

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395604	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/20/2026
NAME OF PROVIDER OR SUPPLIER: GREENE HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 119 INDUSTRIAL PARK ROAD GREENSBURG, PA 15601		
STATE LICENSE NUMBER: 073502				
(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 Based on a revisit survey completed on April 20, 2026 it was determined that Greene Health and Rehab corrected the federal deficiencies cited during the survey of February 4, 2026 under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities; and continued to be out of compliance with the following requirements of 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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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P 5520		P 5520		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

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P 5520	Continued from page 1 Nursing services. (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. This REGULATION is not met as evidenced by:	P 5520	1. Actions taken for the situation identified: The facility cannot retroactively address the incidents. No residents were adversely affected. 2. How the facility will act to protect residents in similar situations: The facility will schedule, monitor and manage the nursing staff ratios to meet the requirements 3. System changes and measures to be taken: The Nursing Home Administrator has reviewed the required ratios with the Director of Nursing and other staff responsible for nursing staff scheduling. Daily staffing meetings are being held two times daily to review the scheduled staffing hours per patient day and ratios for the current and upcoming day(s) to ensure that the facility meets the requirements. 4. Monitoring mechanisms to assure	Completion Date: 05/11/2026 Status: APPROVED Date: 05/04/2026

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P 5520	Continued from page 2	P 5520	<p>compliance:</p> <p>The Nursing Home Administrator/designee will conduct audits of the nursing staff ratios to determine compliance weekly for four (4) weeks then monthly for two (2) months. Noted areas of non-compliance will be addressed upon discovery. Audit results will be reviewed through monthly Quality Assurance Performance Improvement Committee meetings, and further action plans and audits will continue until substantial compliance is achieved. Ongoing self-monitoring will help to ensure facility continues to meet quality standards.</p> <p>5. Date Corrective Action will be completed:</p> <p>Substantial compliance is expected by 5/11/2026</p>	

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P 5520	Continued from page 3 Based on review of nursing schedules and staffing information furnished by the facility, and staff interview, it was determined that the facility failed to provide a minimum of one nurse aide (NA) per 10 residents on the day shift for 17 of 21 days reviewed, and failed to provide one NA per 11 residents on the evening shift for 4 of 21 days, and failed to provide a minimum of one NA per 15 residents on the night shift for 4 of 21 days reviewed for March 8 through 14, March 22 through 28, and April 5 through 11, 2026. Findings include: Review of facility census data revealed that on March 8, 2026, the facility census was 105, which required 10.50 NA's during the day shift. Review of the nursing time schedules revealed 8.10 NA's provided care on the day shift on March 8, 2026. Review of facility census data revealed that on March 9, 2026, the facility census was 105, which required 10.30 NA's during the day shift. Review of	P 5520		

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P 5520	Continued from page 4 the nursing time schedules revealed 6.88 NA's provided care on the day shift on March 9, 2026. Review of facility census data revealed that on March 12, 2026, the facility census was 105, which required 10.50 NA's during the day shift. Review of the nursing time schedules revealed 7.03 NA's provided care on the day shift on March 12, 2026. Review of facility census data revealed that on March 13, 2026, the facility census was 105, which required 10.50 NA's during the day shift. Review of the nursing time schedules revealed 6.89 NA's provided care on the day shift on March 13, 2026. Review of facility census data revealed that on March 14, 2026, the facility census was 105, which required 10.50 NA's during the day shift. Review of the nursing time schedules revealed 8.16 NA's provided care on the day shift on March 14, 2026. Review of facility census data revealed that on March 22, 2026, the facility census was 101, which	P 5520		

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P 5520	Continued from page 5 required 10.10 NA's during the day shift. Review of the nursing time schedules revealed 8.15 NA's provided care on the day shift on March 22, 2026. Review of facility census data revealed that on March 23, 2026, the facility census was 101, which required 10.10 NA's during the day shift. Review of the nursing time schedules revealed 9.25 NA's provided care on the day shift on March 23, 2026. Review of facility census data revealed that on March 24, 2026, the facility census was 102, which required 10.20 NA's during the day shift. Review of the nursing time schedules revealed 9.07 NA's provided care on the day shift on March 24, 2026. Review of facility census data revealed that on March 25, 2026, the facility census was 103, which required 10.30 NA's during the day shift. Review of the nursing time schedules revealed 8.60 NA's provided care on the day shift on March 25, 2026. Review of facility census data revealed that on	P 5520		

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P 5520	Continued from page 6 March 26, 2026, the facility census was 105, which required 10.50 NA's during the day shift. Review of the nursing time schedules revealed 10.15 NA's provided care on the day shift on March 26, 2026. Review of facility census data revealed that on March 27, 2026, the facility census was 106, which required 10.60 NA's during the day shift. Review of the nursing time schedules revealed 8.65 NA's provided care on the day shift on March 27, 2026. Review of facility census data revealed that on April 5, 2026, the facility census was 108, which required 10.80 NA's during the day shift. Review of the nursing time schedules revealed 9.81 NA's provided care on the day shift on April 5, 2026. Review of facility census data revealed that on April 6, 2026, the facility census was 108, which required 10.80 NA's during the day shift. Review of the nursing time schedules revealed 7.04 NA's provided care on the day shift on April 6, 2026.	P 5520		

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P 5520	Continued from page 7 Review of facility census data revealed that on April 7, 2026, the facility census was 108, which required 10.80 NA's during the day shift. Review of the nursing time schedules revealed 9.05 NA's provided care on the day shift on April 7, 2026. Review of facility census data revealed that on April 8, 2026, the facility census was 109, which required 10.90 NA's during the day shift. Review of the nursing time schedules revealed 10.64 NA's provided care on the day shift on April 8, 2026. Review of facility census data revealed that on April 9, 2026, the facility census was 109, which required 10.90 NA's during the day shift. Review of the nursing time schedules revealed 8.70 NA's provided care on the day shift on April 9, 2026. Review of facility census data revealed that on April 11, 2026, the facility census was 109, which required 10.90 NA's during the day shift. Review of the nursing time schedules revealed 10.86 NA's provided care on the day shift on April 11, 2026.	P 5520		

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P 5520	Continued from page 8 Review of facility census data revealed that on March 8, 2026, the facility census was 105, which required 9.55 NA's during the evening shift. Review of the nursing time schedules revealed 8.81 NA's provided care on the evening shift on March 8, 2026. Review of facility census data revealed that on March 13, 2026, the facility census was 105, which required 9.55 NA's during the evening shift. Review of the nursing time schedules revealed 8.21 NA's provided care on the evening shift on March 13, 2026. Review of facility census data revealed that on March 14, 2026, the facility census was 105, which required 9.55 NA's during the evening shift. Review of the nursing time schedules revealed 8.62 NA's provided care on the evening shift on March 14, 2026. Review of facility census data revealed that on	P 5520		

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P 5520	Continued from page 9 March 28, 2026, the facility census was 107, which required 9.73 NA's during the evening shift. Review of the nursing time schedules revealed 9.31 NA's provided care on the evening shift on March 28, 2026. Review of facility census data revealed that on March 11, 2026, the facility census was 104, which required 6.93 NA's during the night shift. Review of the nursing time schedules revealed 6.13 NA's provided care on the night shift on March 11, 2026. Review of facility census data revealed that on March 14, 2026, the facility census was 105, which required 7.00 NA's during the night shift. Review of the nursing time schedules revealed 6.09 NA's provided care on the night shift on March 14, 2026. Review of facility census data revealed that on March 22, 2026, the facility census was 101, which required 6.73 NA's during the night shift. Review of the nursing time schedules revealed 6.68 NA's provided care on the night shift on March 22, 2026.	P 5520		

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P 5520	Continued from page 10 Review of facility census data revealed that on March 27, 2026, the facility census was 106, which required 7.07 NA's during the night shift. Review of the nursing time schedules revealed 6.42 NA's provided care on the night shift on March 27, 2026. There were no additional excess higher-level staff available to compensate for these deficiencies. Interview with the Administrator on April 20, 2026, at 8:52 a.m. confirmed that the facility did not meet the required NA-to-resident staffing ratios for the days listed above.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 11 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. Actions taken for the situation identified: The facility cannot retroactively address the incidents. No residents were adversely affected. 2. How the facility will act to protect residents in similar situations: The facility will schedule, monitor and manage the nursing staff ratios to meet the requirements 3. System changes and measures to be taken: The Nursing Home Administrator has reviewed the required ratios with the Director of Nursing and other staff responsible for nursing staff scheduling. Daily staffing meetings are being held to review the scheduled hours per patient day and ratios for the current and upcoming day(s) to ensure that the facility meets the requirements. 4. Monitoring mechanisms to assure compliance:	Completion Date: 05/11/2026 Status: APPROVED Date: 05/04/2026

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P 5530	Continued from page 12	P 5530	<p>The Nursing Home Administrator/designee will conduct audits of the nursing staff ratios to determine compliance weekly for four (4) weeks then monthly for two (2) months. Noted areas of non-compliance will be addressed upon discovery. Audit results will be reviewed through monthly Quality Assurance Performance Improvement Committee meetings, and further action plans and audits will continue until substantial compliance is achieved. Ongoing self-monitoring will help to ensure facility continues to meet quality standards.</p> <p>5. Date Corrective Action will be completed:</p> <p>Substantial compliance is expected by 5/11/2026</p>	

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P 5530	Continued from page 13 Based on review of nursing schedules and staffing information furnished by the facility, as well as staff interview, it was determined that the facility failed to ensure a minimum of one Licensed Practical Nurse (LPN) per 25 residents on the day shift for six of 14 days from March 8 through 14 and April 5 through 11, 2026, failed to ensure a minimum of one LPN per 30 residents on the evening shift for one of seven days from March 8 through 14, 2026 , and failed to ensure a minimum of one LPN per 40 residents on the night shift for one of seven days from March 8 through 14, 2026. Findings include: Review of facility census data indicated that on March 8, 2026, the facility census was 105, which required 4.20 LPN's during the day shift. Review of the nursing time schedules revealed 1.80 LPN's provided care on the day shift on March 8, 2026. Review of facility census data indicated that on March 9, 2026, the facility census was 103, which	P 5530		

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P 5530	Continued from page 14 required 4.12 LPN's during the day shift. Review of the nursing time schedules revealed 4.00 LPN's provided care on the day shift on March 9, 2026. Review of facility census data indicated that on March 12, 2026, the facility census was 103, which required 4.12 LPN's during the day shift. Review of the nursing time schedules revealed 4.00 LPN's provided care on the day shift on March 12, 2026. Review of facility census data indicated that on March 14, 2026, the facility census was 105, which required 4.20 LPN's during the day shift. Review of the nursing time schedules revealed 4.03 LPN's provided care on the day shift on March 14, 2026. Review of facility census data indicated that on April 6, 2026, the facility census was 108, which required 4.32 LPN's during the day shift. Review of the nursing time schedules revealed 4.00 LPN's provided care on the day shift on April 6, 2026. Review of facility census data indicated that on April	P 5530		

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P 5530	<p>Continued from page 15</p> <p>9, 2026, the facility census was 108, which required 4.36 LPN's during the day shift. Review of the nursing time schedules revealed 4.06 LPN's provided care on the day shift on April 9, 2026.</p> <p>Review of facility census data indicated that on March 8, 2026, the facility census was 105, which required 3.50 LPN's during the evening shift. Review of the nursing time schedules revealed 3.44 LPN's provided care on the evening shift on March 8, 2026.</p> <p>Review of facility census data indicated that on March 13, 2026, the facility census was 105, which required 2.63 LPN's during the night shift. Review of the nursing time schedules revealed 2.06 LPN's provided care on the night shift on March 13, 2026.</p> <p>There were no additional excess higher-level staff available to compensate for these deficiencies.</p> <p>Interview with the Administrator on April 20, 2026, at 8:52 a.m. confirmed that the facility did not meet</p>	P 5530		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395604	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/20/2026
NAME OF PROVIDER OR SUPPLIER: GREENE HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 119 INDUSTRIAL PARK ROAD GREENSBURG, PA 15601		
STATE LICENSE NUMBER: 073502				
(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 16 the required LPN-to-resident staffing ratios for the days listed above.	P 5530		
P 5640		P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395604	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/20/2026
NAME OF PROVIDER OR SUPPLIER: GREENE HEALTH & REHAB CENTER STATE LICENSE NUMBER: 073502		STREET ADDRESS, CITY, STATE, ZIP CODE: 119 INDUSTRIAL PARK ROAD GREENSBURG, PA 15601		
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P 5640	Continued from page 17 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. Actions taken for the situation identified: The facility cannot retroactively address the incidents. No residents were adversely affected. 2. How the facility will act to protect residents in similar situations: The facility will schedule, monitor and manage the nursing direct care hours to meet the requirements 3. System changes and measures to be taken: The Nursing Home Administrator has reviewed the required hours per patient day requirements with the Director of Nursing and other staff responsible for nursing staff scheduling. Daily staffing meetings are being held to review the staffing hour per patient day and ratios for the current and upcoming day(s) to ensure that the facility meets the requirements. 4. Monitoring mechanisms to assure	Completion Date: 05/11/2026 Status: APPROVED Date: 05/04/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395604	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/20/2026
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P 5640	Continued from page 18	P 5640	<p>compliance:</p> <p>The Nursing Home Administrator/designee will conduct audits of the nursing staff direct care hours to determine compliance weekly for four (4) weeks then monthly for two (2) months. Noted areas of non-compliance will be addressed upon discovery. Audit results will be reviewed through monthly Quality Assurance Performance Improvement Committee meetings, and further action plans and audits will continue until substantial compliance is achieved. From that point forward, ongoing self-monitoring will help to ensure facility continues to meet quality standards.</p> <p>5. Date Corrective Action will be completed:</p> <p>Substantial compliance is expected by 05/11/2026</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395604	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/20/2026
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P 5640	Continued from page 19 Based on review of staffing information furnished by the facility and staff interviews, it was determined that the facility failed to provide 3.20 hours of direct resident care for each resident for 12 of 21 days (24-hour periods) reviewed. Findings include: Nursing time schedules provided by the facility for the days of March 8 through 14, March 22 through 28, and April 5 through 11, 2026, revealed that the facility provided only 2.58 hours of direct care for each resident on March 8, 2026; 3.00 hours of direct care for each resident on March 9, 2026; 2.98 hours of direct care for each resident on March 12, 2026; 2.80 hours of direct care for each resident on March 13, 2026; 2.74 hours of direct care for each resident on March 14, 2026; 3.01 hours of direct care for each resident on March 22, 2026; 2.91 hours of direct care for each resident on March 27, 2026; 3.15 hours of direct care for each resident on March 28, 2026; 3.08 hours of direct care for each resident on April 5, 2026; 2.89 hours	P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395604	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2026
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P 5640	Continued from page 20 of direct care for each resident on April 6, 2026; 3.15 hours of direct care for each resident on April 7, 2026; and 3.02 hours of direct care for each resident on April 9, 2026. Interview with the Nursing Home Administrator on April 20, 2026, at 8:52 a.m. confirmed that the facility did not meet the required daily direct resident care hours on the days listed above.	P 5640			



Certified End Page

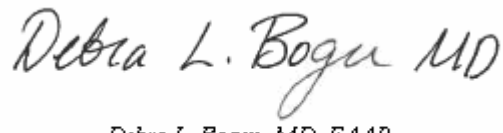
GREENE HEALTH & REHAB CENTER

STATE LICENSE NUMBER: 073502

SURVEY EXIT DATE: 04/20/2026

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

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