</p> <p>Ziti with meat sauce: 111.5 F (Below the required 135 F minimum)</p> <p>Italian blend vegetables: 100.2 F (Below the required 135 F minimum)</p> <p>Vanilla pudding: 90 F (Above the required 41 F minimum)</p> <p>Hot water for tea: 156 F</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Grandview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Woodbine Lane Danville, PA 17821	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The ziti with meat sauce tasted cool, the noodles were mushy and was not palatable at the temperature it was served. The vegetables were cold and mushy further reducing the palatability of the meal. The vanilla pudding was served in a small plastic container and placed on the dinner plate under the warming lid. The pudding tasted warm and was not palatable at the temperature it was served.</p> <p>An interview with the dietary manager on February 26, 2025, at approximately 12:20 PM confirmed that food must be palatable and served at safe and appetizing temperatures. The dietary manager acknowledged the test tray results did not meet the facility's policy or regulatory requirements.</p> <p>The facility failed to maintain appropriate food temperatures which resulted in meals that were not safe, appetizing, or palatable, affecting resident satisfaction and increasing the risk of foodborne illness.</p> <p>28 Pa. Code 201.18 (e)(3) Management</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Grandview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Woodbine Lane Danville, PA 17821	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>48277</p> <p>Based on observations and staff interviews, it was determined the facility failed to provide food that accommodated residents' allergies, and dietary orders for thickened liquids for two of 8 residents reviewed (Residents 7 and 9).</p> <p>Findings include:</p> <p>A review of Resident 7's breakfast meal ticket (a menu-based document that provides essential information about a resident's meal such as diet order, preferences, food allergies, dislikes, dining location, supplements, and adaptive equipment if required, and helps staff accurately prepare and serve meals to residents based on their individual needs and preferences) indicated the resident had an allergy to dairy/milk. Observation of the resident's breakfast meal on February 26, 2025, at 8:24 AM revealed that dietary staff placed a Yoplait original harvest peach yogurt cup on the resident's breakfast tray. Review of the manufacturer's ingredient list for Yoplait original harvest peach yogurt indicated it contains cultured Grade A low fat milk which is a dairy product.</p> <p>Further review of Resident 7's meal ticket also indicated the resident was to receive 4 ounces of honey thickened juice (liquids that are thickened to a honey-like consistency used to help people with swallowing difficulties). Observation of Resident 7's breakfast tray revealed dietary staff had not provided the resident with 4 ounces of honey thick juice on her tray.</p> <p>A review of Resident 9's lunch meal ticket indicated the resident was to receive 8 ounces of honey thickened juice. Observation of resident's lunch tray on February 26, 2025, at 12:02 PM revealed dietary staff had not provided the resident with the ordered 8 ounces of honey thickened juice on his tray.</p> <p>Interview with Employee 1 (nurse aide) on February 26, 2025, at 12:05 PM revealed that dietary staff never put the thickened liquids on the residents' trays, requiring aides to stop meal service and retrieve the thickened liquids from the kitchen. The aide also stated that dietary staff often responded they don't have it.</p> <p>Observation of the kitchen refrigerator on February 26, 2025, at 12:30 PM revealed the presence of honey-thick milk but no honey-thick juice. Observation of the upstairs storeroom on February 26, 2025, at 12:40 PM revealed twenty-eight 4-ounce cups of honey thick water and two cases of honey thick cranberry juice on the storage shelf.</p> <p>Interview with the Dietary Manager on February 26, 2025, at approximately 12:40 PM confirmed dietary staff failed to ensure that residents received meals accommodating their allergies and dietary orders for thickened liquids.</p> <p>28 Pa. Code 211.6(a) Dietary services</p> <p>28 Pa. Code 201.29(a) Resident rights</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Grandview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Woodbine Lane Danville, PA 17821	

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa Code 211.10(c) Resident care policies 28 Pa. Code 201.18(b)(3) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Grandview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Woodbine Lane Danville, PA 17821	
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 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48277</p> <p>Based on clinical record review, observation, and staff interview, it was determined the facility failed to provide adaptive dining equipment as required and prescribed for two residents out of 8 sampled residents. (Residents 7 and 8).</p> <p>Findings include:</p> <p>A review of the clinical record revealed Resident 7 was admitted to the facility on [DATE], with diagnosis to include cerebral infarction (brain damage that results from a lack of blood to the brain) and dysphagia (difficulty swallowing food or liquid).</p> <p>Review of Resident 7's plan of care, revised on April 29, 2024, indicated the resident had a potential for dehydration and was at risk for malnutrition. Interventions included the use of adaptive equipment. More specifically, the resident was to utilize a two-handed adapted cup with a lid for beverages at all meals.</p> <p>A review of the physician's orders, dated June 30, 2024, confirmed the resident was to utilize a two-handed adapted cup with a lid for beverages at all meals.</p> <p>Observation of Resident 7's breakfast meal ticket (a menu-based document that provides essential information about a resident 's meal such as diet order, preferences, food allergies, dislikes, dining location, supplements, and adaptive equipment if required, and helps staff accurately prepare and serve meals to residents based on their individual needs and preferences) indicated the resident was to be provided with a two-handed cup with a lid.</p> <p>However, an observation of the breakfast meal tray on February 26, 2025, at 8:24 AM, revealed that the dietary staff failed to provide the physician-ordered adaptive cup to the resident.</p> <p>A review of the clinical record revealed that Resident 8 was admitted to the facility on [DATE], with diagnosis to include dementia with behavioral disturbance (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change) and polyosteoarthritis (having arthritis in five or more joints at the same time).</p> <p>Review of Resident 8's plan of care revised on April 18, 2024, indicated the resident had a nutritional deficit. Interventions included the use of adaptive equipment. More specifically, the resident was to utilize a Kennedy cup (lightweight, spill-proof drinking cup designed to be easy to hold and grip) at all meals and bedside.</p> <p>A review of the physician's orders, dated April 18, 2024, confirmed that the resident was to utilize a Kennedy cup at all meals and bedside.</p> <p>However, an observation of the breakfast meal tray on February 26, 2025, at 8:28 AM, revealed that the dietary staff failed to provide the physician-ordered Kennedy cup to the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Grandview Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Woodbine Lane Danville, PA 17821	

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 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with Employee 1 (nurse aide) on February 26, 2025, at 8:30 AM, stated that the dietary staff always forget to place the appropriate adaptive equipment on the residents' trays. She further stated that nursing staff must then stop passing meal trays to retrieve the physician-ordered adaptive equipment from the kitchen, creating an interruption in care and service to the residents.</p> <p>Interview with the Dietary Manager on February 26, 2025, at approximately 5:00 PM, confirmed the facility failed to provide the required adaptive dining equipment as ordered by the physician.</p> <p>28 Pa. Code 211.12 (d)(3)(5) Nursing services.</p>