STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395705	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hempfield Manor	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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on review of select facility documents, clinical record review as well as resident and staff interviews, it was determined that the facility failed to ensure sufficient staffing to meet resident needs for seven of nine residents (Resident R1, R2, R3, R4, R5, R6, R7, R8, and R9).Findings include: Review of the facility, Nursing Services Policy dated 12/2/25, indicated the facility will have sufficient nursing staff to provide nursing and related services to attain or maintain the highest physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. During an interview on 5/27/26, at 2:36 p.m. when asked if the facility maintained sufficient staff to care for residents, Resident R1 stated, No. We wait a long time for care. I push the button but no one is coming. Observation at this time revealed Resident R1 to have greasy appearing hair. During an interview with Resident R2 and R3 on 5/27/26, at 2:40 p.m. when asked if the facility maintained sufficient staff to care for residents, Resident R2 stated, No and began to laugh. Resident R2 stated that she has waited up to 90 minutes for call light response. Resident R3 stated No, they don't have enough staff. Sometimes they have one person for two halls. Resident R3 agreed with Resident R2 that she also has waited 90 minutes for care. During an interview with Resident R4 and R5 on 5/27/26, at 2:45 p.m. when asked if the facility maintained sufficient staff to care for residents, Resident R2 stated, No stated that she has waited up to 30 minutes for call light response. Resident R3 stated No stated that call light response time is long. During an interview on 5/27/26, at 2:50 p.m. when asked if the facility maintained sufficient staff to care for residents, Resident R6 stated, No, I don't. This is my only home. I can't walk. They are so frazzled because they only have twenty minutes to take care of each person. That makes me nervous because they're nervous. I hope I'm not endangering myself saying this. You can see they're upset, they're not happy. Sometimes they are helping me get dressed, but they only get halfway done and never finish getting me dressed. Resident R6 stated call lights response can be up to 90 minutes. During an interview on 5/27/26, at 3:20 p.m. when asked if the facility maintained sufficient staff to care for residents, Resident R7 stated, No and shook her head definitively. During a review of Resident Council minutes for the previous three months revealed the following:3/5/26: Residents stated they feel like we need more help.4/2/26: Resident stated she did not get her shower timely and more aides are needed. Resident stated a concern with dining room being closed, with the response that a licensed staff member needs to be available.5/7/26: Residents discussed staffing concerns and the need to guide new staff members. During an interview on 5/27/26, at approximately 3:30 p.m. the Nursing Home Administrator confirmed that the facility failed to ensure sufficient staffing to meet resident need for seven of nine residents. 28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

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