

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2025
NAME OF PROVIDER OR SUPPLIER Quality Life Services - Chicora		STREET ADDRESS, CITY, STATE, ZIP CODE 160 Medical Center Road Chicora, PA 16025	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, facility documents, clinical record review, and staff interview it was determined that the facility failed to revise a care plan to accurately reflect the current status for one of three residents (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy Care Plan and Interdisciplinary Care Conferences dated 11/8/24, indicated that the purpose of a care plan is to structure and guide therapeutic interventions to meet resident's needs and achieve expected outcomes. The care plan is formally reviewed and completed within 21 days after admission at the Interdisciplinary Care Plan Conference and communicated to appropriate staff. The care plan may be specifically reviewed and updated as the resident's condition changes- for example, but not limited to:</p> <p>medications are added or discontinued</p> <p>Resident returns from the hospital</p> <p>Change in resident's mood, behavior, activities of daily living</p> <p>Review of the clinical record revealed that Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident 1's Minimum Data Set (MDS - periodic assessment of resident care needs) dated 5/20/25, indicated diagnoses of high blood pressure, muscle weakness, and malnutrition (lack of proper nutrition).</p> <p>Review of Resident R1's clinical record revealed a progress note dated 5/20/25, that stated Resident is A+O x 3 (alert and oriented times three- a person is alert and oriented to person, place, and time). Resident is able to make needs known. Resident uses call light appropriately. Resident does go off the unit to Vista (a Personal Care unit that is attached to the facility via a connecting Dining Room) to visit wife throughout the day.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of documentation provided by the facility dated 5/27/25, indicated that on 5/25/25, Nursing staff were notified that Resident R1 was not found in the skilled facility. It is noted that Resident is known to go visit his wife who is located on the Vista (Personal care) side of the facility. Staff went to the Vista area where they found Resident to be with his wife in the Dining hall eating his meal. No injuries noted due to this incident. Order obtained from provider that Resident may go to Vista to visit his wife as long as the resident is escorted by staff member. Skilled and Personal Care staff, as well as Resident, educated that Resident must be escorted by Skilled staff over to Personal Care side of facility. Resident states, I don't understand what the big deal is. My wife is over here.</p> <p>Review of Resident R1's clinical record revealed a physician's order was obtained after the above incident dated 5/25/25, that Resident is able to visit his wife in Vista Royale (the attached Personal Care home) if he is escorted to Visit Royale by staff.</p> <p>Review of Resident R1's care plan did not include that Resident likes to go to Vista to visit with his wife and have lunch with her.</p> <p>During an interview on 7/7/25, at 1:09 p.m. the Nursing Home Administrator confirmed the facility failed to revise care plan for Resident R1 as required.</p> <p>28 Pa. Code: 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.</p>		