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	02/26/2026

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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to provide written notice, including the reason for the change, prior to moving a resident to another room, for 2 of 3 residents reviewed for room moves (Residents CR2 and 3).Findings include: Review of Resident CR2's closed clinical record revealed that the facility admitted him on September 28, 2025, to the B-wing unit. A social service progress note dated January 12, 2026, at 4:29 PM revealed that social service received a notice from the interdisciplinary team to discuss a room move with Resident CR2 to one of the facility's long term care units. The note indicated that social service went to see Resident CR2 on this date, after he returned from his dialysis (a treatment for kidney failure that filters the waste and excess fluid from the blood when the kidneys can no longer function) treatment, to discuss the room move and staff on the wing stated that he was already moved to long term care unit F. Interview with the Nursing Home Administrator on February 26, 2026, at 11:00 AM revealed that the resident was provided with a written notice of his room move. She provided the surveyor with a printed notice that had the resident's last name and first initial in the [NAME] corner. The form indicated that the notice was to inform Resident CR2 that he was being moved to F-wing, as discussed with him, and/or his family/responsible party. The notice was not dated. The notice did not indicate the reason for the room move. Interview with the Nursing Home Administrator on February 26, 2026, at 1:30 PM confirmed that the notice provided to Resident CR2 did not indicate the reason for the room move and that the facility did not provide Resident CR2's family/responsible party with a written notification of the room move and the reason for the room move. Clinical record review revealed the facility admitted Resident 3 on May 10, 2025, to room F15-2. A social service progress note dated February 17, 2026, at 12:01 PM revealed a message was left for Resident 3's daughter about the facility moving Resident 3 to room F25-1. The social worker told Resident 3's daughter to call with any questions or concerns. Interview with the Nursing Home Administrator on February 26, 2026, at 11:00 AM revealed that Resident 3 was provided with a written notice of her room move. The Nursing Home Administrator provided the surveyor with a printed notice that had the resident's last name and first initial in the [NAME] corner. The form indicated that the notice was to inform Resident 3 that she was being moved to room F25-1, as discussed with her, and/or her family/responsible party. The notice was not dated or indicate the reason for the room move. Further interview with the Nursing Home Administrator on February 26, 2026, at 1:30 PM confirmed that the notice provided to Resident 3 did not indicate the reason for the room move, nor did the facility did not provide Resident 3's family/responsible party with a written notification of the room move and the reason for the room move. The facility failed to provide a written notice of a room move that included the reason for the room move to Residents CR2 and 3, and their family/responsible parties. The Nursing Home Administrator and Director of Nursing were made aware of the concerns related to room moves for Residents CR2 (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
	395045	A. Building B. Wing	02/26/2026

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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and 3 during a meeting on February 26, 2026, at 2:15 PM. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 211.12(d)(5) Nursing services

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	02/26/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to notify the responsible party of a resident's change in condition requiring hospitalization for one of 12 residents reviewed (Resident CR2). Findings include: Clinical record review revealed the facility admitted Resident CR2 on [DATE]. Nursing documentation dated [DATE], at 11:03 AM noted the facility received a call from dialysis noting Resident CR2 complained of weakness prior to hemodialysis (medical treatment that filters waste and excess fluids from the blood when the kidneys can no longer perform this function effectively). Documentation revealed Resident CR2's fasting blood sugar (measures the amount of glucose in your bloodstream, when it is at its lowest) was 48 (generally recommended to be between 70 and 180 milligrams per deciliter). Resident CR2 was sent to the emergency room for evaluation. Further review of Resident CR2's closed clinical record revealed nursing documentation dated [DATE], at 11:30 AM noting the facility received a call from the physician at the emergency room, and all questions were answered. emergency room physician informed the nurse that Resident CR2's blood sugars and blood pressures were rising and dropping. Nursing documentation dated February 4, 2026, at 5:31 PM noted Resident CR2 remained hospitalized . Nursing documentation dated February 6, 2026, at 4:45 PM noted Resident CR2 expired at the hospital. There was no documented evidence that the facility notified Resident CR2's responsible party of his significant change in condition and admission to the hospital. Interview with the Nursing Home Administrator and Director of Nursing on February 26, 2026, at 2:30 PM confirmed the above findings for Resident CR2. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

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	02/26/2026

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 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 and accurate for four of 12 residents reviewed (Residents 1, 2, 8, and CR1).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 and accurate for two of 12 residents reviewed (Residents 1, 2, 8, and CR1). Findings include: Review of information provided to the Department of Health through the Event Reporting System (ERS, platform for facilities to report incidents, or unusual events) dated February 3, 2026, noted Resident CR1 was observed in Resident 8's room at 2:30 PM pulling up Resident 8's pants. ERS documentation revealed Resident CR1 reported that he wanted to have sex with Resident 8. Resident CR1 admitted to rubbing his penis against Resident 8's hip. Review of facility investigation into Residents CR1 and 8 incident dated February 3, 2026, revealed at shift change a nurse aide found Resident CR1 in Resident 8's room, and Resident 8 was noted to be completely naked. Review of Employee 1's (nurse aide) witness statement revealed Resident CR1 stated he took Resident CR1's shirt and pants off and then took his own pants off. When Employee 1 asked Resident CR1 if he had sexual intercourse, Resident CR1 stated Resident 8 would not spread her legs, so he rubbed his penis on her side. Review of Resident 8's clinical record on February 26, 2026, revealed there was no nursing assessment of Resident 8 after the resident-to-resident sexual abuse allegation, prior to her transfer to the hospital on February 3, 3036. Review of Resident 8's clinical record revealed nursing documentation dated February 4, 2026, at 2:26 PM noting Resident 8 returned from the hospital from overnight observation at the emergency room. Review of hospital documentation revealed Resident 8 was admitted for possible evaluation of sexual assault There was no documentation in Resident 8's clinical record relating to the above-mentioned incident. Review of documentation provided to Department of Health through the Event Reporting System dated February 16, 2026, revealed Resident 2 was sleeping in her geri-lounger in the common area when Resident 1 was observed rubbing Resident 2's genital area, on top of her clothing. Review of Resident 1's clinical record revealed social service documentation dated February 16, 2026, at 10:16 AM noting social services received a notice from the interdisciplinary team to follow up with Resident 1 due to recent behaviors that occurred. There was no documentation in Resident 1's clinical record relating to the above-mentioned incident. The facility failed to ensure clinical records were complete and accurate. The above information for Residents 1, 2, 8, and CR1 was reviewed with the Nursing Home Administrator and Director of Nursing on February 26, 2026, at 2:28 PM. 483.70(h) Medical RecordsPreviously cited deficiency 5/28/2025 28 Pa. Code 211.5(i) Medical records 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services