STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395045	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Rehabilitation and Senior Living Ctr	2050 Trevorton Road Coal Township, PA 17866

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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 19719 Based on a review of select facility policies and procedures, clinical record review, and resident and staff interview, it was determined that the facility failed to protect a resident's right to be free from neglect by staff that resulted in actual harm with a serious injury of an ankle fracture for one of 10 residents reviewed (Resident 1). Findings include: The facility policy entitled, Resident Abuse and Neglect Prevention Program, last reviewed July 24, 2024, revealed that each resident has the right to be free from verbal, sexual, physical, and mental abuse. Management and staff are jointly and individually responsible to ensure each resident will be free from abuse, neglect, and misappropriation of property. The facility has a plan in place to assure appropriate steps are taken to protect each resident from mistreatment, neglect, abuse, and misappropriation of property. The policy defines neglect as the failure to provide goods and services necessary to avoid physical harm. Clinical record review for Resident 1 revealed nursing documentation dated October 7, 2024, at 9:27 PM that she was lowered to the floor in the shower room. Resident 1 complained of left leg discomfort at this time. Nursing documentation dated October 9, 2024, at 2:52 PM revealed that Resident 1 was requesting to get an x-ray of her left foot. The facility received a physician's order for Resident 1 to get an x-ray on October 11, 2024, which showed a nondisplaced fracture of her left ankle. Nursing documentation dated October 16, 2024, at 10:34 PM revealed that Resident 1 returned from her orthopedic appointment with new orders to wear a left leg immobilizing boot. Resident 1 is to return for an orthopedic appointment in six weeks. Review of Resident 1's clinical record revealed that the facility admitted her on May 28, 2024. A Minimum Data Set Assessment (MDS, a form completed at specific intervals to determine care needs) dated September 2, 2024, indicated that the facility determined that she was cognitively intact. Review of Resident 1's task list (a list of care tasks to be performed) indicated that starting May 31, 2024, Resident 1 was assessed to require the assistance of two staff members for all care every shift. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Review of Resident 1's plan of care dated June 3, 2024, indicated that Resident 1 required the assistance of two staff members for all care. Interview with Resident 1, on November 15, 2024, at 10:00 AM revealed that Employee 1, nurse aide, insisted on completing her shower by herself despite Resident 1 telling Employee 1 several times that she required the assistance of two caregivers. Resident 1 indicated that Employee 1 said, It will be okay, let's just get it done. Resident 1 indicated that Employee 1 transferred her to a shower chair by herself, and when the shower was completed, Employee 1 asked Resident 1 to stand to dry her off. Resident 1 indicated that as soon as she tried to stand, she fell to the ground. Resident 1 indicated that is when Employee 1 went to get help. Resident 1 also indicated that she feels like the pain in her ankle is getting worse and not better. Review of the facility's investigation into Resident 1's fall on October 7, 2024, revealed a witness statement by Employee 1 dated October 10, 2024, indicating that she was aware Resident 1 required the assistance of two staff members but provided Resident 1 a shower on her own anyway. Interview with the Director of Nursing and Employee 2 (assistant director of nursing) on November 15, 2024, at 12:45 PM confirmed that the facility could not provide evidence that the facility implemented any measures after Resident 1's incident that occurred on October 7, 2024, to ensure that staff received training on the number of staff members needed to ensure the physical health of all its residents. The facility only indicated that Employee 1 could not return to the facility for assignments. The facility failed to ensure care was provided in a safe manner to Resident 1, resulting in a fracture. 483.12 Freedom from Abuse, Neglect and Exploitation Previously cited 7/24/24 28 Pa. Code 201.14 (a) Responsibility of licensee 28 Pa. Code 201.18 (b)(1)(2)(e)(1) Management 28 Pa. Code 201.19(6)(7)(8) Personnel policies and procedures 28 Pa. Code 201.29 (a)(c) Resident rights 28 Pa. Code 211.12(c)(d)(1)(5) Nursing services