STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Post Acute	136 Donahoe Manor Road Bedford, PA 15522

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to notify the ombudsman (an independent, impartial official appointed to investigate and help resolve complaints) of a transfer to the hospital for five of 35 residents reviewed (Residents 1, 6, 9, 65 and 75). Findings include: A facility policy regarding transfer or discharge notices, dated January 7, 2026, indicated that residents (or resident representatives) are notified of an impending transfer or discharge and the reason for the move in writing and in a language and manner they understand. A copy of the notice is sent to the office of the State Long-Term Care Ombudsman. When a resident is sent emergently to an acute care setting, this is considered a transfer, not discharge, because the resident's return is generally expected. Notice of transfer is provided to the resident and representative as soon as practicable before the transfer and to the long-term care (LTC) ombudsman when practicable (e.g., in a monthly list of residents that includes all notice content requirements). A significant change Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) assessment for Resident 1, dated May 19, 2026, revealed that the resident was cognitively intact, required assistance from staff for some daily care needs, and had diagnoses that included heart failure (the heart can't pump blood well enough to meet the body's needs), pneumonia and respiratory failure (blood does not have enough oxygen and causes difficulty breathing). A nursing note for Resident 1, dated May 6, 2026, at 11:22 p.m., revealed that the resident had increased shortness of breath and the resident's pulse oximetry (measures blood oxygen levels) was 84 percent on oxygen at a rate of 3 liters per minute (LPM). His oxygen was increased to 5 LPM and his oxygen level increased to 89 percent. The physician was notified and the resident was sent to the hospital. There was no documented evidence that a written notification of transfer was provided to the ombudsman for Resident 1's hospital discharge. A quarterly MDS assessment for Resident 6, dated May 12, 2026, revealed that the resident was cognitively impaired, was dependent on staff for all daily care needs, and had a feeding tube (a mechanical device surgically implanted into the stomach to provide nutrition, fluids and medications to a person who is unable to eat or drink by mouth). A nursing note for Resident 6, dated April 24, 2026, at 3:11 p.m. revealed that the resident's feeding tube had come out and she was sent to the hospital. There was no documented evidence that a written notification of transfer was provided to the ombudsman for Resident 6's hospital discharge. A quarterly MDS assessment for Resident 9 dated April 17, 2026, revealed that the resident was cognitively impairment, required assistance from staff for daily care needs, and had diagnoses that included cerebrovascular disease (conditions that affect blood flow and the blood vessels in the brain) and diabetes. A nursing note for Resident 9, dated April 3, 2026, at 11:04 a.m. revealed that the resident complained of numbness to her left hand that spread upwards to the shoulder during a doctor appointment and she was sent to the hospital. A nursing not for Resident 9, dated May 30, 2026, at 5:52 p.m. revealed that the resident had an episode of low blood sugar, was unresponsive, and had labored breathing and was sent to the hospital. There was no documented evidence that a written notification of transfer was provided to the ombudsman for Resident 9's hospital discharges. An annual MDS assessment for Resident 65, dated April 15, 2026, (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Post Acute	136 Donahoe Manor Road Bedford, PA 15522

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	revealed that the resident was cognitively impaired, required assistance from staff for daily care needs, had recent falls, and had diagnoses that included dementia.A nursing note, dated March 29, 2026, at 6:50 p.m. revealed Resident 65 was witnessed sliding out of her chair onto the floor and had a skin tear to her right hand with bruising. At 10:45 p.m. the resident's wound was noted to have bled through the dressing. The physician was notified the excessive bleeding, and orders were received to send the resident to the hospital evaluation. There was no documented evidence that a written notification of transfer was provided to the ombudsman for Resident 65's hospital transfer. A quarterly MDS assessment for Resident 75, dated June 13, 2026, revealed that the resident was cognitively intact. A nurse's note, dated June 2, 2026, revealed that the resident was sent to the hospital for difficulty in breathing and that she was admitted to the hospital. There was no documented evidence that a written notification of transfer was provided to the ombudsman for Resident 75's hospital transfer. Interview with the Director of Nursing on June 15, 2026, at 9:33 a.m. confirmed that there was no documented evidence that the ombudsman was notified of the hospital transfers for Residents 1, 6. 9, 65 and 75. She indicated that as of June 15, 2026, they had not been notifying the ombudsman of resident hospital transfers. 28 Pa. Code 201.29(j) Resident Rights.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Post Acute	136 Donahoe Manor Road Bedford, PA 15522

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure the environment remained as free of accident hazards as possible for two of 35 residents reviewed (Residents 2, 37) and failed to ensure that each resident received assistance devices to prevent accidents for two of 35 residents reviewed (Residents 15, 53).Findings include:A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated April 2, 2026, indicated that the resident was mildly cognitively impaired, required assistance from staff for daily care needs, and had diagnoses that included dementia and epilepsy (brain condition that causes repeated seizures).Observation of Resident 2 on June 17, 2026, at 9:44 a.m. revealed that the resident was sitting in her recliner watching television. Interview with Director of Rehabilitation on June 17, 2026, at 9:50 a.m. stated that they have never done a recliner safety assessment on their residents. Interview with Nursing Home Administrator on June 16, 2026, at 2:42 p.m. confirmed that no recliner safety assessment was performed. The facility's air mattress policy, dated January 7, 2026, indicated that appropriate pressure redistribution support surfaces would be based on current recommended practices for device selection, as well as the resident's risk factors, clinical and functional needs, and preferences.A quarterly MDS assessment for Resident 37, dated February 26, 2026, revealed that the resident was cognitively intact, required assistance for staff with daily care needs, and had a pressure ulcer. Physician's orders, dated February 13, 2026, included orders for the resident to use an air mattress.A nursing note, dated February 20, 2026, at 7:12 p.m. revealed that Resident 37 was assessed by staff following a fall from her bed. She received skin tears to the left arm, right elbow and left knee. There was no documented evidence that the resident's air mattress was re-assessed for safety following the fall.Observations of Resident 37 on June 16, 2026, at 9:51 a.m. revealed that she was in bed with an air mattress in place.Interview with the Nursing Home Administrator on June 17, 2026, at 2:00 p.m. confirmed that there was no evidence that Resident 37's air mattress was re-assessed for safety following the fall on February 20, 2026. A comprehensive MDS assessment for Resident 15, dated May 8, 2026, revealed that the resident was cognitively impaired, used a wheelchair for transport, and had diagnoses that included dementia. Observations of Resident 15 on June 14, 2026, at 11:15 a.m. revealed that Nurse Aide 3 was pushing the resident in her wheelchair through the hall to the dining room with no leg rests on the wheelchair and staff telling her to keep her legs up while being pushed. Interview with Nurse Aide 3 on June 14, 2026, at 11:25 a.m. confirmed that Resident 15's leg rests were not on the wheelchair and should have been applied before transporting. A comprehensive MDS assessment for Resident 53, dated June 10, 2026, revealed that the resident was cognitively impaired, required extensive assistance for daily care needs including transfers and locomotion, and had diagnoses that included muscle weakness and gait abnormality. Observations of Resident 53 on June 14, 2026 at 11:24 a.m. revealed that she was being pushed in her wheelchair by Nurse Aide 4 with her feet hanging down able to touch the floor. Nurse Aide 4 was telling the resident to keep her feet up in the air as they went through the hall. There were no footrests on her wheelchair to prevent her feet from dragging during the transport. An interview with Nurse Aide 4 at that time confirmed that the resident should have had leg rests on her wheelchair to prevent injury during the transport. Interview with the Director of Nursing on June 14, 2026, at 3:02 p.m. confirmed that residents should have leg rests on their wheelchairs while being pushed by staff.28 Pa. Code 201.14(a) Responsibility of Licensee.28 Pa. Code 201.18(b)(1)(e)(1) Management.28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Post Acute	136 Donahoe Manor Road Bedford, PA 15522

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to inform the resident and/or resident representative in advance of the risks and benefits of psychotropic medications (medications that affect the persons mental state, emotions and behavior) and the treatment alternatives prior to initiating the administration of the medication for two of 35 residents reviewed (Residents 51 and 59). Findings include: A facility policy related to psychoactive/psychotropic medication use, dated January 7, 2025, indicated that the resident or resident representative has the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the Alternative or option he or she prefers. Prior to administration of a psychotropic medication, the prescribing clinician will obtain informed consent from the resident (or, as appropriate, the resident representative) for use of a psychotropic medication and document the consent in the medical record. The facility must record the signed written consent in the resident's medical record. A new informed consent must be obtained for dosage increases of psychotropic medication. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's care needs and abilities) for Resident 51, dated June 1, 2026, indicated that the resident was cognitively impaired, was dependent of staff for daily care needs, received psychotropic medications including antianxiety and antidepressant medications, and had diagnoses that included dementia, anxiety, and depression. Physician's orders for Resident 51, dated October 15, 2025, included orders for the resident to receive 10 milligrams (mg) of Paxil (an antidepressant) daily for depression. Physician's orders for Resident 51, dated January 8, 2026, included orders for the resident to receive 20 mg of Paxil daily for depression. Physician's orders for Resident 51, dated January 16, 2026, included orders for the resident to receive 5 mg of Valium (a psychotropic medication used to treat anxiety) every eight hours for worsening behaviors related to anxiety disorder. There was no documented evidence in Resident 51's clinical record to indicate that the resident representative was informed in advance of the risks and benefits and treatment alternatives prior to initiating the increased dosages of Paxil and Valium. Interview with the Nursing Home Administrator on June 16, 2026, at 11:46 a.m. confirmed that there was no documented evidence in Resident 51's clinical record to indicate that the resident representative was informed in advance of the risks and benefits and treatment alternatives prior to initiating the increased dosages of Paxil and Valium. A quarterly MDS assessment for Resident 59, dated April 20, 2026, indicated that the resident was cognitively impaired, required assistance from staff for daily care needs, received psychotropic medications including antidepressant and antipsychotic (used to treat mental health disorders) medications, and had diagnoses that included dementia, anxiety, and depression. A nursing note for Resident 59, dated November 14, 2025, at 2:42 p.m. revealed that the physician gave a new order to increase the resident's Seroquel (an antipsychotic medication) to 50 mg daily at bedtime. Physician's orders for Resident 59, dated November 14, 2025, included orders for the resident to receive 50 mg of Seroquel daily at bedtime for Behavioral and Psychological Symptoms of Dementia (BPSD). There was no documented evidence in Resident 59's clinical record to indicate that the resident representative was informed in advance of the risks and benefits and treatment alternatives prior to initiating the increased dosage of Seroquel. Interview with the Nursing Home Administrator on June 17, 2026, at 1:11 p.m. confirmed that there was no documented evidence in Resident 59's clinical record to indicate that the resident representative was informed in advance of the risks and benefits and treatment alternatives prior to initiating the increased dosage of Seroquel. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(2) Management. 28 Pa. Code 201.29(a): Resident rights.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Post Acute	136 Donahoe Manor Road Bedford, PA 15522

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on a review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate Minimum Data Set assessments for two of 35 residents reviewed (Residents 42 and 65). Findings include: The Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set (MDS) assessments (required assessments of a resident's abilities and care needs), dated October 2025, revealed that Section N0415F1 Antibiotic Medications was to be coded if an antibiotic medication was taken by the resident at any time during the seven-day look-back period. Physician's orders for Resident 42, dated February 24, 2026, included an order for staff to apply 2% lidocaine/Nystatin/Silvadene /20% zinc topical cream (pain reliever/antifungal/ antibiotic/protective barrier) to the resident's sacrum (area located at the lower part of the spine) every day and evening shift for wound care. Review of the Medication Administration Record (MAR) for Resident 42, dated May 2026, revealed that staff had administered the 2% lidocaine/Nystatin/Silvadene /20% zinc cream to the resident's sacrum on May 1 through May 14, 2026. A quarterly MDS for Resident 42, dated May 14, 2026, revealed that section N0415F1 was not coded, indicating that the resident did not receive an antibiotic medication during the seven-day look-back assessment period. Physician's orders for Resident 65, dated April 3, 2026, included an order for the resident to receive 500-125 milligrams (mg) of Augmentin (an antibiotic) every twelve hours for seven days for cellulitis (bacterial skin infection). Review of the MAR for Resident 65, dated April 2026, revealed that staff had administered the Augmentin to the resident on April 3 through April 10, 2026. An annual MDS for Resident 65, dated April 15, 2026, revealed that section N0415F1 was not coded, indicating that the resident did not receive an antibiotic medication during the seven-day look-back assessment period. Interview with the Nursing Home Administrator on June 17, 2026, at 1:44 p.m. confirmed that the MDS was coded incorrectly for Residents 42 and 65. 28 Pa. Code 211.5(f) Medical records

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Post Acute	136 Donahoe Manor Road Bedford, PA 15522

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. Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to follow physician's orders for one of 35 residents reviewed (Resident 10), and failed to follow consultant recommendations to send a representative/staff member to an appointment for a resident unable to communicate causing the appointment to be canceled and a delay in treatment for one of 35 residents reviewed (Resident 68).Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) assessment for Resident 10, dated March 16, 2026, revealed that the resident was cognitively impaired, required assistance from staff for daily care needs, had skin tears, received application of nonsurgical dressings (with or without topical medications) other than to feet, and had a diagnosis of Coronary Artery Disease (CAD-a disease that limits blood flow to the heart caused by plaque buildup in the arteries). A care plan for the resident, dated December 9, 2023, included an intervention to apply tubi-grips (compression bandage designed to provide support and even pressure to an injured or swollen limb) to the bilateral lower extremities for edema. A wound consultant note for Resident 10, dated May 18, 2026, indicated that the resident had wounds and edema to the bilateral lower extremities and included recommendations to apply tubi-grips to the bilateral lower extremities daily on in the a.m. and off in the p.m. for edema. A physician's order for Resident 10, dated May 19, 2026, included an order to apply tubi-grips to bilateral lower extremities for edema and to remove tubi-grips to bilateral lower extremities every evening shift. Observations of Resident 10 on June 14, 2026, at 11:40 a.m. revealed that the resident was sitting in her wheelchair with visible bandages on her bilateral lower legs and no tubi-grips applied. Observations of Resident 10 on June 17, 2026, at 10:28 a.m. revealed that the resident was sitting in her wheelchair with visible bandages on her bilateral lower legs and no tubi-grips applied. The tubi-grips were observed sitting on her overbed table and the resident stated that they don't put them on. Interview with Licensed Practical Nurse 1 on June 17, 2026, at 12:39 p.m. confirmed that Resident 10's tubi-grips were not applied and they should have been. Interview with the Director of Nursing on June 17, 2026, at 2:30 p.m. confirmed that Resident 10's tubi-grips should have been applied and they were not. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 68, dated May 13, 2026, revealed that the resident was severely cognitively impaired, was non-verbal, and had diagnoses that included aphasia (a disorder that affects how you communicate). Physician's orders for Resident 68, dated March 9, 2026, included an order for the resident to have a caregiver attend her next appointment with her due to her inability to communicate with others. Review of Resident 68's consultation record from her neurology (specialist) appointment dated June 14, 2026, revealed that the resident did not have a caregiver present for the appointment as ordered on March 9, 2026 and therefore the physician could not assess the resident. Interview with the Director of Nursing on June 15, 2026, at 2:12 p.m. confirmed that Resident 68 was unable to communicate and that an attendant should have attended her physician's appointments, but did not. 28 Pa. Code 201.18(b)(1)(e)(1) Management. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Post Acute	136 Donahoe Manor Road Bedford, PA 15522

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 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, manufacturer's instructions and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that medications were properly labeled for two of 35 residents reviewed (Residents 42, 63) and failed to label one multi-dose vial of Tubersol solution with the date it was opened in one of two medications rooms reviewed. Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 42, dated May 14, 2026, revealed that the resident was moderately cognitively impaired, had pain frequently, received routine and as needed pain medications, and received an opioid (narcotic pain reliever). Physician's orders for Resident 42 dated May 20, 2026, included an order for the resident to receive 5 milligrams (mg) of Oxycodone twice a day for pain and 5 mg of Oxycodone every six hours as needed for moderate/severe pain. A review of the controlled drug count record (tracks each dose of a controlled medication) for Resident 42, revealed that the routine dose of Oxycodone was signed out of the as needed Oxycodone medication card on June 3 through 8, 2026. Interview with the Director of Nursing on June 16, 2026, at 1:02 p.m. revealed that the pharmacy only sends one card of Oxycodone and the routine and as needed doses are signed out of the card despite the label instructions. The facility's policy regarding Medication Administration, dated January 7, 2026, revealed that medication labels should be checked three times for the right dose, right time, and right method of administration prior to administering. A comprehensive Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 63, dated May 25, 2026, revealed that the resident was cognitively impaired and had diagnoses that included disorientation and depression. Physician's orders for Resident 63 dated March 26, 2026, included an order for the resident to receive 0.5 milligrams (mg) of Lorazepam (anti-anxiety medication) daily for depression (mood disorder). Observations on June 16, 2026, at 1:56 p.m. revealed that the label on the card of Lorazepam did not match the current physician's order. The label reads Lorazepam 0.5 mg give one table by mouth every eight hours as needed for agitation. Interview with the Director of Nursing on June 16, 2026, at 2:23 p.m. revealed that the label on Resident 63's Lorazepam should match the current physician's order for the medication and it did not. The facility's policy regarding medication labeling, dated January 7, 2026, revealed that multi-dose vials were to be labeled when opened. Manufacturer's instructions for Tubersol, undated, revealed that the vial of Tubersol is good for 30 days once opened. Observations in the TCU med room on June 15, 2026, at 12:38 p.m. revealed that there was an opened and undated vial of Tubersol solution in the fridge. Interview with Registered Nurse 2 on June 15, 2026, at 12:39 p.m. revealed that the Tubersol vial should have been labeled with the date when it was opened. 28 Pa. Code 2119(a)(1) Pharmacy Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Post Acute	136 Donahoe Manor Road Bedford, PA 15522

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. Based on review of policies and clinical records, observations, and staff interviews, it was determined that the facility failed to ensure that staff provided assistive devices to eat as ordered by the physician for one of 35 residents reviewed (Resident 37).Findings include:The facility policy for assistive devices, dated January 7, 2026, indicated that certain devices and equipment that assist with mobility, safety, and independence were provided for residents. They may include specialized eating utensils and equipment, safety devices for the bathroom, and mobility devices.A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 37, dated March 31, 2026, indicated that the resident was moderately cognitively impaired and required supervision from staff with eating. A care plan, dated May 22, 2026, revealed the resident was at risk for altered nutrition and was to have all foods in separate bowls for each meal.Observations of Resident 37 during the lunch meal on June 17, 2026, at 12:01 p.m. revealed that the resident was in bed eating lunch and she had a regular plate with her food items on it, she did not have a separate bowl for each food item. The resident's meal ticket for the noon meal indicated that she was to have all food items in separate bowls.Interview with Licensed Practical Nurse 1 on June 17, 2026, at 12:11 p.m. confirmed that Resident 37 did not have her food items in separate bowls and should have, according to the resident's meal ticket.28 Pa. Code 211.12(d)(3)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Post Acute	136 Donahoe Manor Road Bedford, PA 15522

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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on review of the facility's plans of correction and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies. Findings include: The facility's deficiencies and plans of corrections for State Survey and Certification (Department of Health) survey ending July 2, 2025, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending June 17, 2026, identified repeated deficiencies related to failure to correct deficient practices related to quality care, safe environment free from accident hazards, and storage and labeling of medications. The facility's plan of correction for a deficiency regarding quality of care, cited during the survey ending July 2, 2025, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F684, revealed that the facility's QAPI committee was ineffective in maintaining compliance with the regulation regarding quality of care. The facility's plans of correction for deficiencies regarding a safe environment that is free of accident hazards, cited during the survey ending July 2, 2025, revealed that the facility developed plans of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F689, revealed that the facility's QAPI committee failed to maintain compliance with the regulation regarding a safe environment that is free of accident hazards. The facility's plans of correction for deficiencies regarding storage and labeling of medications, cited during the survey ending July 2, 2025, revealed that the facility developed plans of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F761, revealed that the facility's QAPI committee failed to maintain compliance with the regulation regarding storage and labeling of medications. Refer to F684, F689, F761 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(e)(1) Management.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Post Acute	136 Donahoe Manor Road Bedford, PA 15522

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on review of policies, as well as observations and staff interviews, it was determined that the facility failed to ensure that proper hand-washing techniques were used during medication administration for one of 35 residents observed (Residents 7).Findings include: The facility's policies regarding Medication Administration, dated January 7, 2026, indicated that staff should follow infection control procedures, including hand sanitization for administration of medications. Observations during medication administration on June 15, 2026, at 8:50 a.m. revealed that Licensed Practical Nurse 5 was preparing Resident 7's medications. Using her bare hands, Licensed Practical Nurse 5 took a pill out of the cup and broke it in half. She then administered the medication to Resident 7. Interview with Licensed Practical Nurse 5 on June 15, 2026, at 8:55 a.m. confirmed that she should not have touched the pill with her bare hands. Interview with the Director of Nursing on June 15, 2026, at 2:12 p.m. confirmed that Licensed Practical Nurse 5 should not have touched the pill with her bare hands and administer the medication to Resident 7. 28 Pa. Code 211.12(d)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Post Acute	136 Donahoe Manor Road Bedford, PA 15522

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that each resident was offered and/or received the influenza and/or the pneumococcal immunizations for four of 35 residents reviewed (Residents 3, 13, 37, 42).Findings include:The facility's influenza and pneumonia vaccination policies, dated January 7, 2026 revealed that all residents would be offered the influenza and pneumonia vaccines.A quarterly Minimum Data Set (MDS) assessments (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated April 30, 2026, revealed that the resident was admitted to the facility on [DATE]. Section O0250 A (Influenza Vaccination) revealed that the resident did not receive the influenza vaccine in the facility for the year's influenza vaccination season, due to not being offered the vaccine. There was no documented evidence that the facility offered or administered the influenza vaccine to Resident 3. A quarterly MDS assessment for Resident 13, dated May 29, 2026 revealed that the resident was cognitively impaired, was admitted to the facility on [DATE], and that she was not offered the influenza or pneumonia vaccine. There was no documented evidence that Resident 13 was offered the influenza or pneumonia vaccine. A quarterly MDS assessment for Resident 37, dated March 31, 2026, revealed that the resident was admitted to the facility on [DATE]. Section O0300A (Pneumococcal Vaccination) revealed that the resident's pneumococcal vaccine was not up to date and that the resident was not offered the pneumococcal vaccine. A quarterly MDS assessment for Resident 42, dated May 14, 2026, revealed that the resident was admitted to the facility on [DATE]. Section O0250A (Influenza Vaccination) revealed that the resident did not receive the influenza vaccine in the facility for the year's influenza vaccination season, due to not being offered the vaccine.Interview with the Nursing Home Administrator on June 16, 2026 at 1:16 p.m. revealed that Residents 3, 13, 37, and 42 were not offered the influenza vaccine or the pneumonia vaccine and they should have been. 28 Pa. Code 201.14(a) Responsibility of Licensee.28 Pa. Code 201.18(b)(1) Management.28 Pa. Code 211.12(d)(1)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Post Acute	136 Donahoe Manor Road Bedford, PA 15522

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to provide accurate and timely documentation related to offering the COVID-19 vaccination for one of 35 residents reviewed (Resident 13).Findings include: A quarterly MDS assessment for Resident 13, dated May 29, 2026, revealed that the resident was cognitively impaired, was admitted to the facility on [DATE], and that she was not offered the influenza or pneumonia vaccine. Review of Resident 13's clinical record revealed no immunization or declination information documented related to the COVID-19 vaccine. Interview with the Nursing Home Administrator on June 16, 2026, revealed that Resident 13 was not offered the covid vaccination and should have been. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(e)(1) Management.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Post Acute	136 Donahoe Manor Road Bedford, PA 15522

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 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct mandatory training, for all staff, on the facility?s Quality Assurance and Performance Improvement Program. Based on review of the Nursing Assistant job description, facility documents and staff interviews, it was determined that the facility failed to provide Quality Assurance and Performance Improvement (QAPI) training to five of five nurse aides reviewed (Nurse Aides 6, 7, 8, 9, and 10).Findings include: Review of the facility nursing assistant job description indicated that nurse aides were to complete or attend all training and education as assigned and as otherwise required by applicable law, rule, or regulations. Review of Nurse Aide 6's personnel file revealed that she was hired on February 19, 2019. Review of her continuing education transcript revealed that she did not complete any annual education regarding Quality Assurance and Performance Improvement (QAPI) training. Review of Nurse Aide 7's personnel file revealed that she was hired on August 21, 2017. Review of her continuing education transcript revealed that she did not complete any annual education regarding Quality Assurance and Performance Improvement (QAPI) training. Review of Nurse Aide 8's personnel file revealed that she was hired on November 23, 2012. Review of her continuing education transcript revealed that she did not complete any annual education regarding Quality Assurance and Performance Improvement (QAPI) training. Review of Nurse Aide 9's personnel file revealed that she was hired on June 24, 2021. Review of her continuing education transcript revealed that she did not complete any annual education regarding Quality Assurance and Performance Improvement (QAPI) training. Review of Nurse Aide 10's personnel file revealed that she was hired on November 7, 1995. Review of her continuing education transcript revealed that she did not complete any annual education regarding Quality Assurance and Performance Improvement (QAPI) training. Interview with the Nursing Home Administrator on June 16, 2026, at 2:27 p.m. confirmed that Nurse Aides 6, 7, 8, 9, and 10 failed to complete the necessary education regarding Quality Assurance and Performance Improvement (QAPI) training. 28 Pa. Code: 201.14(a) Responsibility of Licensee 28 Pa. Code: 201.20(a) Staff Development