

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2026
NAME OF PROVIDER OR SUPPLIER Saint Mary's Villa Nursing Hom		STREET ADDRESS, CITY, STATE, ZIP CODE 516 St. Mary's Villa Road Moscow, PA 18444	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, physician orders, select facility policy, observations, and staff interviews, it was determined that the facility failed to provide the necessary care and services to maintain skin integrity by failing to implement physician-ordered skin protection interventions for one of 21 residents reviewed (Resident 14). Findings include: A review of the facility policy titled Pressure Ulcer Protocol Assessment/Prevention, last reviewed February 26, 2026, revealed it is the facility's policy that residents will not develop a pressure ulcer (an injury to the skin and underlying tissue caused by prolonged pressure that reduces blood flow) unless the individual's clinical condition demonstrates the injury was unavoidable. The policy indicated residents identified as being at risk will receive preventive interventions and residents with existing skin impairment will receive an individualized treatment plan to address their specific needs. Clinical record review revealed Resident 14 was admitted to the facility on [DATE], with diagnoses that included Parkinson's disease with dyskinesia (a progressive neurological disorder that affects movement and may cause involuntary movements). A review of Resident 14's quarterly Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated June 9, 2026, revealed that Resident 14 had severe cognitive impairment with a BIMS score of 99 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 99 indicating the assessment could not be completed because the resident was unable to participate). Clinical record review revealed a Braden Scale assessment (a standardized tool used to evaluate a resident's risk for developing pressure injuries) dated July 9, 2026, identified Resident 14 as having a score of 13, indicating a moderate risk for pressure injury. The assessment identified impaired sensory perception (the ability to recognize and respond to physical sensations), inability to ambulate or bear weight independently, limited ability to reposition without assistance, and very poor nutritional status. A review of the clinical record included a Wound Assessment Report dated July 21, 2026, completed by the wound care Nurse Practitioner. The assessment identified incontinence-associated dermatitis (skin irritation and breakdown caused by prolonged exposure to urine or stool) involving the sacrum (the triangular bone located at the base of the spine) and an abrasion (an area where the skin has been scraped or rubbed away) to the right knee. Clinical record review revealed a physician order dated July 7, 2026, directing staff to apply bilateral heel bows (protective padded heel devices designed to offload pressure from the heels) at all times, removing them only for care. Additional clinical record review revealed physician orders dated July 10, 2026, directing staff to apply bilateral leg protectors (padded protective sleeves designed to reduce skin injury from friction or impact) at all times, removing them only for care, and bilateral heel lift boots (protective boots designed to elevate the heels and reduce pressure) at all times, removing them only for care. During an observation (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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	conducted on July 28, 2026, at 11:34 AM, Resident 14 was seated in a Broda chair (a specialized positioning chair designed to provide support and pressure redistribution). Resident 14 was wearing pants, white socks, and sneakers. The resident was not wearing the physician-ordered bilateral leg protectors, bilateral heel lift boots, or bilateral heel bows. Employee 4 Licensed Practical Nurse (LPN) was present during the observation and acknowledged the physician-ordered protective devices were not in place. During an interview, the Nursing Home Administrator and Director of Nursing were informed of the findings on July 29, 2026, at 11:30 AM and acknowledged nursing staff failed to follow the physician order. 28 Pa Code 211.10 (c)(d) Resident care policies.28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing services.		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, select facility policy, and staff interviews, it was determined that the facility failed to consistently monitor resident weights and implement nutritional interventions after significant weight changes were identified to promote and maintain residents' nutritional status for two of 21 residents reviewed (Residents 43 and 87). Findings include: A review of the facility policy titled Weight Resident Policy, last reviewed February 28, 2026, revealed all residents will be weighed upon admission, reweighed the following day for accuracy, and then weighed weekly for four weeks. If weights remain stable, residents will then be weighed monthly or as ordered by the physician. The policy revealed residents with a weight gain or loss of three pounds or more will be reweighed within 24 hours to verify the weight. If the weight change is confirmed, nursing staff will notify the physician and the dietary manager or registered dietitian. Clinical record review revealed Resident 43 was admitted to the facility on [DATE], with diagnoses including chronic kidney disease (a condition in which the kidneys become damaged and are unable to adequately filter waste and excess fluid from the blood). Weight records revealed Resident 43 weighed 103.8 pounds on May 15, 2026. Following hospitalization, the resident returned to the facility on June 1, 2026, weighing 96 pounds, representing a 7.5 percent weight loss over 16 days. Weight records further revealed the resident weighed 92.4 pounds on June 16, 2026, reflecting an additional 4-pound weight loss over the following two weeks. Clinical record review revealed the resident should have been placed on weekly weights following the significant weight loss in accordance with facility policy. However, the clinical record contained no documented evidence that staff obtained a weekly weight during the week of June 8, 2026. A dietary progress note dated June 16, 2026, at 10:16 AM documented that Resident 43 experienced an unplanned significant weight loss. The registered dietitian noted the resident was receiving Ensure (a high-calorie, high-protein oral nutritional supplement) twice daily with good acceptance and recommended increasing the supplement to three times daily. Clinical record review failed to reveal documented evidence that the dietary recommendation to increase Ensure to three times daily was implemented. During an interview on July 30, 2026, at 11:00 AM, Employee 1, Certified Dietary Manager (CDM), confirmed residents who experience significant weight loss are placed on weekly weights in accordance with facility policy and acknowledged Resident 43 was not weighed weekly during June 2026. Employee 1 further confirmed the registered dietitian's recommendation to increase Ensure to three times daily was not implemented and could not provide a reason why. Clinical record review revealed Resident 87 was admitted to the facility on [DATE], with diagnoses including Alzheimer's disease (a progressive brain disorder that causes worsening memory, thinking, and behavior) and dysphagia (difficulty swallowing that increases the risk for poor nutrition, dehydration, choking, and aspiration). On May 6, 2026, Employee 1, a Certified Dietary Manager (CDM) completed a Mini Nutritional Assessment (MNA is a validated nutrition screening and assessment tool that can identify geriatric residents age [AGE] and above who are malnourished or at risk of malnutrition based on numeric scoring. A score of 12 -14 points is normal nutritional status, 8 - 11 points is at risk of malnutrition, and 0 - 7 points is malnourished) that revealed Resident 87 scored five points reflecting malnutrition. A review of the resident's admission Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated May 8, 2026, , revealed the resident was unable to complete the Brief Interview for Mental Status (BIMS a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 0-7 indicates (continued on next page)		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	severe cognitive impairment) because of severe cognitive impairment. A progress note completed by the Director of Nursing (DON) dated July 17, 2026, at 11:46 AM documented discussion with Resident 87's spouse and responsible party regarding the resident's declining appetite and weight loss. The DON reviewed meal intake and weight trends and explained oral nutritional supplements, including Ensure and Two Cal (a high-calorie, high-protein oral nutritional supplement), would be initiated if the resident continued to lose weight. The resident's spouse requested weekly weights. Weight records revealed Resident 87 weighed 142.3 pounds on July 18, 2026, at 9:48 AM and 137.8 pounds on July 25, 2026, at 10:19 PM, representing a 4.5-pound weight loss in one week. Clinical record review failed to reveal documented evidence that staff obtained a reweigh within 24 hours to verify the significant weight loss as required by facility policy. Clinical record review also failed to reveal documented evidence that staff notified the resident's physician or responsible party after the significant weekly weight loss. The above findings were reviewed during an interview on July 30, 2026, at 12:15 PM, with the Director of Nursing and confirmed the facility did not obtain a reweight and could not provide documented evidence that the physician or responsible party had been notified of the weight loss. 28 Pa Code 211.10 (c) Resident care policies.28 Pa. Code 211.12 (c) (d)(3)(5) Nursing services.		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on a review of controlled medication shift-to-shift count records, facility policy, and staff interviews, it was determined the facility failed to consistently implement procedures to ensure accurate accountability and documentation of controlled medication counts for three of four medication carts reviewed. Findings include: A review of the facility policy titled Narcotic Control, last reviewed February 26, 2026, revealed the purpose of the policy is to establish procedures for the administration and control of controlled medications (prescription medications regulated by federal and state law because they have the potential for misuse or dependence) and to ensure the safety of residents. The policy required the nurse coming on duty and the nurse going off duty to perform the controlled medication count together, document the count, and immediately report any discrepancies to the Director of Nursing Services. Unit 33 Long Hall Medication Cart (Rooms 214 through 228) A review of the facility's Shift-to-Shift Count Record on July 29, 2026, at 9:10 AM revealed: July 28, 2026: The incoming day shift Licensed Practical Nurse (LPN) did not sign the Shift-to-Shift Count Record to verify the controlled medication count. During an interview on July 29, 2026, at 9:13 AM, Employee 2, LPN, confirmed the incoming nurse did not sign the Shift-to-Shift Count Record on the identified date. Unit 33 Short Hall Medication Cart (Rooms 200 through 213) A review of the facility's Shift-to-Shift Count Record on July 29, 2026, at 9:17 AM revealed: July 28, 2026: The incoming day shift LPN did not sign the Shift-to-Shift Count Record to verify the controlled medication count. During an interview on July 29, 2026, at 9:19 AM, Employee 3, LPN, confirmed the incoming nurse did not sign the Shift-to-Shift Count Record on the identified date. Unit 30 Long Hall Medication Cart (Rooms 246 through 263) A review of the facility's Shift-to-Shift Count Record on July 29, 2026, at 9:25 AM revealed: July 28, 2026: The off-going day shift LPN did not sign the Shift-to-Shift Count Record to verify the controlled medication count. During an interview on July 29, 2026, at 9:29 AM, Employee 5, LPN, confirmed the off-going nurse did not sign the Shift-to-Shift Count Record on the identified date. During an interview on July 30, 2026, at 11:00 AM, the Director of Nursing acknowledged the identified omissions in the Shift-to-Shift Count Records and confirmed the facility policy required both the incoming and off-going nurses to complete the controlled medication count and sign the record. 28 Pa Code 211.12 (c)(d)(1)(3)(5) Nursing service. 28 Pa Code 211.9 (c)(k) Pharmacy services. 28 Pa Code 211.5(f)(x) Clinical records. 28 Pa. Code 211.10(a) Resident Care Policies.		