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	06/26/2026

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. Based on review of select facility policies and procedures, clinical record review, and staff interview, it was determined that the facility failed to provide written notice to a resident's responsible party before the resident's room change for one of seven residents reviewed (Resident 2).Findings include: The facility policy entitled, Room Change Policy, last revised February 3, 2026, revealed that when a room change does happen the patient will be notified prior to that move. The form utilized by the facility included dated signature lines for the Resident/Responsible Party. Clinical record review for Resident 2 revealed that her diagnoses list included Alzheimer's disease and dementia (progressive brain disorder that destroys memory and thinking skills); and that she resided on the secured nursing unit for residents with dementia-type diagnoses. Nursing documentation dated May 16, 2026, at 10:31 PM indicated that staff found Resident 2's roommate on top of her while she was in her bed. Staff assessed a bite mark on Resident 2's left hand without broken skin. Resident 2 stated that she had her hair pulled and that she was slapped in face. The staff contacted Resident 2's son (responsible party) to inform him of the incident, and the facility implemented one-to-one supervision for Resident 2's roommate. Nursing documentation created on May 22, 2026, at 8:38 AM for an effective date of May 19, 2026, at 8:36 AM indicated that the interdisciplinary team reviewed the above incident for Resident 2; and that the interventions post incident were focused on the aggressive resident (Resident 2's roommate). Nursing documentation dated May 29, 2026, at 12:31 PM revealed that Resident 2 stated that she was, scared of roommate, doesn't want to be in room with her anymore d/t (due to) recent incidents. Census information in Resident 2's medical record indicated that the facility moved her from her room to another room on the A nursing unit on June 1, 2026. Nursing documentation dated June 1, 2026, at 3:06 PM indicated that staff notified Resident 2's responsible party of the start of an antibiotic treatment and that Resident 2's responsible party was very upset about Resident 2's move to another room and requested that she go back to her previous room. Documentation by the Nursing Home Administrator on June 1, 2026, at 3:37 PM stipulated that facility staff did not notify Resident 2's responsible party before her room move. Social services documentation dated June 2, 2026, at 3:43 PM indicated that the Director of Nursing and social services staff met with Resident 2's family regarding her recent room move because of Resident 2 voicing that she was afraid of her roommate. The family wanted Resident 2 moved back to her original room. Resident 2's census information indicated that the facility moved her back to her previous room on June 3, 2026. Interview with the Nursing Home Administrator on June 26, 2026, at 2:30 PM confirmed that the facility failed to notify Resident 2's responsible party of her room move as evidenced above. 28 Pa. Code 201.14(a) Responsibility of licensee 29 Pa. Code 201.29(a) Resident rights 28 Pa. Code 211.12(d)(3) Nursing services

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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(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. Based on a review of select facility policies and procedures, clinical record review, personnel record review, and staff interview, it was determined that the facility failed to protect a resident's right to be free from physical abuse by staff that resulted in actual harm with a serious injury of a rib fracture for one of seven residents reviewed (Resident 1).Findings include: The facility policy entitled, Abuse Prevention and Prohibition Program, Operational Manual, Abuse and Neglect, last reviewed February 3, 2026, noted that the purpose of the program is to ensure that the facility establishes, operationalizes, and maintains an Abuse Prevention and Prohibition Program designed to screen and train employees, protect residents, and to ensure a standardized methodology for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, misappropriation of property, and crime in accordance with federal and state requirements. The procedure for Screening referred to the policy, Staff Screening training procedures included that covered individuals will be trained through orientation and on-going training sessions on topics that included abuse prevention and appropriate interventions to deal with aggressive and/or catastrophic reactions of residents. The facility policy entitled, Staff Screening, Operational Manual, Abuse and Neglect, last reviewed February 3, 2026, revealed that if the facility uses registry staff or permits students from affiliated academic programs to train on-site, the facility will validate that these individuals undergo the same screening as is required of individuals employed directly by the facility. Upon hire, facility employees will participate in orientation that includes, but is not limited to, training related to abuse and neglect, and resident rights. The facility will also offer orientation to volunteers, registry/temporary staff, students, and contractors/consultants to the extent it applies to their job function. Clinical record review for Resident 1 revealed his diagnoses list included the need for assistance with personal care and unspecified dementia with other behavioral disturbance (brain disorder that impairs memory, thinking, and the ability to perform everyday activities that contributes to behaviors such as agitation, aggression, delusions, and resistance to care). Review of Resident 1's plan of care initiated by the facility on May 4, 2026, to address his resistance to care revealed interventions that included, If resident resists with ADLs (activities of daily living), reassure resident, leave and return five to 10 minutes later and try again. Review of Resident 1's bedside Kardex (electronic documentation of care needs available to nurse aide staff providing direct care to the resident) dated June 5, 2026, revealed no directive to leave the resident when he is resisting care. Nursing documentation by Employee 2 (registered nurse) dated June 5, 2026, at 7:53 PM revealed that a nurse aide observed Resident 1, upside down on the bed, with Employee 1 (nurse aide) on top of Resident 1 while Resident 1 was yelling, out of breath, and shaking. The documentation indicated that Employee 1 was attempting to put Resident 1's incontinence brief on. The nurse aide asked Employee 1 to leave the room, after which he completed Resident 1's care. Employee 1 was escorted from the facility by the registered nurse. A skin assessment completed by Employee 2 dated June 5, 2026, at 7:25 PM noted that Resident 1 presented with, Red raised welts on abdomen and back, and lower ext. (extremities). Nursing documentation by Employee 3 (registered nurse) dated June 6, 2026, at 10:46 AM noted, Follow up skin assessment completed upon resident care, see skin assessment. Review of a Skin Observation/check dated June 6, 2026, at 11:00 AM identified 12 sites of bruising, abrasion, redness, swelling, or tenderness of Resident 1's scalp, chest, abdomen, back of head, right and left shoulders, back, buttock, wrist, rib, and lip as follows: Top of scalp, bruise, 2 cm (centimeters) by 2 cmChest, bruising to mid chest, 4 cm by 2 cmAbdomen, right lower quadrant scattered bruisingBack of head, bruise, 1 cm by 1 cmRight shoulder (front), red area, 2 cm by 0.5 cmLeft shoulder (rear), bruise, 1 cm by 1 cmLower back, bruise, 4 cm by 3 cmLeft wrist, red/purple area, 2 cm by 2 cmMiddle/left back, abrasion, 2 cm by 2 cmRight buttock, ecchymotic (bruised) area, 1 cm by 1 cmRight inner lip, bruise, 0.5 cm by 0.5 cm with small open area in the centerRight side rib cage, swelling and tender to touch (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	with complaints of discomfort Nursing documentation by Employee 3 dated June 6, 2026, at 12:11 PM noted physician notification of Resident 1's skin assessment and complaints of discomfort to his right rib area for which the physician ordered an x-ray of Resident 1's right side/rib cage and chest. Nursing documentation dated June 8, 2026, at 11:14 PM noted that received x-ray results for Resident 1 included an Acute displaced fracture of the (right) 7th (seventh) rib (type of rib fracture where the broken ends of the rib are not aligned property, often caused by trauma). Review of the radiology report with an examination date of June 8, 2026, at 3:28 PM noted findings as, Acute displaced fracture of the lateral right seventh rib. A review of the facility's PB22 (Provider Bulletin 22 form, a standardized Pennsylvania Department of Health document used to report and investigate allegations of abuse, neglect, or misappropriation of property in long-term care facilities) investigation of the above incident noted that the facility substantiated the allegation of staff-to-resident physical abuse and removed Employee 1 from the facility. Review of available personnel record documentation for Employee 1 revealed no evidence that he completed education related to the facility's Abuse Prevention and Prohibition Program. Interview with the Director of Nursing on June 26, 2026, at 12:47 PM confirmed that nursing staff on the June 26, 2026, deployment schedule included several staff from the nurse staffing agency that employed Employee 1 without evidence of completion of the facility's Abuse Prevention and Prohibition Program education. The Director of Nursing immediately implemented on-the-spot in-servicing for all agency nurse staff present in the building and reported a plan for all agency employees to report to the nursing supervisor before their on-unit shift to complete the facility Abuse Prevention and Prohibition Program education. The interview also confirmed that the intervention to reapproach Resident 1 when refusing or resistant to care was not included on the bedside Kardex instructions until June 22, 2026. Interview with the Nursing Home Administrator on June 26, 2026, at 6:00 PM confirmed that staff scheduled to work in the facility through a contracted staffing agency are considered contractors and would be subject to orientation training regarding the facility's abuse prevention program. The facility did not have evidence of this training for Employee 1 or those staff on the nursing deployment schedules for the date of the onsite survey until following the surveyor's questioning. 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(7) Personnel policies and procedures 28 Pa. Code 201.20(b)(d) Staff development 28 Pa. Code 201.29 (a)(c) Resident rights 28 Pa. Code 211.12(c)(d)(1)(5) Nursing services