

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395300	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/01/2025
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NAME OF PROVIDER OR SUPPLIER: WEXFORD HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 9850 OLD PERRY HIGHWAY WEXFORD, PA 15090
STATE LICENSE NUMBER: 231202	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0584 SS=D	Based on an Abbreviated Survey in response to three complaints, completed on July 1, 2025, it was determined that Wexford Healthcare Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0584		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0584 SS=D	Continued from page 1 483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all	F 0584	1. Following the surveyor's feedback, facility housekeeping initiated a thorough cleaning of the main lobby coffee bar. 2. Director of Environmental Services will educate housekeeping staff on the cleaning processes and procedures for the main lobby coffee bar. 3. The main lobby coffee bar cleanliness will be audited by the Director of Environmental Services or designee daily 7 days a week for the next three weeks, then weekly for the next 3 weeks, then monthly for the next two months. 4. Results of the findings will be reviewed during Monthly QAPI for the next two months for any recommendations.	Completion Date: 07/30/2025 Status: APPROVED Date: 07/14/2025

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F 0584 SS=D	Continued from page 2 areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:	F 0584		
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F 0584 SS=D	<p>Continued from page 3</p> <p>Based on review of facility policy, observation, and staff interview, it was determined that the facility failed to maintain a clean, safe, and homelike environment for one of one coffee area (first-floor lobby).</p> <p>Findings Include:</p> <p>Review of the facility policy "Resident Rights" last reviewed 3/14/25, indicated it is the policy of this facility to provide resident care that meets the psychosocial, physician and emotional needs and concerns of the resident. Safety of residents, visitors and employees is a top priority of care</p> <p>During an observation completed on 7/1/25, at 9:08 a.m. the first-floor lobby coffee area revealed the following:</p> <ul style="list-style-type: none"> · The ice machine with white substance on catch tray, the counter area under the ice machine had white substance and debris. · The microwave revealed brown splatter debris on inside. 	F 0584		

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F 0584 SS=D	<p>Continued from page 4</p> <ul style="list-style-type: none"> · The sinks plastic shield located over faucet with yellow and brown substances. · The area under sink contained a basket, a washcloth and debris to the left corner as well as scattered on the base of cabinet. · The area under the coffee machine revealed white fuzzy substance underneath as well as a grape. · A step stool splattered with brownish tan substance · The floor with tan debris, paper wrappers and coffee stirrers. · The windowsill had leaf debris under a plant. <p>During an interview completed on 7/1/25, at 9:17 a.m. the receptionist Employee E2 confirmed the above observations and stated, "I don ' t think housekeeping has been here they start at 8:00 a.m."</p> <p>During an interview completed on 7/1/25, at 9:22 a.m. the Nursing Home Administrator confirmed the above observations and that the facility failed to</p>	F 0584		

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F 0584 SS=D	Continued from page 5 maintain a clean, safe, and homelike environment for one of one coffee areas (first-floor lobby). 28 Pa. code: 201.14 (b) Responsibility of licensee. 28 Pa Code: 201.18 (e)(1)(2) Management. 28 Pa Code: 201.29 (a)(c) Resident Rights.	F 0584		
F 0677 SS=D	483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:	F 0677	1. Resident R1 has been discharged and Resident R3 has received a shower as of 07/11/2025. 2. All residents have the potential to be affected by the alleged deficient practice. 15 residents on each unit have been interviewed regarding if they are receiving showers. 3. Director of Nursing or Designee will in-service nursing staff on residents receiving showers at least twice weekly. Director of Nursing or Designee will audit 10 residents shower documentation 5 times weekly for 2 weeks and 3 times weekly for 2 weeks. 4. Director of Nursing or Designee will report in monthly QAPI meetings the results of findings monthly for the next three months and randomly thereafter.	Completion Date: 07/30/2025 Status: APPROVED Date: 07/14/2025

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F 0677 SS=D	<p>Continued from page 6</p> <p>Based on review of facility policy, clinical records, resident interviews and staff interview it was determined that the facility failed to provide assistance with Activity of Daily Living (ADL) involving consistent shower or baths for two out of seven residents (Closed Record (CR) Resident R1 and Resident R3).</p> <p>Findings include:</p> <p>The facility "Routine Resident Care" last reviewed 3/14/25, indicated it is the policy of this facility to promote resident centered care by attending to the total medical, nursing, physical, emotional, mental, social and spiritual needs and honor resident lifestyle preferences while in the care of this facility. Providing routine daily care by a nursing assistant with specialized training including but not limited to maintaining a program for skin care. Routine care includes bathing, dressing, eating and toileting.</p> <p>Review of the clinical record indicated CR Resident R1 was admitted to the facility on 6/4/25.</p>	F 0677		

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F 0677 SS=D	Continued from page 7 Review of CR Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 6/11/25, indicated the diagnosis of anemia (low iron in the blood), gastroesophageal reflux disease (stomach contents flow back up the esophagus) and anxiety. Review of the facility shower schedule indicated that CR Resident R1 would receive showers on Tuesdays and Fridays on the daylight shift. Review of CR Resident R1's documentation survey report for June of 2025, indicated that resident's shower days are scheduled on Tuesday and Fridays on the daylight shift. Further review failed to include documentation to indicate CR Resident R1 received or refused a shower or bed bath on 6/6/25. During an interview completed on 7/1/25, at 1:40 p.m. the Director of nursing confirmed that CR Resident R1 did not receive a shower or bed bath on 6/6/25.	F 0677		

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F 0677 SS=D	Continued from page 8 Review of the clinical record indicated Resident R3 was admitted to the facility on 4/30/24. Review of Resident R3's MDS assessment dated 5/23/25, indicated he had diagnoses that included quadriplegia (paralysis of all four limbs), neuromuscular dysfunction of the bladder (muscle and nerve concerns impacting bladder control), and anxiety disorder (a medical condition creating a sense of acute fear, restlessness, and worry). Review of Resident R3's care plan dated 9/27/24, indicated that he is dependent for bathing and helper does all of the effort. Review of Resident R3's physician orders dated 2/21/25, indicated that it was ok for Resident R3 to shower. Review of Resident R3's shower documentation report and the Treatment Administration Record (TAR) for June 2025, failed to include	F 0677		

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F 0677 SS=D	Continued from page 9 documentation to indicate that Resident R3 received or refused a shower/bed bath on the following dates: 6/5/25 6/9/25 6/23/25 During an interview on 7/1/25, at 9:15 a.m. Resident R3 stated the following: "They have only one nurse aide to help shower me or to get me out on Sunday. Longest have gone without a shower was six weeks. One nurse aide is supposed to have 10-12 residents and there are a lot more residents than that on this hallway. They have a real problem with being understaffed." During an interview completed on 7/1/25, at 12:20 p.m. the Director of Nursing (DON) confirmed that the facility failed to provide assistance with Activity of Daily Living (ADL) involving consistent shower or baths for Resident R3 as required. 28 Pa. Code: 211.12(1) Nursing services.	F 0677		

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F 0677 SS=D	Continued from page 10 28 Pa. Code: 211.10(d) Resident care policies. 28 Pa. Code: 211.12 (2)(5) Nursing services.	F 0677			

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P 5520	<p>Nursing services.</p> <p>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<ol style="list-style-type: none"> 1. NHA or designee to educate staffing coordinator, DON, ADON, Unit Managers and Nursing Supervisors on the minimum state ratio requirements for CNAs. 2. NHA or designee will conduct daily staffing meetings five times per week for the next two months to ensure the state minimum ratio of CNAs are met. 3. NHA or designee will review staffing sheets once per week for the next two months to ensure adequate CNA coverage is scheduled to meet the minimum ratio of CNAs. 4. Facility recruitment/retention efforts include utilizing job postings on company's career website, Indeed and LinkedIn. Company offers competitive wages, benefits within 30 days of employment, tuition reimbursement program, etc. Facility administration holds weekly retention events with activities and food and also has a quarterly employee recognition program. 5. Results of findings will be reviewed during Monthly QAPI for recommendations and until compliance is met. 	<p>Completion Date: 07/30/2025</p> <p>Status: APPROVED</p> <p>Date: 07/14/2025</p>

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P 5520	<p>Continued from page 1</p> <p>Based on review of 3-week nurse staffing documents, resident and a staff interviews, it was determined that the facility failed to provide the State required minimum of one Nurse Aide (NA) per 11 residents on the evening shifts for one out of 21 evening shifts (6/2/25) and failed to provide the State required minimum of one Nurse Aide (NA) per 15 residents on the night shift for one out of 21 night shifts (5/26/25).</p> <p>Findings include:</p> <p>A review of 3-week nurse staffing schedules (5/25/25-5/31/25; 6/1/25-6/7/25; 6/24/25-6/30/25) did not include the State required minimum of Nurse Aides (NA) on the evening shift for the following dates:</p> <table border="0" data-bbox="186 1318 735 1470"> <tr> <td>Evening shift:</td> <td>census</td> <td>present</td> </tr> <tr> <td>required</td> <td></td> <td></td> </tr> <tr> <td>-6/2/25</td> <td>123</td> <td>11.13</td> </tr> <tr> <td>11.18</td> <td></td> <td></td> </tr> </table>	Evening shift:	census	present	required			-6/2/25	123	11.13	11.18			P 5520		
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required																
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P 5520	Continued from page 2 A review of 3-week nurse staffing schedules (5/25/25-5/31/25; 6/1/25-6/7/25; 6/24/25-6/30/25) did not include the State required minimum of Nurse Aides (NA) on the night shift for the following dates: Night shift: census present required -5/26/25 124 6.97 8.27 During an interview on 7/1/25, at 9:15 a.m. Resident R3 stated the following: "One nurse aide is supposed to have 10-12 residents and there are a lot more residents than that on this hallway. They have a real problem with being understaffed." During an exit interview on 7/1/25, at 2:31 p.m. information was disseminated to the Nursing Home Administrator (NHA) and the Director of Nursing (DON) that the facility failed to provide the State required minimum of one Nurse Aide (NA) per 11 residents on the evening shifts for one out of 21	P 5520		

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P 5520	Continued from page 3 evening shifts (6/2/25) and failed to to provide the State required minimum of one Nurse Aide (NA) per 15 residents on the night shift for one out of 21 night shifts (5/26/25) as required.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 4 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	1. NHA or designee to educate staffing coordinator, DON, ADON, Unit Managers and Nursing Supervisors on the minimum state ratio requirements for LPNs. 2. NHA or designee will conduct daily staffing meetings five times per week for the next two months to ensure the state minimum ratio of LPNs are met. 3. NHA or designee will review staffing sheets once per week for the next two months to ensure adequate LPN coverage is scheduled to meet the minimum ratio of LPNs. 4. Facility recruitment/retention efforts include utilizing job postings on company's career website, Indeed and LinkedIn. Company offers competitive wages, benefits within 30 days of employment, tuition reimbursement program, etc. Facility administration holds weekly retention events with activities and food and also has a quarterly employee recognition program. 5. Results of findings will be reviewed during Monthly QAPI for recommendations and until	Completion Date: 07/30/2025 Status: APPROVED Date: 07/14/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395300	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/01/2025
NAME OF PROVIDER OR SUPPLIER: WEXFORD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 9850 OLD PERRY HIGHWAY WEXFORD, PA 15090		
STATE LICENSE NUMBER: 231202				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5530	Continued from page 6 Based on review of nursing time schedules, resident council group interview, resident and staff interviews it was determined that the facility failed to provide a minimum of one licensed practical nurse (LPN) per 40 residents during the night shift on one of 21 days (5/31/25). Findings include: A review of 3-week nurse staffing schedules (5/25/25-5/31/25;6/1/25-6/7/25; 6/24/25-6/30/25) did not include the State required minimum of Licensed Practical Nurses (LPN) on the night shift for the following date: Day shift: census minimal actual -5/31/25 124 3.10 3.00 During an interview on 7/1/25, at 9:15 a.m. Resident R3 stated the following: "One nurse aide is supposed to have 10-12 residents and there are a lot more residents than that on this hallway. They have a real problem with being understaffed."	P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395300	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/01/2025
NAME OF PROVIDER OR SUPPLIER: WEXFORD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 9850 OLD PERRY HIGHWAY WEXFORD, PA 15090		
STATE LICENSE NUMBER: 231202				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5530	Continued from page 7 During an exit interview on 7/1/25, at 2:31 p.m. information was disseminated to the Nursing Home Administrator (NHA) and the Director of Nursing (DON) that the facility failed to provide a minimum of one licensed practical nurse (LPN) per 40 residents on the night shift for one of 21 days (5/31/25) as required.	P 5530		
P 5640		P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395300	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/01/2025
NAME OF PROVIDER OR SUPPLIER: WEXFORD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 9850 OLD PERRY HIGHWAY WEXFORD, PA 15090		
STATE LICENSE NUMBER: 231202				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5640	Continued from page 8 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	1. NHA or designee to educate staffing coordinator, DON, ADON, Unit Managers and Nursing Supervisors on the state required minimum staffing levels of 3.2 hours per patient day. 2. NHA or designee will conduct daily staffing meetings five times per week for the next two months to ensure the state minimum number of general nursing care hours are met. 3. NHA or designee will review staffing sheets once per week for the next two months to ensure adequate nursing coverage is scheduled to meet the minimum number of general nursing care hours. 4. Facility recruitment/retention efforts include utilizing job postings on company's career website, Indeed and LinkedIn. Company offers competitive wages, benefits within 30 days of employment, tuition reimbursement program, etc. Facility administration holds weekly retention events with activities and food and also has a quarterly employee recognition program. 5. Results of findings will be	Completion Date: 07/30/2025 Status: APPROVED Date: 07/14/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395300	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/01/2025
NAME OF PROVIDER OR SUPPLIER: WEXFORD HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 9850 OLD PERRY HIGHWAY WEXFORD, PA 15090		
STATE LICENSE NUMBER: 231202					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE	
P 5640	Continued from page 9	P 5640	reviewed during Monthly QAPI for recommendations and until compliance is met.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395300	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/01/2025
NAME OF PROVIDER OR SUPPLIER: WEXFORD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 9850 OLD PERRY HIGHWAY WEXFORD, PA 15090		
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P 5640	Continued from page 10 Based on a review of nursing time schedules, resident interview, and staff interview it was determined that the facility failed to provide a minimum of 3.20 PPD (per patient daily) hours of direct care for each resident for two out of 21 days reviewed (5/30/25 and 6/30/25). Findings include: Review of staffing documents and nurse schedules for 3 weeks (5/25/25-5/31/25; 6/1/25-6/7/25; 6/24/25-6/30/25) indicated that State required PPD (per patient daily) minimum hours of 3.20 was not met on the following days: 5/30/25=3.15 PPD. 6/30/25=3.14 PPD. During an interview on 7/1/25, at 9:15 a.m. Resident R3 stated the following: "One nurse aide is supposed to have 10-12 residents and there are a lot more residents than that on this hallway. They have a real problem with being understaffed."	P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395300	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/01/2025
NAME OF PROVIDER OR SUPPLIER: WEXFORD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 9850 OLD PERRY HIGHWAY WEXFORD, PA 15090		
STATE LICENSE NUMBER: 231202				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5640	Continued from page 11 During an exit interview on 7/1/25, at 2:31 p.m. information was disseminated to the Nursing Home Administrator (NHA) and the Director of Nursing (DON) that the facility failed to provide a minimum of 3.20 PPD (per patient daily) hours of direct care for each resident for two out of 21 days reviewed (5/30/25 and 6/30/25) as required.	P 5640		



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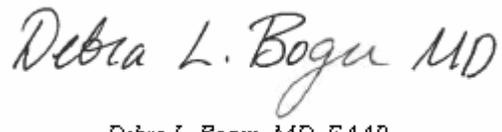
WEXFORD HEALTHCARE CENTER

STATE LICENSE NUMBER: 231202

SURVEY EXIT DATE: 07/01/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY