

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395675	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2025
NAME OF PROVIDER OR SUPPLIER Waynesburg Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Center Avenue Waynesburg, PA 15370	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>51307</p> <p>Based on review of facility policy, observations, and resident and staff interviews, it was determined that the facility failed to make accessible grievance boxes to residents on three of three locations, nursing units (A and C Wings) and across from the social service department.</p> <p>Findings include:</p> <p>A review of the facility policy Resident and Family Grievances reviewed 1/31/25, support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal.</p> <p>The Centers for Medicare & Medicaid Services (CMS) does not specify exact height requirements for grievance boxes in skilled nursing facilities. However, CMS mandates that grievance procedures be accessible to all residents, including those with disabilities, in compliance with the Americans with Disabilities Act (ADA).</p> <p>In Pennsylvania, the Department of Health incorporates by reference the federal requirements outlined in 42 CFR Part 483, Subpart B, which pertain to long-term care facilities. These regulations emphasize the importance of accessibility but do not provide additional specifications regarding grievance box placement.</p> <p>To ensure accessibility, the ADA Standards for Accessible Design recommend that operable parts, such as slots on grievance boxes, be mounted between 15 and 48 inches above the floor. This range accommodates individuals using wheelchairs and ensures usability for a broad range of residents.</p> <p>During an observation on 3/19/25, at 11:25 a.m., the grievance box were not accessible on nursing units (A and C Wings) and across from the social service department. The grievance boxes had been mounted at approximately 57 inches above the floor, out of the reach of residents in wheelchairs.</p> <p>During rounds on 3/19/25, at 12:40 p.m. the Nursing Home Administrator and surveyor measured the height of the grievance boxes on nursing units (A and C Wings) and across from the social service department and confirmed the grievance boxes had been mounted at approximately 57 inches above the floor, out of the reach of residents in wheelchairs.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395675
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/19/25, at 1:00 p.m. the Nursing Home Administrator confirmed the facility failed to make accessible grievance boxes to residents on three of three locations, nursing units (A and C Wings) and across from the social service department.</p> <p>28 PA Code: 201.18(e)(4) Management.</p> <p>28 PA Code: 201.29(a)(b)(c) Resident rights.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>39311</p> <p>Based on observations and staff interview, it was determined that the facility failed to provide a safe environment for residents in four areas of the facility (Beauty Shop, Lift Rom, Shower Room, and Boiler Rom).</p> <p>Findings include:</p> <p>During an observation on 3/17/25, at 2:25 p.m. the Beauty Shop was observed unlocked. The door was noted to have a locking mechanism. Within the Beauty Shop were observed scissors, hair dryers, curling irons, and disinfecting solution.</p> <p>During an observation on 3/17/25, at 2:29 p.m. the Lift Room door was noted to have a sign reading, Keep door closed at all times posted on it. The door was noted to have a locking mechanism, but the door was not closed. Within the Lift Room was noted exhaust fan panels, circuit breaker boards, charging stations for the lift batteries, and three needles used to draw blood.</p> <p>During an observation on 3/17/25, at 2:35 p.m. the Shower Room cabinet was observed to have a disengaged padlock on it. Within the cabinet was observed a spray bottle without a front label describing the contents, and the back label provided directions on how the use the contents as a virucide (any physical or chemical agent that deactivates or destroys viruses).</p> <p>During an interview on 3/17/25, at 2:40 p.m. Registered Nurse (RN) Employee E1 confirmed the above observations. During the interview (which took place at the Beauty Shop door) Beautician Employee E2 approached RN Employee E1, who asked why the door was open. Beautician Employee E2 stated that the visiting dentist had used it last Friday (3/14/25), and it must have been open since then.</p> <p>During an observation on 3/18/25, at 11:21 a.m. the Boiler Room door was noted to be unlocked. Signage on the door indicated authorized personnel only. Additional to the boilers in the room, were noted various tools, degreasers, personal drinks. Upon walking through the boiler room, the rear door to the room was open all the way, allowing access to the grassy area behind the building.</p> <p>During an interview on 3/18/25, at 11:30 a.m. the Director of Nursing confirmed Boiler Room door was open, allowing residents to access an unsafe area.</p> <p>During an interview on 3/21/25, at approximately 12:45 p.m. the Nursing Home Administrator confirmed that the facility failed to provide a safe environment for residents.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 201.20(a)(b) Staff development.</p> <p>28 Pa. Code 201.29(a)(c)(d) Resident rights.</p>		