

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395705	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Hempfield Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1118 Woodward Drive Greensburg, PA 15601	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)		

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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, document review, resident interviews, observation, and staff interviews, it was determined that the facility failed to provide prompt assistance to meet residents care needs for ten of twenty residents who require care (Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10). Based on facility policy, document review, resident interviews, observation, and staff interviews, it was determined that the facility failed to provide prompt assistance to meet residents care needs for ten of twenty residents who require care (Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10). Findings included: Review of facility policy Resident Rights last reviewed 12/4/24, indicated in part The resident has a right to a dignified existence, self-determination, and communication with and access to person and services inside and outside the Manor. The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing the required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions: 13 - 15: cognitively intact 8 - 12: moderately impaired 0 - 7: severe impairment Review of the clinical record revealed Resident R1 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of cerebral infarction (stroke) and post-traumatic stress disorder (PTSD mental health condition caused by extremely stressful or terrifying event). Review of Section C: Cognitive Patterns, indicated, severe impairment with a BIMS Score of 3. Review of Section GG: 0130 Functional Abilities, indicated Resident R1 required substantial/maximal assistance with toileting hygiene (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort). Review of facility records revealed Resident R1 on 5/2/25, filed a grievance related to the wait time for the call light response. Resident R1's grievance reads in part he waited a very long time; no one would come to help me to the bathroom. Review of the clinical record revealed Resident R2 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], dementia (loss of thinking, remembering and reasoning skills) and pressure ulcer (damage to the skin and/or underlying tissue due to pressure on the skin). Review of Section C: Cognitive Patterns, indicated, severe impairment BIMS Score could not be assessed, resident is rarely/never understood. Review of Section GG: 0130 Functional Abilities, indicated Resident R2 is dependent with toileting hygiene (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity). Review of facility records revealed Resident R2 on 5/2/25, sister filed a grievance related to care. Resident R2's grievance reads in part, family came in to visit, was in bed with clothing on upper body, no brief or clothes on. The bed was completely soiled, resident laying in feces apparently no one attended to him in a while. Review of the clinical record revealed Resident R3 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of cerebral infarction (stroke) and dysphagia (difficulty swallowing) and chronic pain syndrome. Review of Section C: Cognitive Patterns, indicated severe impairment with a BIMS Score could not be assessed, resident is rarely/never understood. Review of Section GG: 0130 Functional Abilities, indicated Resident R3 is dependent with hygiene including dressing (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity). Review of facility records revealed Resident R3 on 5/6/25, daughter filed a grievance related to care. Resident R3's grievance reads in part, mom is still in her bed clothes, why is she not dressed. Review of the clinical record revealed Resident R4 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of cerebral infarction (stroke) and dysphagia (difficulty swallowing) and chronic pain syndrome. Review of Section C: Cognitive Patterns, indicated severe impairment with a BIMS Score of 6. Review of Section GG: 0130 Functional Abilities, indicated Resident R4 is dependent with hygiene including dressing. Review of Section GG: 0170 Mobility, indicated Resident is dependent with chair and bed transfers (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity). Review of facility records revealed Resident R4 on 5/6/25, Power of Attorney (POA) filed a grievance related to care. Resident R4's grievance reads in part, POA was upset because she had requested that Resident R4 be up and out of bed right after breakfast and Resident R4 was still in bed at 12:30 p.m. Review of the clinical record</p>		