

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395661	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER Casselman Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Hospital Drive Meyersdale, PA 15552	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to revise/update care plans after an incident for one of 5 residents reviewed (Resident 2). Findings include: The facility's policy regarding care plans, dated April 7, 2025, indicated that the care plan will be reviewed and revised to reflect changes in the resident's status. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated August 21, 2025, indicated that the resident was cognitively intact, could understand and was understood, required assistance from staff for her daily care needs and had diagnoses that included, morbid obesity, anxiety and chronic migraines. A care plan, revised July 14, 2025, indicated that Resident 1 had the potential to be verbally aggressive related to ineffective coping skills. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated August 3, 2025, indicated that the resident was severely cognitively impaired, makes himself understood and rarely understands, required assistance from staff for his daily care needs and had diagnoses that included, paranoid schizophrenia and intellectual disabilities. A care plan, revised February 7, 2025, indicated that Resident 2 had the potential to be physically aggressive (hitting others), a history of harm to others and poor impulse control. Nursing notes dated September 3, 2025, indicated that Resident 1 and Resident 2 had an altercation/incident in the 3 west hallway. Resident 1 was in her electric wheel chair attempting to pass Resident 2 who was in his wheelchair. The residents came in close proximity to each other and Resident 2 hit Resident 1 on the arm six times. A review of Resident 2's care plan revealed no documented evidence that new interventions were attempted or implemented after the incident on September 3, 2025, to prevent similar incidents of physical abuse in the future. Interview with the Nursing Home Administrator on September 17, 2025, at 3:05 p.m. indicated that in her viewpoint, the facility was following the care plan and was not sure what other intervention they could put in place to prevent him from further altercations with Resident 1 or other residents. 28 Pa. Code 211.11(d) Resident care plan.</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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to serve food that was palatable and at safe and appetizing temperatures. Findings include: The facility's policy regarding food safety requirements, dated April 7, 2025 indicated that foods and beverages shall be distributed and served in a manner that is palatable, and the temperatures will be at the recommended temperatures per the Federal Food Code temperature Requirements which states that hot food must be held at 135 degrees Fahrenheit or higher. Observations in the kitchen for the lunch meal service on September 17, 2025, at 11:31 a.m. revealed that a test tray left the kitchen and arrived on the west wing at 12:01 p.m. The lunch meal on September 17, 2025, consisted of baked fish, rice, and mixed vegetables. Trays were passed to the residents in their rooms, and the last resident was served and eating at 12:06 p.m. The test tray on September 17, 2025, at 12:06 p.m. revealed that the temperature of the baked fish was 122.8 degrees Fahrenheit, rice was 143.3 degrees Fahrenheit, the mixed vegetables were 119.0 degrees Fahrenheit, the mechanically altered fish was 144.3 degrees Fahrenheit, and the mechanically altered rice was 147.1 degrees Fahrenheit. The mixed vegetables were cold and unpalatable and the fish was not at the appropriate holding temperature. Interview with the Dietary Director on September 17, 2025, at 12:09 p.m. confirmed that food should be served at correct temperatures and be palatable.</p>		