STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395109	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Acadia Nursing and Rehab Center	616 Golf Course Road Aliquippa, PA 15001

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of policy, observation and staff interview, it was determined that the facility failed to properly label and date food products, failed to properly maintain the dishwater temperature logs, failed to maintain kitchen equipment in a sanitary condition, failed to properly store chemicals, and failed to properly restrain hair creating the potential for cross contamination in the Main Kitchen of the facility and the facility failed to ensure food was stored and maintained in accordance with professional standards for food safety for one of two resident refrigerators (Conference Room - Resident Refrigerator).Findings include: Review of the facility policy Food Receiving and Storage last reviewed 4/30/26, indicated foods shall be received and stored in a manner that complies with safe food handling practices. Dry foods and goods are handled and stored in a manner that maintains the integrity of the packaging until they are ready to use. Refrigerated foods are labeled dated and monitored. Review of the facility policy Poisonous and toxic Materials last reviewed 4/30/26, indicated all containers and toxic materials that are required to maintain kitchen sanitization shall be permitted in the pot washing and dishwashing areas. But may not be stored or used in the presence of food. Review of the facility policy Preventing Foodborne illness- Employee Hygiene and Sanitary Practices last reviewed 4/30/26, indicated hair nets or caps and/or beard restraints are worn when cooking, preparing or assembling food to keep hair from contracting exposed food, clean equipment, utensils and linens. Review of the facility policy Refrigerators and Freezers last reviewed 4/30/26, indicated this facility will ensure safe refrigeration and freezer maintenance, temperatures and sanitization and will observe food expiration guidelines. Monthly tracking sheets for all refrigerators and freezers are posted to record temperatures. All food is appropriately dated to ensure proper rotation by expiration dates. Expiration dates on unopened food are observed and use by dates are indicated once food is opened. Refrigerators and freezers are kept clean, free of debris, and disinfected with sanitizing solutions on a scheduled basis and more often as necessary. Review of the facility policy Foods Brought by Families/Visitors last reviewed 4/30/26, indicated home prepared and home-preserved foods are permitted if brought in by family or visitors for individual residents. Potentially hazardous foods that are left out for the residents without a source of heat or refrigeration longer than two hours will be discarded. Perishable foods must be stored in re-sealable containers and must be labeled with the resident's name, the food item and the use by date. The nursing and/or food service staff must discard any foods prepared for the resident that show obvious signs of potential foodborne danger. Observation on 6/7/27, of a posting on the conference room resident refrigerator that stated any food or drinks left in the refrigerator without a date and name will be discarded daily. Any food left here with a date will also be discarded after three days. During an observation completed on 6/7/26, at 9:15 a.m. the dry storage room contained:A bag of Lays Potato chips opened and not labeled with a date as required.A Bag of [NAME] Noodles opened and not labeled with a date as required.A Bag Sysco spiral noodles opened and not labeled with a date as required.A bag of [NAME] Penne noodles opened and not labeled with a date as required.A bag of [NAME] spaghetti noodles opened and not labeled with a date as required.A bag of stuffing mix of (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	stuffing mix opened and not labeled with a date as required.A Bottle of Mrs. Butterworths syrup opened and not labeled with a date as required.During an interview completed on 6/7/26 at 9:18 a.m. Dietary Aide Employee E14 confirmed the above observations and that the facility failed to properly label and date food products in the dry storage area. During an observation completed on 6/7/26, at 9:20 a.m. the Dishwater temperature log was incomplete for the following dates:6/5/26, no temperatures logged for lunch or dinner6/6/26, no temperatures logged for breakfast or lunchDuring an interview completed on 6/7/26, at 9:21 a.m. Dietary Aide Employee E14 confirmed the facility failed to properly maintain the dishwater temperature logs. During an observation completed on 6/7/26, at 9:27 a.m. the walk-in freezer contained:A box of rolls opened and not labeled with a date as required.A box of hash browns opened and not labeled with a date as required.A box of hotdog buns opened and not labeled with a date as required the top of the box appeared to have water damage and had ice buildup.A box of hamburger buns opened and not labeled with a date as required, the top of the box appeared to have water damage and had ice buildup.The freezer fan above the hotdog and hamburger buns had a fuzzy substance on it.During an interview completed on 6/7/26, at 9:30 a.m. Dietary [NAME] Employee E13 confirmed the above observations and that the facility failed to properly label and date food products and failed to maintain kitchen equipment in a sanitary condition for the walk-in freezer. During an observation of walk-in cooler #2 the following was observed:The shelves on the right side were covered in a rust-like substanceA box of hotdog buns opened and not labeled with a date as required.A jar of grape jelly opened and not labeled with a date as required.A jar of pickled relish opened and not labeled with a date as required.A pan of cornbread partially served, covered with saran wrap not labeled with a date as required.During an interview completed on 6/7/26, at 9:32 a.m. Dietary [NAME] Employee E13 confirmed the above observations and that the facility failed to properly label and date food products, and failed to maintain kitchen equipment in a sanitary condition, During an observation completed on 6/7/26, at 9:35 a.m. the following was discovered outside of cooler #2A clear plastic container of flour with loose flour and grime on top of the lid.A clear plastic container with sugar with grime on top of the lid.A clear plastic container with salt container with grime on the top of lid. During an interview completed on 6/7/26, at 9:36 a.m. Dietary [NAME] Employee E13 confirmed the above observations and that the facility failed to maintain kitchen equipment in a sanitary condition. During an observation completed on 6/7/26, at 9:38 a.m. the stove top grills oven doors was covered in a brownish-black grimy substance. During an interview completed on 6/7/26, at 9:40 a.m. Dietary [NAME] Employee E13 confirmed the above observations and that the facility failed to maintain kitchen equipment in a sanitary condition. During an observation completed on 6/7/26, at 9:41 a.m. an extra cart was parked next to the stove and contained:A bag of mashed potatoes opened and not labeled with a date as required.A plastic jar of grape Kool-Aid opened and not labeled with a date as required.A container of Sani-wipesDuring an interview completed on 6/7/26, at 9:43 a.m. Dietary [NAME] Employee E13 confirmed the above observations and that the facility failed to properly label and date food products and failed to properly store chemical products. During an observation completed on 6/7/26, at 9:44 a.m. the table in the center of the kitchen contained:A stack of hot plate lids not invertedA container of pepper opened and not labeled with a date as required.A container of salt opened and not labeled with a date as required. 2 carts parked next to the table had stacks of hot plate lids not inverted. During an interview completed on 6/7/26, at 9:45 a.m. Dietary [NAME] Employee E13 confirmed the above observations and that the facility failed to properly label and date food products and failed to maintain kitchen equipment in a sanitary condition. During an observation completed on 6/7/26, at 9:47 a.m. the kitchen standing cooler contained:A tray of sliced tomatoes with the use by date of 5/30/26.A jar of mayonnaise opened and not labeled with a date as required.A package of hamburger buns opened and not labeled with a date as required.A loaf of bread opened and not labeled with a date as required.A bag of shredded Monterey jack cheeses opened and not labeled with a date as required.A container of liquid eggs opened and not labeled with a date as required.A package of sliced lunch-meat ham opened and (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	not labeled with a date as required. During an interview completed on 6/7/26, at 9:50 a.m. Dietary [NAME] Employee E13 confirmed the above observations and that the facility failed to properly label and date food products. During the observation of the main kitchen on 6/7/26, Dietary [NAME] Employee E13 and Dietary Aide E12 did not have beard coverings on. During an observation of the kitchen on 6/8/26, at 12:00 p.m. Dietary [NAME] Employee E13, Dietary Aide E12 and Dietary Aid E10 were in the kitchen preparing for lunch without beard coverings. During an interview completed on 6/8/26, at 12:23 p.m. Dietary Manager Employee E12 confirmed the employees in the kitchen preparing for lunch were without beard coverings and the facility failed to properly restrain hair creating the potential for cross contamination. During an observation completed on 6/8/26, at 1:20 p.m. the conference room resident refrigerator contained the following:4 peanut butter and jelly sandwiches.A container of chicken noodle soup dated 5/10/26.A pizza box containing 3 slices of pizza not labeled with the resident's name or date.A 1/2 gallon jug of orange juice with the use by date of 6/1/26.2 small containers of chocolate milk with the expiration date of 5/29/26.1 small container of whole milk with the expiration date of 6/2/26.A bag of sliced Cantaloupe with the date of 6/1/26.2 bottles of Catalina salad dressing2 bottles of Catalina salad dressing no date opened and not labeled with a date as required.A bottle of ketchup opened and not labeled with a date as required.The freezer section of the conference room refrigerator contained:1 blue ice pack2 white ice packs During an interview completed on 6/8/26, at 1:25 p.m. Licensed Practical Nurse Employee E 2 confirmed the above observations and that the facility failed to ensure food was stored and maintained in accordance with professional standards for food safety for one of two resident refrigerators (Conference Room - Resident Refrigerator). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1) Management.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, staff interview, and observations, it was determined that the facility failed to provide appropriate respiratory care for three of five residents (R5, R17, and R45). Findings include: Review of the facility policy Departmental (Respiratory Therapy) Prevention of Infection dated 4/30/26, indicated that the oxygen cannula (thin flexible tubing used to deliver oxygen) and tubing are changed every seven days. Review of the admission record indicated Resident R5 admitted to the facility on [DATE]. Review of Resident R5's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/20/26, indicated the diagnoses of heart failure (heart doesn't pump blood as well as it should), high blood pressure, and diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy). Review of Resident R5's physician order dated 3/26/26, indicated Albuterol Sulfate Inhalation Nebulization Solution (delivers medicine directly into the lungs to treat respiratory diseases) three milliliters inhale orally every four hours as needed for shortness of breath and wheezing. Observation on 6/7/26, at 8:48 a.m. Resident R5 was observed out of bed in a wheelchair with a nebulizer machine on the bedside stand. The nebulizer was not labeled with a date and time last changed. Review of the admission record indicated Resident R17 admitted to the facility on [DATE]. Review of Resident R17's MDS dated [DATE], indicated the diagnoses of heart failure, high blood pressure, and anxiety. Review of Resident R17's current physician orders indicated change oxygen tubing and bottle weekly and as needed. Initial tubing and bottle at time of change. Place tubing in dated plastic bag when not in use. Observation on 6/7/26, at 9:00 a.m. Resident R17 was observed lying in bed with a nasal cannula in the nose connected to an oxygen concentrator. The cannula was not labeled with a date and time last changed. Observation and interview on 6/7/26, at 9:05 a.m. with Licensed Practical Nurse (LPN) Employee E2 confirmed Resident R17's cannula was not labeled with a date and time last changed as required. Review of the admission record indicated Resident R45 admitted to the facility on [DATE]. Review of Resident R45's MDS dated [DATE], indicated the diagnoses of high blood pressure, depression, and anxiety. Review of Resident R45's current physician orders indicated change oxygen tubing and bottle weekly and as needed. Initial tubing and bottle at time of change. Place tubing in dated plastic bag when not in use. Observation on 6/7/26, at 9:07 a.m. Resident R45 was observed in bed, a portable oxygen tank was on the back of the wheelchair with an oxygen cannula, not dated and not bagged, dangling on the seat of the wheelchair. Observation and interview on 6/7/26, at 9:09 a.m. with Registered Nurse (RN) Employee E1 confirmed Resident R5's nebulizer and Resident R45's oxygen cannula were not labeled with a date and time last changed as required. 28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(2)(5) Nursing Services.

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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 review of clinical records and staff interview, it was determined that the facility provider failed to notify a resident of planned changes to resident's medications and failed to allow the resident to be able to participate in the decision-making process regarding resident's care for one of three residents (Resident R68).Findings include: Review of the facility policy Resident Rights dated [DATE], indicated employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include resident's right to: be notified of his or her medical condition and of any changes in his or her condition. Be informed of, and participate in his or her care planning and treatment. Choose an attending physician and participate in decision-making regarding his or her care. Review of the clinical record revealed Resident R68 was admitted to the facility on [DATE], with diagnoses of urinary tract infection, seizure disorder (a person experiences abnormal behaviors, symptoms and sensations, sometimes including loss of consciousness), anxiety (intense, excessive, and persistent worry and fear about everyday situations), bulimia nervosa (a type of eating disorder), borderline personality disorder (a mental health condition characterized by profound emotional instability). Review of resident R68's care plan dated [DATE], indicated:-Episodes of anxiety related to disease process anxiety/depression/schizophrenia. -Potential to exhibit behaviors that are a result of past trauma(s), which may impactmy moods or behaviors as evidence by a negative mood, avoidance symptoms and/or intrusion symptoms. Past and/or current drug abuse/sexual assault.- Offer choices to enhance sense of control.-Resistive/noncompliant with treatment and care related to Bulimia, PTSD, and borderline personality disorder. Ask physician to explain/reinforce need for treatment. Review of Resident R68's hospital records dated [DATE], indicated resident was to continue clonazepam (medication to treat seizures and treat panic disorders) 0.5 mg (milligram) tablet two tablets at bedtime as needed for anxiety. Review of Resident R68's physician orders dated [DATE], indicated Clonazepam Tablet 0.5 MG Give two tablets by mouth as needed for anxiety related to anxiety disorder for 14 days at bedtime. Review of Resident R68's physician orders dated [DATE], indicated Ativan (antianxiety medication)Injection Solution 2 MG/ML inject 0.5 milliliter intramuscularly (in the muscle layer) as needed for Anxiety 1mg up to three times per day as needed for anxiety. Review of physician visit progress note dated [DATE], at 11:19 p.m. Indicated Resident was seen today as a new patient. Assessment and plan: Resident will be admitted . We will continue resident's medications for resident's chronic medical issues and follow up with resident's specialists as scheduled. We will see resident on a routine basis or sooner if needed. Review of Nurse Practitioner (NP) Employee E20's late entry dated [DATE], at 12:36 p.m. indicated resident is seen today for a routine visit. Assessment and plan: we will continue her medications for resident's chronic medical issues and follow up with the resident's specialists as scheduled. Will discontinue evening clonazepam and intramuscular (IM) Ativan. Increase oral as needed Ativan to 1mg. The note of the visit did not include documentation that Resident R68 was informed of the medication changes planned and able to participate in the decision-making process regarding resident's care. Review of progress note dated [DATE], at 7:11 a.m. indicated at approximately 5:00 a.m. resident indicated they had a bad dream and were starting to feel anxious. Resident asked for something for anxiety. Upon review this nurse noted that resident was given bedtime Clonazepam as well as trazadone by this nurse. Although resident had order for intramuscular Ativan the medication was not available at that time due to previous order having expired and a new order required a new script. Review of progress note dated [DATE], at 1:42 p.m. indicated notified physician of need for script renewal for Ativan injection. Physician reviewed resident's medications. Per physician, resident on too many benzodiazepines and medications need adjusted. Orders received to discontinue Clonazepam 0.5 mg (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	tablet as needed and Ativan IM injection as needed. New order for Ativan 1 mg tablet every eight hours as needed for anxiety and seizures. Orders discontinued and placed. Notified resident of medication change, and resident began crying loudly stating, I hate it here! Nobody listens to me! Why would the doctor take my medication away without talking to me first! How am I supposed to sleep? RN supervisor informed the resident that they will still receive Ativan every eight hours as needed for anxiety or seizure activity. Resident was unable to be consoled. Resident's family notified of medication changes and resident's reaction to medication changes. Review of progress note dated [DATE], at 5:38 a.m. indicated resident discharged Against Medical Advice and left the facility in the family vehicle with resident's family. Interview on [DATE], at 2:00 p.m. the Director of Nursing confirmed that the facility provider failed to notify a resident of planned changes to resident's medications and failed to allow the resident to be able to participate in the decision-making process regarding resident's care for one of three residents (Resident R68). 28 Pa. Code: 211.12(d)(1) Nursing services.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations and staff interview, it was determined that the facility failed to maintain a confidential personal medical record for one of two residents (Resident R20).Findings include: A review of the facility policy titled, Resident Rights last reviewed 4/30/26, indicated that federal and state law guarantee certain basic rights to all residents in the facility these include but not inclusive to:A dignified experienceBe treated with respect, kindness, and dignityBe supported by the facility in exercising his/her rights Review of the clinical record revealed that Resident R20 was admitted to the facility on [DATE]. Review of Resident R20's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 3/9/26, indicated diagnoses of high blood pressure, hyperlipidemia (high fat in the blood), and anxiety. During an observation on 6/7/26, at 10:58 a.m. two signs were observed above Resident R20's bed that read: Please see nurse prior to giving water cup and needs hearing aids put on charger every night, use dry erase board. Review of Resident R20's clinical record failed to include any documentation that the above residents or their representatives approved the posting of private health information. During an interview completed on 6/8/26, at 10:42 a.m. Licensed Practical Nurse (LPN) Employee E7 confirmed the two signs were posted above Resident R20's bed and that the facility failed to maintain residents' confidential personal medical record for one of two residents (Resident R20). 28 Pa. Code: 201.18(e)(1) Management

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of Resident Assessment Instrument (RAI) User's Manual, clinical records, and staff interviews, it was determined that the facility failed to conduct a Significant Change Minimum Data Set assessment for one of four sampled residents (Resident R1).Findings include: Review of the Resident Assessment Instrument (RAI) 3.0 User's Manual (reference used to complete an MDS) dated [DATE], indicated the significant change status assessment (SCSA) is a comprehensive assessment for a resident that must be completed when the IDT (interdisciplinary team) has determined that a resident meets the significant change guidelines for either major improvement or decline. An SCSA is required to be performed when a terminally ill resident enrolls in a hospice program (Medicare-certified or State-licensed hospice provider) or changes hospice providers and remains a resident at the nursing home. The assessment reference date must be within 14 days from the effective date of the hospice election (which can be the same or later than the date of the hospice election statement, but not earlier than). The facility Certifying accuracy of the resident assessment policy last reviewed on 4/30/26, indicated that the information captured on the assessment reflects the status of the resident during the observation (look-back) period for that assessment. Review of Resident R1's admission record indicated he was originally admitted on [DATE]. Review of Resident R1's MDS assessment dated [DATE], indicated he had the following diagnoses that included diabetes (metabolic disorder impacting organ function related to glucose levels in the human body), acute kidney failure, hypertension (a condition impacting blood circulation through the heart related to poor pressure), anxiety disorder (a loss of kidney function resulting in the swelling of feet, fatigue, high blood pressure and changes in urination). Review of Resident R1's care plans dated 4/29/26, indicated that he was admitted to hospice. Comfort measures only CMO with the potential for weight loss. Review of Resident R1's social services note dated 4/28/26, indicated that the social worker spoke to Resident R1 about the topic of Hospice. He stated that he is Alert and Oriented and that he knows his rights and that he wants to drink thin liquids and eat what he wants. He stated he wanted to begin Hospice care. Social services provided Resident R1 with a list of Hospice Agencies, and he chose a provider. Review of Resident R1's physician orders dated 5/13/26, indicated that he was ordered hospice care services. Review of Resident R1's MDS assessments did not include a significant change MDS assessment that included hospice services for Resident R1. During an interview on 6/8/26, at 10:27 a.m. the Regional clinical director Employee E15 and the Licensed Practical Nurse Assessment Coordinator (LPNAC) Employee E16 confirmed that the facility failed to conduct a Significant Change Minimum Data Set assessment for Resident R1 as required. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing Services.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that residents with an enteral feeding tube (a tube inserted in the stomach through the abdomen) received appropriate treatment and services to prevent potential complications for two of three residents (Resident R8, and R58). Findings include: Review of the facility policy Cleaning and Disinfection of Resident Care Items and Equipment last reviewed 4/30/26, indicated resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to the current CDC recommendations for disinfection and the OSHA Bloodborne Pathogen Standard. Review of the facility policy Infection Control last reviewed 4/30/26, indicated the facility adopted infection prevention and control policies to help maintain a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. Review of the clinical record indicated Resident R8 was admitted to the facility on [DATE]. Review of Resident R8's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 2/8/26, indicated diagnoses of Parkinsons disease (progressive brain disease that affects movement and causes tremors, stiffness and slowness), dementia (decline of brain function) and insomnia (sleep disorder that makes it hard to fall asleep and stay asleep). Review of Resident R8's physician order dated 4/21/26, indicated Enteral Feed (delivers liquid nutrition directly into digestive system using a flexible tube that bypasses normal swallowing) every shift Osmolite 1.5 (formula type) to run 24 hours continuous at 60 milliliter (ml) per hour. Free water flushes with 50 ml every hour. During an observation completed on 6/7/26, at 10:40 a.m. the enteral feeding pole was found soiled with what appeared to be spilled or leaked enteral formula which was dried covering the bottom surface of the pole. During an interview completed on 6/7/26, at 11:22 a.m. Registered Nurse (RN) Employee E1 confirmed dried enteral formula was covering the bottom surface of the pole and that the facility failed to ensure a resident receiving enteral feeding received appropriate care and services for one of three residents (Resident R8). Review of facility policy Enteral Tube Feeding via Syringe (Bolus) dated 4/30/26, indicated to check the order to verify the type, amount, method and rate of administration. Verify placement of tube. Attach a 60-milliliter syringe to the tube and elevate syringe approximately eighteen inches above the resident's head. Fill the syringe with the prescribed amount of enteral feeding to be given. Unclamp the tube and allow feeding to flow by gravity. Review of the admission record indicated Resident R58 was admitted to the facility on [DATE]. (continued on next page)

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Acadia Nursing and Rehab Center	616 Golf Course Road Aliquippa, PA 15001

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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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R58's MDS dated [DATE], indicated the diagnoses of stroke (damage to the brain from an interruption of blood supply), hemiplegia (paralysis of one side of the body), and heart failure (heart doesn't pump blood as well as it should). Review of Resident R58's physician order dated 5/23/26, indicated enteral feed order three times a day for nutrition - Osmolite 1.5 bolus one can (eight fluid ounces). Observation on 6/7/26, at 12:05 p.m. of Licensed Practical Nurse (LPN) Employee E4 administering Resident R58's bolus feeding, the following was observed:-LPN drew the feeding solution into the syringe and connected the syringe to the feeding tube.-Opened the clamp and pushed plunger of syringe to administer the feeding. Interview on 6/7/26, at 12:06 p.m. LPN Employee E4 indicated the feeding tube flows without problems when asked if the feeding tube clogged easily. During an interview on 6/7/26, at 2:00 p.m. the Director of Nursing confirmed that the bolus feeding procedure should be done by gravity and not forced by a syringe plunger. 28 Pa. Code: 201.18(b)(1) Management. 28 Pa. Code: 211.10(c) Resident care policies.28 Pa. Code: 211.12(d)(1)(5) Nursing services.

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to provide trauma survivors with trauma informed care to eliminate or mitigate triggers that may cause re-traumatization of the resident for one of two residents (Resident R11).Findings include: Review of facility policy Trauma Informed Care last reviewed 4/30/26, indicated to address the needs of trauma survivors by minimizing triggers and/or re-traumatization. Triggers are highly individualized. Develop individualized care plans that address past trauma in collaboration with the resident and family. Review of the clinical record indicated Resident R11 was admitted to the facility on [DATE]. Review of Resident R11's MDS (minimum data set - a periodic assessment of care needs), dated 3/18/26, indicated diagnosis of anxiety, depression, and bi-polar disorder (mental health condition that causes extreme mood swings). Review of Resident R11's current care plan revealed survivor of trauma related to experiencing abuse either physical, sexual, verbal or mental abuse but failed to identify triggers to prevent re-traumatization. During an interview on 6/9/26, at 11:50 a.m. Social Worker Employee E17 confirmed that the facility failed to provide trauma survivors with trauma informed care to eliminate or mitigate triggers that may cause re-traumatization of the resident for one of two (Resident R11). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1) Management.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observation and staff interviews, it was determined that the facility failed to ensure that current and accurate nurse staffing information was posted in the facility at the beginning of each shift for one of three observed days (6/7/26).Findings include: Observation conducted on 6/7/26, at 9:00 a.m., indicated that nurse staffing information was posted on the wall of the nurses' station nearest to the dining room. At that time, the nurse staffing information had the date of (6/4/26), resident census, and the staffing hours did not accurately reflect the current total number of hours worked for licensed and unlicensed nursing staff directly responsible for resident care per shift for the current date. Interview with Registered Nurse (RN) Employee E1 5/26/26, at 9:00 a.m., confirmed the facility failed to post the required current facility information for staffing hours and the facility census. 201.18(b)(3) Management.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to properly store medications in one of two medication storage rooms (Front Hall Medication Room) and two of three medication carts (Zone 2 Medication Cart and Zone 3 Medication Cart). Findings include: Review of the facility policy Medication Labeling and Storage last reviewed 4/30/26, indicated medications are stored in an orderly manner in cabinets, rooms, refrigerators and carts. Medications requiring refrigeration are stored in a refrigerator located in the medication room. Medications are stored separately from food and are labeled accordingly. Medications for external use are stored separately from other medications. Medications and biologicals are stored in the packaging in which they are received. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. During an observation completed on 6/7/26, at 11:23 a.m. the Front Hall Med Room Contained the following: A pair of black athletic shoes stored under the sink. A box of medication cart dividers stored under the sink. A black travel coffee cup on the counter near the sink. A Reacher for picking up items on the counter near the sink. The medication room refrigerator contained the following: 2 bottles of Lansoprazole oral liquid open and not labeled with a date as required. 4 Tylenol Suppositories lying on the bottom shelf not stored in packaging as required. The medication room refrigerator freezer section contained: 2 ice packs During an interview completed on 6/7/26, at 11:31 a.m. Registered Nurse (RN) Employee E1 confirmed the above observations and that the facility failed to properly store medications in the Front Hall Medication Room. During a Medication Cart observation completed on 6/7/26, at 11:39 a.m. the Zone 3 Medication Cart contained the following: A Sodium Chloride inhaler opened and not labeled with a date as required. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2 boxes of Albuterol nebulizer solution opened and not labeled with a date as required. A Fluticasone Propionate nasal spray opened and not labeled with a date as required. A box of Bisacodyl Suppositories stored with oral medications. During an interview completed on 6/7/26, at 11:46 a.m. Licensed Practical Nurse (LPN) Employee E3 confirmed the above observations and confirmed that the facility failed to properly store medications in the Zone 3 Medication Cart. During an observation completed on 6/8/26, at 9:05 a.m. The Zone 2 Medication Cart contained the following: 6 boxes of Ipratropium Bromide opened and not labeled with a date as required 1 package of Budesonide opened and not labeled with a date as required. During an interview completed on 6/8/26, at 9:05 a.m. LPN Employee E2 confirmed the above observations and that the facility failed to properly store medications in the Zone 2 Medication Cart. 28 Pa. Code: 201(a) Responsibility of licensee. 28 Pa. Code: 211.9(a)(1) Pharmacy services. 28 Pa. Code: 211.12(d)(1)(2)(5) Nursing services.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observations, facility menu, resident interviews, and staff interviews it was determined that the facility failed to follow the displayed menu for one of three observed meals (lunch meal 6/7/26) and failed to have the registered dietitian review and approve the menu and nutritional substitutes prior to implementation for one out three meals served (lunch meal 6/7/26). Findings include: Review of the facility policy Dietician last reviewed 4/30/26, a qualified, competent, and skilled dietician will help oversee the food and nutrition services in the facility. The dietician is responsible for, but not limited to: . Assessing the nutritional needs of residents. . Developing and evaluating regular and therapeutic diets. Review of the facility policy Menus last reviewed 4/30/26, indicated menus are developed and prepared to meet resident choices while following established national guidelines for nutritional adequacy. The dietician reviews and approves all menus. The posted 4-week menu cycle for 6/7/26, was observed and indicated the following: fried chicken, gravy, mashed potatoes, Brussel sprouts, chocolate chip cookie, coffee or tea, milk. Lunch observations indicated that the lunch meal served on 6/7/26, did not match the resident posted menu. During observations on 6/7/26, at 12:09 p.m. main dining room was observed with lunch service being provided for 22 residents. During observations on 6/7/26, at 12:23 p.m. Resident R6 meal was observed and his lunch tray included turkey, mixed vegetables (corn, green beans, carrots), cheese potatoes, and a juice in cup. During an observation completed on 6/7/26, at 12:38 p.m. Resident R33's lunch tray included turkey, mixed vegetables (corn, green beans, carrots), cheese potatoes, chocolate chip cookie and beverage in cup. During an observation completed on 6/7/26, at 12:40 p.m. Resident R13's lunch tray consisted of turkey, mixed vegetables (corn, green beans, carrots), cheese potatoes, and beverage in cup. During an interview completed on 6/7/26, at 12:30 p.m. upon asking Dietary Manager Employee E12 concerning the lunch meal changes stated, it was changed due to an issue with the cooler. Upon asking Dietary Manager Employee E12 if the dietician had approved the menu changes replied, I think I e-mailed it to her. Upon looking for the e-mail Dietary Employee E12 could not find any correspondence to the dietician and confirmed that the dietician did not sign off on the menu changes as required and confirmed facility failed to follow the displayed menu for one of three observed meals (lunch meal 6/7/26) and failed to have the registered dietitian review and approve the menu and nutritional substitutes prior to implementation for one out three meals served (lunch meal 6/7/26). Pa Code: 201.18(b)(1) Management.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation and staff interview, it was determined that the facility failed to dispose of garbage into the dumpster properly for one dumpster observed outside of the building.Findings include: Review of the facility policy Food-Related Garbage and Refuse Disposal last reviewed 4/30/26, indicated garbage and refuse containing food waste will be stored in a manner that is inaccessible to pest. Outside dumpsters will be kept closed and free of surrounding litter. During an observation completed on 6/7/26, at 9:22 a.m. the outside dumpster lid was open with debris scattered on the ground. During an interview completed on 6/7/26, at 9:22 a.m. Dietary [NAME] Employee E13 confirmed the dumpster lid was open and there was debris scattered on the ground and stated, I haven't gotten to it yet, we usually clean it up in the morning and confirmed that the facility failed to dispose of garbage into the dumpster properly for one dumpster observed outside of the building. 28 Pa. Code 201.14(a) Responsibility of licensee28 Pa. Code 201.18(b)(1) Management

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, observations, and staff interviews, it was determined that the facility failed to follow enhanced barrier precautions (EBP) for one of three residents (Resident R58) with enteral feeding tubes (G- Tube, a tube inserted in the stomach through the abdomen), and failed to implement an infection control program that included a system of surveillance to identify possible communicable diseases or infections for two of 12 months (July 2025, and April 2026).Findings include: Review of the facility policy Enhanced Barrier Precautions dated 4/30/26, indicated enhanced barrier precautions (EBP) are used as an infection prevention and control intervention to reduce the transmission of multi-drug resistant organisms (MDROs) to residents. EBP employ targeted gown and glove us in addition to standard precautions during high-contact resident care activity. An example of high-contact resident care activity includes device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator etc.). Review of facility policy Infection Prevention and Control Plan dated 4/30/26, indicated an infection prevention and control program is established to maintain and provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Surveillance tools are used for identifying the occurrence of infections, recording their numbers and frequency, detecting outbreaks and epidemics, monitoring employee infection, monitoring adherence to infection prevention and control practices, and detecting unusual pathogens with infection control implications. Review of the admission record indicated Resident R58 was admitted to the facility on [DATE]. Review of Resident R58's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/28/26, indicated the diagnoses of stroke (damage to the brain from an interruption of blood supply), hemiplegia (paralysis of one side of the body), and heart failure (heart doesn't pump blood as well as it should). Review of Resident R58's physician order dated 5/23/26, indicated enteral feed order three times a day for nutrition - Osmolite 1.5 bolus one can (eight fluid ounces). Review of Resident R58's physician order dated 5/25/26, indicated EBP: G-tube/surgical incision right groin. Requires utilization of gowns and gloves during high contact resident care activities. Observation on 6/7/26, at 12:05 p.m. of Licensed Practical Nurse (LPN) Employee E4 administered Resident R58's bolus feeding through the G tube. LPN Employee E4 did not put on a gown as required with EBP. Review of the facility's monthly tracking of surveillance on 6/9/26, for the period of June 2025, through May 2026, failed to include surveillance tracking to identify possible communicable diseases or infections for two of 12 months (July 2025, and April 2026). Interview on 6/9/26, at 12:15 p.m. Infection Preventionist Employee E18 confirmed that a gown is to be worn during administration of a tube feeding and that the facility failed to include surveillance tracking to identify possible communicable diseases or infections for two of 12 months (July 2025, and April 2026). 28 Pa. Code: 201.14 (a) Responsibility of licensee.28 Pa. Code: 201.18 (b)(1) Management.28 Pa. Code: 211.10 (d) Resident care policies.28 Pa. Code: 211.12 (d)(1)(2)(5) Nursing services.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility's infection control policies and procedures and staff interview, it was determined that the facility failed to implement an antibiotic stewardship program for two of twelve months (July 2025, and April 2026) and failed to provide a complete antibiotic order for one of four residents (Resident R33). Findings include: Review of facility policy Antibiotic Stewardship dated 4/30/26, indicated as part of the facility antibiotic stewardship program, all clinical infections treated with antibiotics will undergo review by the infection preventionist or designee. If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following: drug name, dose, frequency of administration, duration of treatment, route of administration, and indications for use. Review of the facility's Infection Control surveillance for June 2025, through May 2026, failed to include documentation to indicate that antibiotic monitoring was completed for July 2025, and April 2026. Interview on 6/9/26, at 12:15 p.m. Infection Preventionist Employee E18 confirmed the facility could not produce documentation to indicate that antibiotic monitoring was completed for July 2025, and April 2026. Review of the clinical record indicated Resident R33 was admitted to the facility on [DATE]. Review of Resident R33's MDS (minimum data set - a periodic assessment of care needs), dated 3/18/26, indicated diagnoses of hypertension (high blood pressure), hyperlipidemia (high fat in the blood) and anxiety. Review of Resident R33's physician orders dated 6/3/26, indicated Cephalexin Capsule 500 milligram give one capsule by mouth every eight hours for infection. The order failed to include the type or site of infection. During an interview completed on 6/8/26, at 2:09 p.m. Infection Preventionist Employee E18 confirmed Resident R33's physician order for antibiotic treatment did not contain the type of infection or the site of the infection and that the facility failed to provide a complete antibiotic order for one of four residents (Resident R33). 28 Pa. Code: 211.10 (d) Resident care policies.28 Pa. Code: 211.12 (d)(1)(2)(5) Nursing services.

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on review of facility policy and staff interview, it was determined the facility failed to designate a qualified individual(s) onsite, who is responsible for implementing programs and activities to prevent and control infections for two periods during the time frame from June 2025, through May 2026 (11/12/25 - 11/24/25, and 4/26/26 - 5/20/26).Findings include: Review of the facility policy Infection Preventionist dated 4/30/26, indicated the infection preventionist (IP) coordinates the development and monitoring of the infection prevention and control program. The IP is employed on site and at least part time. Review of the facility provided document IP Timeline on 6/8/26, indicated the following IPs were responsible during the following time frames for the period of June 2025 - May 2026:-RN Employee E5 was responsible 5/1/24 - 11/12/25.-IP Employee E19 was responsible 11/13/25 - 3/5/26. -IP Employee E18 was responsible 3/5/26 - present. Review of IP Employee E19's certificate for qualifying education required was dated 11/24/25; therefore, there was not a qualified IP designated from 11/12/25, through 11/24/25. Review of facility provided documentation indicated IP Employee E19 became the Director of Nursing on 4/26/26. Review of IP Employee E18's certificate for qualifying education required was dated 5/20/26; therefore, there was not a qualified IP designated from 4/26/26, through 5/20/26. Interview on 6/8/26, at 2:00 p.m. the Director of Nursing confirmed there were two periods of IP designation gaps between 11/12/25 - 11/24/25, and 4/26/26 - 5/20/26. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1)(e)(1) Management.28 Pa. Code: 201.19(3) Personnel records.28 Pa. Code: 211.12(d)(1)(2)(5) Nursing services.