

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395875	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Greenwood Center for Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 149 Lafayette Avenue Tamaqua, PA 18252	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48276</p> <p>Based on observations, clinical record review, and resident and staff interviews, it was determined the facility failed to maintain residents' rights to privacy and confidentiality by placing health care information in a place compromising the resident's privacy for one out of the 28 residents sampled (Resident 205) and failed to ensure that mail was delivered unopened to one of the 28 residents interviewed (Resident 3).</p> <p>Findings include:</p> <p>A clinical record review revealed Resident 205 was admitted to the facility on [DATE], with diagnoses that included acute respiratory failure (a condition where the lungs fail to adequately exchange oxygen and carbon dioxide).</p> <p>A physician's order to maintain standard and transmission-based precautions due to SARS-CoV-2 (COVID-19) precautions was implemented on April 8, 2025.</p> <p>Further clinical record review revealed a care plan focus indicating Resident 205 has altered respiratory status and difficulty breathing related to a COVID-positive diagnosis initiated on April 9, 2025.</p> <p>During an observation on April 13, 2025, at 12:00 PM, it was revealed the facility posted a sign to the right of Resident 205's exterior door identifying the resident as having SARS-CoV-2 (COVID-19) or SARS-CoV-2 (COVID-19) symptoms with positive testing.</p> <p>During an interview on April 14, 2025, at approximately 1:00 PM, the Nursing Home Administrator confirmed the sign posted outside Resident 205's room is now redacted to not violate the resident's right to privacy and confidentiality. The NHA confirmed any information identifying Resident 205 as having SARS-CoV-2 (COVID-19) was removed from the sign. The NHA confirmed it is the facility's responsibility to ensure residents' rights to privacy and confidentiality are maintained and protected.</p> <p>A review of the clinical record revealed that Resident 3 was admitted to the facility on [DATE], with diagnoses to include morbid obesity (a chronic disease that's characterized by a body mass index of 40 or higher, or a body mass index of 35 or higher with obesity-related health issues) and major depressive disorder (a mental health disorder characterized by a persistently low or depressed mood, decreased interest in pleasurable activities, feelings of worthlessness, lack of energy, poor concentration, appetite changes, sleep disturbances, or suicidal thoughts).</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
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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a quarterly Minimum Data Set Assessment (MDS - a federally mandated standardized assessment completed at specific times to identify resident care needs) dated February 2, 2025, revealed the resident was cognitively intact with a BIMS score of 15 (brief interview for mental status, a tool to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13 to 15 equates to cognitively intact).</p> <p>During an interview on April 13, 2025, at 12:05 PM, Resident 3 stated that she does not receive her incoming mail of monthly social security statements. Resident 3 stated that she had inquired multiple times with Employee 4, the business office manager, regarding this issue; however, she only received one copy of a statement, not the original.</p> <p>An interview with Employee 4 on April 13, 2025, at 12:45 P.M., revealed that the nursing home is not her representative payee, but she still has been opening Resident 3's social security statements to help balance her personal account and for tax purposes and has not provided Resident 3 with any original statements.</p> <p>During an interview on April 13, 2024, at approximately 1:00 P.M., the Nursing Home Administrator (NHA) confirmed that residents have the right to personal privacy and to receive their mail unopened. The NHA failed to provide documented evidence that Resident 3 received her mail unopened as required to ensure resident privacy.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 201.29(a) Resident rights.</p> <p>28 Pa. Code 211.2 (d)(6) Medical director.</p> <p>28 Pa. Code 211.12 (c)(d)(1)(3) Nursing services.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21738</p> <p>Based on a review of clinical records, the Resident Assessment Instrument (RAI), and staff interview, it was determined the facility failed to ensure the Minimum Data Set Assessments (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) accurately reflected the status of two residents out of 28 sampled (Residents 101 and 102).</p> <p>Findings include:</p> <p>According to the Resident Assessment Instrument (RAI) User's Manual (an assessment tool utilized to gather definitive information on a resident's strengths and needs, which must be addressed in an individualized care plan, and the RAI also assists staff to evaluate goal achievement and revise care plans accordingly by enabling the facility to track changes in the resident's status) dated October 2024, Section A2105: Discharge Status indicates to review the medical record, including the discharge plan and discharge orders, for documentation of discharge location.</p> <p>A clinical record review revealed Resident 102 was admitted to the facility on [DATE], and discharged on [DATE].</p> <p>A review of the discharge return not anticipated minimum data set (MDS) assessment, dated January 17, 2025, Section A Identification Information; Subsection A2105 Discharge Status indicated Resident 102 was discharged to a short-term general hospital (acute hospital).</p> <p>A progress note dated January 17, 2025, at 1:50 PM revealed Resident 102 was discharged to another long-term care nursing facility.</p> <p>During an interview on April 15, 2025, at approximately 9:00 AM, the Nursing Home Administrator (NHA) confirmed Resident 102's discharge return-not-anticipated MDS assessment dated [DATE], was not accurate. The NHA confirmed Resident 102 was discharged to a long-term care facility and not transferred to a community hospital.</p> <p>According to the RAI User's Manual, Section O0100 Special Treatments, Procedures, and Programs (J1), the facility is to record the number of days treatments, procedures, and programs were performed within the last 14 days.</p> <p>A clinical record review revealed Resident 101 was admitted to the facility on [DATE], with diagnoses which included stage 4 chronic kidney disease (moderate to severe kidney damage with the kidneys not working as well as they should).</p> <p>A review of Resident 101's admission MDS assessment dated [DATE], Section O0100 Special Treatments, Procedures, and Programs (J1) Dialysis, indicated that the resident was receiving dialysis on admission and while a resident while a resident at the facility.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the clinical record revealed no documented evidence that Resident 101 had an order for dialysis treatments. There was no documented evidence that Resident 101 had received dialysis in the last 14 days at the hospital prior to admission to the facility or while a resident at the facility.</p> <p>Interview the director of nursing (DON) on April 15, 2025, at approximately 1:00 PM confirmed that Resident 101 was not receiving dialysis and did not receive dialysis at the hospital prior to admission to the facility or while a resident at the facility. The DON confirmed that the MDS Assessment section O0100 for Resident 101 was inaccurate with respect to dialysis.</p> <p>28 Pa. Code 211.12(d)(3) Nursing services.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51306</p> <p>Based on a review of select facility policy, clinical records, facility-provided documentation, and staff interviews, it was determined the facility failed to provide services in accordance with professional standards of practice by failing to follow physician orders for wound treatments for one resident out of 28 residents reviewed. (Resident 255)</p> <p>Findings include:</p> <p>A review of the facility policy titled Wound Care, last reviewed March 2025, revealed that all dressing changes must be marked with the date, time, and initials of the staff applying the treatment. The policy further directed that all wound care treatments must be documented in the clinical record at the time they are completed to ensure accurate and timely documentation of care provided.</p> <p>A review of Resident 255's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses which include pneumonia (an infection in one or both lungs) and venous insufficiency (a condition where blood flow through the veins is impaired, increasing the risk of skin breakdown and poor wound healing).</p> <p>A review of Resident 255's Admission Minimum Data Set Assessment (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated October 28, 2024, indicated that the resident was cognitively intact with a BIMS (Brief Interview for Mental Status - a tool to assess cognition) score of 15 (a score of 13-15 indicates cognition is intact).</p> <p>A review of Resident 255's clinical record revealed a physician's order dated November 8, 2024, that directed nursing staff to cleanse the left calf wound, pat dry, apply oil emulsion dressing, cover with ABD (a sterile, highly absorbent dressing used for moderate to heavy exudating wounds) and Kling (a conforming stretch gauze), and secure the dressing. The treatment was to be performed daily on the 7 AM-3 PM shift, and the dressing was to be checked each shift and replaced if missing.</p> <p>A review of facility documentation labeled Treatment Administration Record (TAR) for November 2024 indicated wound care was only documented as completed on the following dates: November 8, 9, 11, and 12, 2024. There was no documentation reflecting treatment on November 10 or 13, despite the physician's order for daily treatment.</p> <p>A review of the facility's internal investigation dated November 15, 2024, revealed a family member reported concerns that the resident's wound dressing had not been changed in accordance with orders. The family member observed during a visit on November 10, 2024, that the dressing was dated November 7, 2024-three days prior. On a subsequent visit on November 13, 2024, the dressing was observed to be dated November 10, 2024, indicating that dressing changes were not occurring daily as prescribed.</p> <p>Further review of the facility's internal investigation included two signed staff witness statements dated November 13, 2024.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A statement by Employee 1 (Licensed Practical Nurse) at 12:00 PM indicated the nurse did not recall performing the dressing change on one of the days it was documented and acknowledged that while she believed she had completed it, she may have forgotten.</p> <p>A second statement by Employee 2 (Licensed Practical Nurse) at 12:03 PM confirmed that the nurse had signed off that the treatment was completed but the care was not fulfilled.</p> <p>During an interview with the Nursing Home Administrator conducted on April 14, 2025, at approximately 1:45 PM, the Administrator confirmed that staff failed to consistently perform wound care in accordance with the physician's orders and that appropriate documentation was not maintained. The facility failed to deliver care in accordance with professional standards of practice.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 201.29(a)(c) Resident Rights</p> <p>28 Pa. Code 211.12(c)(d)(5) Nursing Services</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51306</p> <p>Based on observation, clinical record review, facility policy review, and staff interviews, it was determined the facility failed to ensure the ready availability of necessary emergency dialysis supplies for one of two residents reviewed who received hemodialysis (Resident 48).</p> <p>Findings include:</p> <p>According to the National Kidney Foundation, patients receiving hemodialysis, (a life-sustaining treatment for individuals with kidney failure that removes waste and excess fluids from the blood) must have access to emergency supplies, such as clamps and pressure dressings, in the event of complications such as hemorrhage or catheter dislodgement.</p> <p>A review of the facility policy titled Care of Resident with End Stage Renal Disease, last reviewed in March 2025, indicated that nursing staff will be trained to provide care to dialysis residents, including the ability to recognize and respond to medical emergencies such as hemorrhage or infection.</p> <p>A review of Resident 48's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses to include chronic kidney disease (a condition where the kidneys gradually lose their ability to properly filter blood) and acute kidney failure (occurs when the kidneys suddenly cannot filter waste products from the blood)</p> <p>The clinical record revealed Resident 48 received hemodialysis via a right chest perma-Cath every Tuesday, Thursday, and Saturday. A perma-Cath (permanent dialysis catheter which includes two lumens, arterial and venous, to facilitate blood withdrawal from the patient and carries it to the dialysis machine and returns the blood to the patient from the dialysis machine during dialysis sessions. This type of catheter is typically used for urgent access while awaiting placement of long-term dialysis access)</p> <p>A review of Resident 48's care plan initiated on February 19,2025, included an intervention stating: Emergency kit with pressure dressing, tape, and clamp to be at bedside on the wall. If bleeding from insertion site, apply pressure for 15 minutes, reassess for bleeding. If no bleeding, re-dress area and notify physician. However, the survey team found no evidence during observation that this emergency kit was present or accessible in the resident's room.</p> <p>Observation of Resident 48's room on April 14, 2025, at 1:47 PM, revealed no emergency dialysis supply kit present at the bedside or mounted on the wall. There were no visible emergency clamps or pressure dressings, despite the care plan directive for these supplies to be readily available.</p> <p>An interview conducted at the time of observation with Employee 3, a licensed practical nurse (LPN), confirmed that an emergency kit with the appropriate supplies should have been present and easily accessible in the resident's room, per care plan instructions.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A subsequent interview with the Nursing Home Administrator on April 15, 2025, at 1:50 PM, confirmed the facility policy required emergency kits to be maintained in the rooms of residents receiving hemodialysis to ensure immediate access to supplies in the event of dialysis catheter-related complications.</p> <p>The facility failed to ensure the presence of critical emergency supplies for Resident 48, as required by the resident's individualized care plan.</p> <p>28 Pa. Code 211.12 (d)(3)(5) Nursing services</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48276</p> <p>Based on observation, clinical record review, select facility policy, and staff and resident interviews, it was determined the facility failed to ensure the correct installation of bed rails was implemented for one out of the 28 residents sampled (Resident 33).</p> <p>Findings include:</p> <p>A review of facility policy titled Use of Bed Rails, last reviewed by the facility in March 2025, revealed it is the facility's policy to ensure the safe use of bed rails as resident mobility aids and prohibit the use of bed bedrails as restraints unless necessary to treat a resident's medical condition. The policy indicates manufacturer's instructions for the operation of bed rails will be adhered to.</p> <p>A clinical record review revealed Resident 33 was admitted to the facility on [DATE], with diagnoses that included morbid obesity (a chronic disease that's characterized by a body mass index of 40 or higher, or a body mass index of 35 or higher with obesity-related health issues) and bradycardia (a condition where the heart beats slower than normal).</p> <p>The resident's care plan, initiated on February 21, 2025, documented a self-care performance deficit and included an intervention for use of a bariatric bed with bilateral enablers (bed rails) to assist with mobility and maintain her current level of function throughout the next review.</p> <p>A signed bed rail authorization form dated March 5, 2025, indicated that the interdisciplinary care team recommended the use of bilateral bed rails based on the resident's assessment. The form also documented the resident's informed consent and acknowledgment of the associated risks of bed rail use.</p> <p>A review of a significant change in status Minimum Data Set assessment (MDS-a federally mandated standardized assessment process conducted periodically to plan resident care) dated March 6, 2025, revealed that Resident 33 is cognitively intact with a BIMS score of 14 (Brief Interview for Mental Status- a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13-15 indicates cognition is intact).</p> <p>During an interview on April 13, 2025, at 10:50 AM, Resident 33 the resident stated she requested the bed rails for assistance with repositioning and mobility. However, she reported the rails were loose and shifted when used for support. An observation conducted concurrently revealed the bed rails were visibly unstable and not properly affixed to the bed frame.</p> <p>During an observation and interview on April 13, 2025, at 1:35 PM, the Nursing Home Administrator (NHA) confirmed the bed rails in Resident 33's room were not secured to the bed frame and moved when the resident attempted to use them.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on April 14, 2025, at approximately 12:30 PM, the NHA stated that the bed rails had since been removed from the resident's room. The NHA was unable to provide any documented evidence that the bed rails used were compatible with the bariatric bed frame or that they had been installed in accordance with the manufacturer's specifications. The NHA acknowledged that it is the facility's responsibility to ensure the proper and safe installation of bed rails per manufacturer guidelines.</p> <p>28 Pa. Code 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code 211.10 (d) Resident care policies.</p> <p>28 Pa. Code 211.12 (c)(d)(3)(5) Nursing services.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48276</p> <p>Based on observation, clinical record review, resident and staff interviews, and a review of nurse staffing data, it was determined the facility failed to provide sufficient nursing staff to ensure timely and quality care for 5 of 28 residents sampled (Residents 11, 17, 25, 59, and 97), and failed to ensure adequate response times and care provision as reported by 3 of 6 residents interviewed during a group resident interview (Residents 7, 21, and 41).</p> <p>Findings included:</p> <p>A review of the clinical record revealed that Resident 59 was admitted to the facility on [DATE], with diagnoses to include multiple sclerosis (an immune-inflammatory disease that attacks and damages cells in the central nervous system and causes neurological impairment) and dysphagia (difficulty swallowing).</p> <p>A quarterly Minimum Data Set assessment (MDS-a federally mandated standardized assessment process conducted periodically to plan resident care) dated January 31, 2025, revealed that Resident 59 is moderately cognitively impaired with a BIMS score of 11 (Brief Interview for Mental Status- a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 08-12 indicates moderate cognitive impairment).</p> <p>An interview with Resident 59 on April 13, 2025, at 11:25 AM, indicated that he often waits 30 minutes or longer for care, and the wait times are the longest on the weekend shift. Resident 59 reported that the longest he had to wait was for two hours on a weekend shift. During the resident interview, Resident 59 expressed concerns about staffing levels at the facility, stating that there is not enough staff.</p> <p>A review of the clinical record revealed that Resident 25 was admitted to the facility on [DATE], with diagnoses to include malignant neoplasm (cancer) of the hypopharynx (lowest part of the throat) and has a laryngectomy stoma with a tube (a soft tube that is inserted into an opening in the neck to keep the airway open and facilitate breathing) and also a PEG tube (a feeding tube inserted into the stomach) with bolus feedings.</p> <p>A quarterly MDS assessment dated [DATE], revealed that Resident 25 is cognitively intact with a BIMS score of 14 (a score of 13-15 indicates cognition is intact).</p> <p>An interview with Resident 25 on April 13, 2025, at 11:45 AM, indicated that he often waits 30 minutes or longer for care and believes the facility is not adequately staffed.</p> <p>A clinical record review revealed Resident 11 was admitted to the facility on [DATE], with diagnoses that included cerebral infarction (brain damage that results from a lack of blood). A quarterly MDS assessment dated [DATE], revealed that Resident 11 is cognitively intact with a BIMS score of 14 (a score of 13-15 indicates cognition is intact).</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on April 13, 2025, at 12:30 PM, Resident 11 stated that staff were very slow to respond to call bells and that he routinely waited approximately 30 minutes for assistance. The resident expressed concern that if an emergency were to occur, staff would not arrive in time to provide necessary care. He also stated he sometimes attempts to transfer to the bathroom on his own due to long delays, despite knowing it is unsafe to do so.</p> <p>Clinical record review revealed that Resident 97 was admitted to the facility on [DATE], with diagnoses that included peripheral vascular disease (reduced circulation of blood to a body part) and depression. An admission MDS assessment dated [DATE], indicated that Resident 97 is cognitively intact with a BIMS score of 14 (a score of 13-15 indicates cognition is intact).</p> <p>During an interview with Resident 97 on April 13, 2025, at 12:15 PM, the resident stated that nursing staff do not consistently answer her call bell timely. Resident 97 stated that she often waits greater than 15 minutes, particularly around mealtimes, for staff assistance.</p> <p>During a resident group interview with alert and oriented residents on April 14, 2025, at 10:00 AM, Residents 7, 21, and 41 indicated the lack of nursing staff has negatively affected the care and services they receive at the facility.</p> <p>During the resident group interview, Resident 7 reported routinely waiting 30 minutes or longer for staff to respond to her call bell for assistance. She explained there does not seem to be enough staff to respond timely to residents' needs. Resident 7 indicated that about once a month staff tell her there is not enough staff to give her a shower, so she receives a bed bath instead because of the lack of staffing. Resident 7 explained she loves taking a shower and would take one every everyday if she was able.</p> <p>A clinical record review revealed Resident 7 received 4 showers between March 20, 2025, and April 10, 2025. The clinical record indicated Resident 7 was given a bed bath on March 31, 2025, refused a shower on March 20, 2025, and was not available to be showered on March 27, 2025.</p> <p>During the resident group interview on April 14, 2025, at 10:00 AM, Resident 21 also reported frequent call bell response delays of 30 minutes or longer. She stated the issue had been reported to staff previously but persisted without resolution.</p> <p>A clinical record review revealed Resident 17 was admitted to the facility on [DATE], with diagnoses that included Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination).</p> <p>A review of an annual MDS assessment dated [DATE], revealed that Resident 17 is cognitively intact with a BIMS score of 14 (a score of 13-15 indicates cognition is intact). The MDS assessment indicated Resident 17 is dependent on staff to roll to the left or right while in bed.</p> <p>During an observation on April 15, 2025, at 8:45 AM, Resident 17's call bell light was on, indicating she needed care.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Greenwood Center for Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 149 Lafayette Avenue Tamaqua, PA 18252	
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on April 15, 2025, at 9:05 AM, Resident 17 indicated that she had been waiting for at least 30 minutes for staff to respond to her call bell. She explained she is in pain and needs help turning and repositioning to ease the pain. Resident 17 indicated that the long wait times happen often and seem to be worse on dayshift. She explained that it feels hopeless. Resident 17 indicated that she holds her bowels as long as she can when she has to go to the bathroom.</p> <p>At 9:08 AM, when informed by the surveyor that Resident 17 needed assistance, Employee 6, Nurse Aide (NA), stated she was on break and had not seen the resident's call light. She acknowledged that many residents require two-person assistance and only two staff were assigned to the hallway. She stated that staff were doing their best but could not explain why the resident had waited since at least 8:45 AM for staff assistance for care (at least 23 minutes).</p> <p>A review of facility nurse staffing data revealed the facility failed to meet the state minimum requirement for dayshift nurse aides, evening shift nurse aides, and nurse staff direct care hours on April 15, 2025.</p> <p>During an interview on April 15, 2025, at approximately 12:30 PM, the Nursing Home Administrator (NHA) confirmed that the facility failed to meet the state minimum requirements for nurse aides and nurse staff direct care hours for residents per day. The NHA confirmed that it is the facility's responsibility to provide sufficient nursing staff to provide timely and quality care to each resident. The NHA was unable to explain why residents are reporting untimely staff responses to residents' requests for assistance and care or explain why Resident 17 was observed waiting for at least 23 minutes without a staff member responding to her call bell ring for assistance.</p> <p>28 Pa. Code 201.18 (b)(1)(3)(e)(1)(6) Management.</p> <p>28 Pa. Code 201.29 (a) Resident rights.</p> <p>28 Pa. Code 211.12 (c)(d)(4)(5)(f.1)(3)(i)(2) Nursing services.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48276</p> <p>Based on a review of clinical records and staff interviews, it was determined the facility failed to implement procedures to ensure the timely acquisition and administration of a prescribed medication for one of 28 sampled residents (Resident 74).</p> <p>Findings include:</p> <p>A clinical record review revealed Resident 74 was admitted to the facility on [DATE], with diagnoses that included cerebral infarction (brain damage that results from a lack of blood).</p> <p>Review of an inter-facility transfer after-visit summary dated April 7, 2025, indicated Resident 74 was admitted to the community hospital on April 6, 2025, and discharged back to the facility on [DATE]. The discharge summary included a recommendation for the resident to begin taking gabapentin 100 mg capsules (an anticonvulsant and nerve pain medication), one capsule by mouth three times a day, for pain and discomfort.</p> <p>A review of the resident's medication administration record (MAR) for April 2025 revealed that Resident 74 did not receive any doses of gabapentin until April 13, 2025, at 9:00 PM, six days after the discharge recommendation was provided by the hospital.</p> <p>During an interview on April 14, 2025, at 10:30 AM, Resident 74's representative expressed concern the resident had not received the prescribed gabapentin. The representative stated she had accompanied the resident at the hospital and recalled that gabapentin was prescribed to manage the resident's pain and discomfort following the hospitalization .</p> <p>Further review of the April 2025 MAR indicated that Resident 74's recorded pain levels were consistently zero out of ten from April 7, 2025, through April 13, 2025. However, the physician's order for gabapentin 100 mg by mouth three times a day related to right knee pain was not entered into the resident's clinical record until April 13, 2025.</p> <p>During an interview on April 15, 2025, at approximately 12:30 PM, the Nursing Home Administrator (NHA) acknowledged the facility failed to ensure the attending physician received and acted upon the discharge recommendation from the hospital. The NHA confirmed it was the facility's responsibility to ensure prescribed medications, including those newly ordered after hospitalization , are timely acquired and administered as directed.</p> <p>28 Pa. Code 211.9 (f)(2) Pharmacy services</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services</p>		

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<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>48276</p> <p>Based on observation, a review of the facility's planned menus, and resident and staff interviews, it was determined that the facility failed to accommodate individual food preferences, to the extent possible, to increase resident satisfaction with meals for residents, which included two residents out of the 28 residents sampled (Residents 11 and 60), as expressed by one out of six residents during a resident group interview (Resident 21).</p> <p>Findings include:</p> <p>During an interview on April 13, 2025, at 12:15 PM, Resident 11 indicated that he is consistently served meals that do not match his preferences. He explained that he does not like eggs or Brussels sprouts, but the facility does not honor his preferences. He explained that he has refused his breakfast many times because eggs were served. Resident 11 indicated when they serve Brussels sprouts, he is not offered an alternative vegetable.</p> <p>During an observation on April 13, 2025, at 12:30 PM, Resident 11's lunch meal tray was observed with brussels sprouts. Resident 11's tray had a meal ticket indicating the resident disliked Brussels sprouts and eggs. At the time of the observation, Resident 11 indicated he is upset because the facility continues to send him food he does not like.</p> <p>During a resident group interview with alert and oriented residents on April 14, 2025, at 10:00 AM, Resident 21 indicated there is only one vegetable option per meal. She explained that if the residents do not like that vegetable, there is no other option.</p> <p>An interview with Resident 60 on April 16, 2025, at 10:30 AM revealed he continues to receive broccoli on his meal tray even though he provided his food preferences to the kitchen. Resident 60 stated that his meal ticket says no broccoli, but he continues to receive broccoli when it is on the menu.</p> <p>Observation of Resident 60's meal ticket during an interview with the dietary manager on April 16, 2025, at 11:30 AM confirmed the resident disliked broccoli. The dietary manager confirmed that an alternate vegetable is not offered when broccoli is the planned vegetable on the menu.</p> <p>During an interview on April 16, 2025, at approximately 12:00 PM, the nursing home administrator (NHA) was unable to provide documented evidence that efforts were made to accommodate individual food preferences to the extent possible, including for resident 11 and 60, in order to enhance resident satisfaction with meals.</p> <p>28 Pa. Code 211.6 (a) Dietary services</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 52053</p> <p>Based on observation, clinical record review, and staff interview, it was determined the facility failed to ensure the provision of adaptive dining equipment as prescribed to support safe eating for one of 28 sampled residents (Resident 59).</p> <p>Findings include:</p> <p>A review of the clinical record revealed that Resident 59 was admitted to the facility on [DATE], with diagnoses to include multiple sclerosis (an immune-inflammatory disease that attacks and damages cells in the central nervous system and causes neurological impairment) and dysphagia (difficulty swallowing).</p> <p>A review of Resident 59's comprehensive plan of care dated March 2, 2020, indicated a focus on aspiration precautions. The care plan was revised on September 26, 2024, following a documented choking episode, to include staff-assisted feeding using a small maroon dysphagia spoon (a spoon with a narrow, shallow bowl that promotes more efficient food transfer). The care plan stated that this specific adaptive dining utensil was to be provided on all trays and used during meals. The intervention was recommended by the speech-language pathologist following the episode to support safe and effective swallowing.</p> <p>Further review of a physician's order dated and revised on January 22, 2025, confirmed the resident was to receive meals with a maroon spoon. The order specified use of the maroon spoon at every meal due to dysphagia and risk of aspiration, in conjunction with a prescribed diet of puree texture and honey-thick gravy or broth.</p> <p>Observation conducted on April 15, 2025, at 8:20 AM during breakfast service revealed that Resident 59 was served his meal using a standard silver teaspoon rather than the required prescribed maroon spoon. Employee 5, a nurse aide, was observed feeding the resident with the incorrect utensil.</p> <p>In an interview conducted with Employee 5 at the time of the observation, the employee confirmed the maroon spoon was not on the tray and was not being used during the feeding process.</p> <p>During an interview on April 15, 2025, at approximately 10:00 AM, the Nursing Home Administrator acknowledged the facility failed to ensure the prescribed adaptive equipment (maroon spoon) was provided to the resident and used in accordance with the physician's orders.</p> <p>28 Pa. Code 211.12 (d)(3)(5) Nursing services.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>21738</p> <p>Based on observations and staff interview, it was determined the facility failed to maintain acceptable practices for the storage and service of food to prevent the potential for contamination and microbial growth in food, which increased the risk of food-borne illness in the food and nutrition services department.</p> <p>Findings include:</p> <p>Food safety and inspection standards for safe food handling indicate that everything that comes in contact with food must be kept clean and food that is mishandled can lead to foodborne illness. Safe steps in food handling, cooking, and storage are essential in preventing foodborne illness. You cannot always see, smell, or taste harmful bacteria that may cause illness according to the USDA (The United States Department of Agriculture, also known as the Agriculture Department, is the U.S. federal executive department responsible for developing and executing federal laws related to food).</p> <p>Observation during the initial tour of the kitchen conducted with the facility's dietary manager on April 13, 2025, at 9:30 AM revealed the following unsanitary practices with the potential to introduce contaminants into food and increase the potential for food-borne illness:</p> <p>There were two opened 46-ounce bottles of nectar-thick juice on the shelf in the walk-in refrigerator which were not dated when opened. Review of the manufacturer label revealed directions to use within 10 days after opening.</p> <p>There was also a container of nectar-thick orange juice covered with plastic wrap and a pitcher of nectar-thick milk on the shelf in the walk-in refrigerator which were not dated.</p> <p>The dish dispenser located in the tray line area did not have a cover to protect the dishes located in the dispenser from contaminants.</p> <p>Interview with the dietary manager during the initial tour of the kitchen confirmed the dietary department was to be maintained in a sanitary manner and that foods should be dated and stored in a manner to prevent potential contamination of food and foodborne illness.</p> <p>28 Pa. Code 201.18 (e) (2.1) Management</p> <p>28 Pa. Code 211.6 (f) Dietary Services</p>		