

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Arbutus Park Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 207 Ottawa Street Johnstown, PA 15904	

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 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>Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents received care and treatment in accordance with professional standards of practice, by failing to ensure that the physician's request to be contacted the following day for a status report after a change in condition for one of five residents reviewed (Resident 1). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated April 16, 2025, revealed that the resident was cognitively impaired and required assistance with daily care needs. A nursing note dated December 25, 2024, at 8:28 p.m. that documented a secure conversation with the physician, revealed that Resident 1 had a coughing fit (a sudden, often violent and uncontrollable, bout of coughing that can be exhausting and painful) after drinking a cup of water with her bedtime medications. It was reported that Resident 1's vital signs were within normal limits and she had no adventitious lung sounds (abnormal sounds heard during auscultation). The physician was asked if he would like a chest x-ray in the coming days. The physician's response on December 25, 2024, at 8:30 p.m. was to monitor and see how she does and decide in the morning if a chest x-ray would be ordered. Review of Resident 1's medical record for December 2024, revealed that there was no documented evidence that the facility contacted the physician the following day for a status report after a change in condition per his request on December 25, 2024. Interview with the Director of Nursing on July 1, 2025, at 12:35 p.m. confirmed that the physician was not contacted the following day for a status report after a change in condition per his request and he should have been. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.</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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