

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Rehabilitation and Senior Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to maintain clinical records that were complete, accurate, and readily accessible for one of five residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>Clinical record review for Resident 1 revealed a diagnoses list that included a pressure ulcer of the right heel.</p> <p>Further clinical record review for Resident 1 revealed current physician orders for treatment and wound care related to the pressure ulcer of the right heel.</p> <p>Resident 1's current care plan revealed the resident has actual and potential for pressure ulcer development related to immobility and an unstageable pressure ulcer right heel.</p> <p>A wound care consultation appointment for Resident 1 dated May 5, 2025, revealed the resident has an unstageable right heel pressure injury. The assessment and plan from the medical provider noted the following: Offloading; continue anterior wedge shoe to right for all weight bearing and hold off on weight bearing PT (physical therapy) for now until wound heals.</p> <p>A wound care consultation appointment for Resident 1 dated May 23, 2025, revealed that the resident was seen for follow-up. Documentation noted, Facility still having patient undergo wt (weight) bearing PT despite my recommendation at last visit to hold off on wt bearing exercises to improve offloading. The documentation further noted in bold lettering to Hold off on wt bearing PT for now until wound heals. Documentation also noted a PRAFO boot (a special type of medical device worn on the foot to help to control movement and/or reduce pressure) on right lower extremity while weight bearing and non-weight bearing (obtain today).</p> <p>Physical therapy documentation for Resident 1 dated May 6, 2025, noted a precaution as weight bearing as tolerated right lower extremity. Documentation further revealed that the resident reported that he was told by the doctor that he can't leave his bed for the next seven days and cannot put any weight on his right foot. The documentation also noted physical therapy staff spoke with nursing regarding the resident reports of being unable to get out of bed with nursing reporting that this is not the case.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Rehabilitation and Senior Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Physical therapy documentation for Resident 1 dated May 13, 2025, noted a precaution as weight bearing as tolerated right lower extremity. Documentation further noted the resident was able to ambulate 250 feet with a rolling walker and contact guard/minimal assistance wearing the heel off-loading shoe on his right foot approximately a week ago, but now reporting that he was told by his doctor that he needs to stay in bed for a week and not walk on his foot, but nursing staff reported no orders were received by the physician.</p> <p>Physical therapy documentation for Resident 1 dated May 16, 2025, noted a precaution as weight bearing as tolerated right lower extremity. The documentation revealed that the resident ambulated with a rolling walker and minimal assistance of one and chair follow. He utilized the heel off-loading shoe and tolerated distances up to 110 feet.</p> <p>Physical therapy documentation for Resident 1 dated May 21, 2025, noted a precaution as weight bearing as tolerated right lower extremity. Documentation further noted the resident ambulated with a rolling walker and minimal assistance of one with chair follow and tolerated distances up to 40 feet. The resident utilized a right heel off-loading shoe.</p> <p>Physical therapy documentation for Resident 1 dated May 22, 2025, noted a precaution as weight bearing as tolerated right lower extremity. The documentation revealed the resident had ambulation distances of 40-250 feet using a rolling walker and contact guard/minimal assistance. A complexity included that the resident continued reports of right heel pain.</p> <p>An interview with Employee 1, Director of Rehabilitation, on May 28, 2025, at 1:07 PM revealed that Resident 1 is non-weight bearing on the right foot per the wound care consultation appointments and the correspondence was just received today. Employee 1 further noted the resident was refusing the weight bearing exercises (such as ambulation) because he could not tolerate it, and the facility was using a wedge shoe to relieve pressure on the heel.</p> <p>Further clinical record review for Resident 1 revealed the following orders dated May 28, 2025: Utilize a wheelchair for stand pivot transfers to the toilet; PRAFO boot to be worn on the right lower extremity and regular shoe on the left foot for transfers and no ambulation at this time; and assist of one with rolling walker wearing PRAFO on right lower extremity for transfers only and no ambulation at this time.</p> <p>A review of Resident 1's task list (located in the electronic health record where staff document specific care related events for a resident) revealed the following tasks entered May 28, 2025: use wheelchair for stand/pivot transfers to toilet; no ambulation in room due to restrictions per the physician; assist of one with a rolling walker wearing PRAFO on right foot and regular shoe on the left foot; and special instructions/restrictions of no ambulation permitted at this time due to right heel pressure ulcer.</p> <p>Further review of Resident 1's care plan, tasks, and physician orders revealed no evidence that the recommendations made by the medical provider at the wound care consultation appointments were transcribed to the resident's medical record after the resident's appointments on May 5 and 23, 2025. Or that physical therapy staff were made aware of the recommendations until May 28, 2025, as per the interview with Employee 1.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Rehabilitation and Senior Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Director of Nursing on May 28, 2025, at 2:45 PM revealed that there were no additional orders or tasks located in Resident 1's chart to indicate the recommendations from the wound care consultation appointments were transcribed from the consultation report to the electronic medical record, which should have been completed by nursing staff upon the resident returning from the appointments.</p> <p>The above information was reviewed in a meeting with the Nursing Home Administrator and Director of Nursing on May 28, 2025, at 3:45 PM.</p> <p>28 Pa. Code 211.5(f) Medical records</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		