| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395164 | A. Building<br>B. Wing | 06/23/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| St John Specialty Care Center | 500 Wittenberg Way<br>Mars, PA 16046 |

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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical records and staff interview, it was determined that the facility failed to update a care plan for one of six residents (Resident R1) to accurately reflect the current status of the resident. Findings include: Review of clinical record indicated Resident R1 was admitted to the facility on [DATE], with diagnoses that included dementia (declining cognitive abilities of remembering, thinking, or making decisions), chronic pain and diabetes mellitus. Review of Resident R1's Minimum Data Set (MDS-a mandated assessment of a resident's abilities and care needs) assessment, dated 3/18/26, indicated the diagnoses remain current. Review of physician orders dated 3/14/26, Resident R1 is to get showers and skin assessment weekly on evening shift. Per St [NAME] Skin Issues Identification Form (form used to document assessment of skin and refusal of showers), Resident R1 refused showers eight times. 3/16/26, 4/11/26, 4/14/26, 4/18/26, 4/28/26, 5/5/26, 5/6/26, 5/16/26.<br>Review of Resident R1's most recent Resident Care Plan Report, indicated no revision of care refusals. During an interview on 6/23/26, at 1:30 p.m. Nursing Home Administrator confirmed the facility failed to revise care plan for Resident R1 as required. 28 Pa. Code: 211.11(d) Resident Care Plan |

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 |
|---|---|---|