

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/09/2024
NAME OF PROVIDER OR SUPPLIER  William Penn Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2020 Ader Road Jeannette, PA 15644	

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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>46337</p> <p>Based on review of facility financial documents, interviews with vendor and staff, it was determined that the facility failed to pay bills in a timely manner.</p> <p>Findings include:</p> <p>28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations, subsection 201.14(g), dated July 1, 2023, indicated that a facility owner shall pay in a timely manner bills incurred in the operation of a facility that are not in dispute and that are for services without which the residents' health and safety are jeopardized.</p> <p>Review of the Nursing Home Administrator's signed job description dated 9/20/21, indicated the primary purpose of the nursing home administrator is to direct the day-to-day functions of the facility with current federal, state, and local standards, guidelines and regulations that govern nursing facilities to assure that the highest degree of quality care can be provided to our residents at all times.</p> <p>During an interview on 9/9/24, at 9:36 a.m. Kitchen Manager, Employee E1 stated Vendor 1 has cut off services a couple of times. Kitchen Manager, Employee E1 indicated she is not made aware an order cannot be placed prior to placing the order. It was indicated the facility must contact the vendor and pay a certain amount to be able to place the order. It was indicated if there's a delay in delivery the facility utilizes Vendor 2, and stated if I have to go to will-call, I do.</p> <p>Review of facility provided Accounts Payable Ledger on 9/9/24, at 11:42 a.m., indicated Vendor 1 with an outstanding balance of \$1,738.82 for services as of close of period 9-September 2024.</p> <p>During an interview on 9/9/24, at 11:46 a.m., Vendor 1's credit manager indicated the facility outstanding balance from 5/30/24, to 9/7/24, was \$3,068.98. It was indicated if the past due amount is not received by 9/16/24, the account will be put on hold.</p> <p>Review of facility provided Accounts Payable Ledger on 9/9/24, at 12:21 p.m., indicated Vendor 2 with an outstanding balance of \$63,960.45 for services as of close of period 9-September 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
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<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 9/9/24, at 1:08 p.m., the Nursing Home Administrator confirmed the facility failed to pay bills in a timely manner.</p> <p>28 Pa Code: 201.14 (a)(c)(e) Responsibility of management</p> <p>28 Pa Code: 201.18 (b)(1) (e)(1) Management.</p>		