STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395393	A. BLDG: 00 B. WING:	06/26/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
CEDARWOOD REHABILITATION & HEALTHCARE CENTER STATE LICENSE NUMBER: **050802**	**951 WASHINGTON AVENUE** **TYRONE, PA 16686**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 Based on a complaint survey completed on June 26, 2025, it was determined that Cedarwood Rebabilitation and 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 0000		
F 0558 SS=D		F 0558		

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 0558 SS=D	Continued from page 1 483.10(e)(3) Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by:	F 0558	Plan of Correction: 1. Residents 7,8, & 9 who were in 4th floor dayroom when temperature was identified above 81 degrees Fahrenheit was redirected to climate-controlled area on unit immediately. 2. New window air conditioner unit was installed to maintain safe temperature of 71 degrees Fahrenheit to 81 Degrees Fahrenheit. Within the 4th floor dayroom. Corrective Actions were put into place to ensure the deficient practice does not reoccur. 3. Administrator re-educated Maintenance Director on Facility Policy "Homelike Environment," ensuring that facility will maintain comfortable temperatures between 71 degrees F and 81 degrees F. 4. A scheduled preventative maintenance program was put into place requiring daily temperature checks be completed in the 4th floor dayroom for two weeks, then Audits will be reviewed monthly for the next	Completion Date: **07/14/2025** Status: **APPROVED** Date: **07/10/2025**

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F 0558 SS=D	Continued from page 2	F 0558	3 months, and then randomly thereafter with the results of these audits be brought to the Quality Assurance Performance Improvement committee for further analysis and corrective actions if necessary. Allegation of compliance 7/14/25	

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F 0558 SS=D	Continued from page 3 Based on a review of facility policy and observations, as well as staff interviews, it was determined that the facility failed to ensure that a safe and comfortable environment was maintained for three of nine residents reviewed (Residents 7, 8, 9) who were in the day room with temperatures above 81 degrees Fahrenheit (F). Findings include: Review of the facility policy "Homelike Environment," last reviewed January 30, 2024, indicated that the facility reflected a homelike setting to provide comfortable and safe temperatures between 71 degrees F and 81 degrees F. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 7, dated June 9, 2025, indicated that the resident was severely cognitively impaired, was sometimes understood and was sometimes able to understand others, was	F 0558		

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F 0558 SS=D	Continued from page 4 dependent of staff for care needs, and had diagnoses that included dementia. A quarterly MDS assessment for Resident 8, dated March 24, 2025, indicated that the resident was severely cognitively impaired, was rarely understood and was rarely able to understand others, was dependent of staff for care needs and had diagnoses that included dementia. A quarterly MDS assessment for Resident 9, dated June 9, 2025, indicated that the resident was severely cognitively impaired, was rarely understood and was rarely able to understand others, was dependent of staff for care needs and had diagnoses that included dementia. Observations of Residents 7, 8, and 9, who were in the fourth floor day room on June 26, 2025, at 1:43 p.m. revealed a room temperature of 83.9 degrees F. All three residents were sitting in wheelchairs with their eyes closed. At 2:09 p.m., Residents 8 and 9 were removed from the room at 2:09 p.m.	F 0558		

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F 0558 SS=D	Continued from page 5 and Resident 8's face appeared clammy. Resident 7 was removed from the room at 2:15 p.m. and her face was flushed and pink. Interview with the Maintenance Director on June 26, 2025, at 11:30 a.m. revealed that an audit of all PTAC units (packaged terminal air conditioner - units used to heat or cool a room.) was conducted on June 24, 2025. and determined that there were multiple PTAC units in the building that were not functioning, including the fourth floor day room. Interview with the Nursing Home Administrator on June 26, 2025, at 3:20 p.m. indicated that the resident common areas should be within safe temperatures, and he was currently looking into purchasing new units to replace the ones that were not functioning. 28 Pa. Code 201.14(a)(c)(e) Responsibility of Licensee. 28 Pa. Code 201.18(b)(1)(3)(e)(1) Management.	F 0558		

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F 0558 SS=D	Continued from page 6 28 Pa. Code 211.10(d) Resident Care Policies.	F 0558		

Certified End Page

CEDARWOOD REHABILITATION & HEALTHCARE CENTER

STATE LICENSE NUMBER: 050802

SURVEY EXIT DATE: 06/26/2025

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
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