

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  03/26/2025
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46337</p> <p>Based on facility policy and staff interview it was determined that the facility failed to provide medical record access for one of four residents (Resident R1).</p> <p>Findings include:</p> <p>Review of Release of Medical Records dated 1/1/25, indicated medical records will be released with a valid request and in accordance with state and federal laws. Requests for records should be referred to the Director of Nursing or Administrator, or another staff member previously designated by the facility. The facility should request copies of any legal papers necessary to authenticate authority. The legal papers should be attached to the request for records. The corporate office/risk manager should be notified of the request for records. Upon receipt of a request for medical record copies, the facility should notify the requesting party, in writing of the cost for obtaining records and that records are available two days after the receipt of payment for the copies. Records should be assembled in chronological order. When documents are missing, the person assembling the record should make a notation of the items missing.</p> <p>Facility documentation indicated Resident R1 was admitted on [DATE].</p> <p>Review of Resident R1's MDS (minimum data set a periodic assessment of basic needs) dated 1/24/24, revealed diagnoses of dementia (the loss of cognitive functioning-thinking, remembering, and reasoning to such an extent that it interferes with a person's daily life and activities), anxiety disorder, and Alzheimer's disease (a brain condition that slowly damages your memory, thinking, learning and organizing skills. It's the most common cause of dementia.)</p> <p>Review of Resident R1's MDS assessment dated [DATE], indicated the resident was discharged from the facility on 2/28/24. The resident ceased to breathe.</p> <p>During an interview on 3/26/25, at 9:15 a.m. the Nursing Home Administrator stated once the facility receives a medical request in writing, the facility informs the recipient of the cost associated. It was indicated a hard copy or flash drive can be provided for medical records as long as it is a legal request. If the medical request is from a law firm, the facility will obtain the necessary medical records and send it. The NHA stated the facility cannot send Resident R1's medical records because of how thick it is and the facility's copier is broken. The NHA stated the facility has another scanner that can be used off-site to send the records.</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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/26/25, at 9:25 a.m. the NHA indicated a law firm has been requesting Resident R1's medical records.</p> <p>During an interview on 3/26/25, at 9:40 a.m. the NHA confirmed it has been a few months since the facility received the initial request for Resident R1's medical records. The NHA confirmed the facility failed to provide medical record access for one of seven residents (Resident R1).</p> <p>28 Pa. Code 201.29(a)Resident rights.</p>