STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395243	A. Building B. Wing	05/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Ridge Center	75 Hickle Street Uniontown, PA 15401

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of observations, clinical record review, and staff interviews, it was determined that the facility failed to ensure that residents are free of significant medication errors for one of four residents reviewed (Resident R1).Findings include: Review of the facility policy, Medication Administration dated 3/12/25, indicated medications are administered in accordance with written orders of the prescriber. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 3/31/26, included diagnoses of hemiplegia (paralysis on one side of the body) and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of Resident R1's progress notes from admission to discharge (3/24/26 - 5/1/26) documented 14 times that Resident R1 was alert and oriented to person, place, and time. No progress notes were present in the clinical record to indicate a lesser level of orientation. Review of the plan of care dated for insulin dependent diabetes dated 3/25/26, indicated for staff to, Monitor for signs and symptoms of hyper/hypoglycemia (low/high blood sugar levels). Review of a physician's order dated 4/27/26, indicated Resident R1 was to receive insulin aspart (rapid-acting medication to treat high blood sugar) per a sliding scale before meals and at bedtime. Review of Resident R1's blood sugar level documentation from admission [DATE]) through 4/29/26, failed to reveal an early morning (approximately 6:00 a.m.) blood sugar level of greater than 306 mg/dL, approximately nine hours after the last administration of insulin. Review of Resident R1's blood sugar level documentation revealed a check completed on 4/29/26, at 5:27 p.m. and the next check on 4/30/26, at 7:30 a.m. Review of Resident R1's medication administration record (MAR) for April 2026 failed to reveal documentation that Resident R1 had his blood sugar checked or insulin provided on 4/29/26, scheduled for 9:00 p.m. Review of a progress note dated 4/30/26, at 12:39 a.m. indicated, The resident upset stated never received insulin on last shift from the nurse blood BS of 595, RN supervisor reached out to doctor for further instruction. Review of a progress note dated 4/30/26, at 1:15 a.m. indicated Resident R1 received six units of insulin aspart. Review of a progress note dated 4/30/26, at 8:16 a.m. indicated, This writer [Registered Nurse (RN) Employee E1] was notified by [Licensed Practical Nurse (LPN) Employee E2] resident refused BG (blood glucose) check. This RN went to the resident, and he did let this writer check his BG which was at 249. This writer was reported to that his sugar was 595 overnight. MD (Doctor of Medicine) notified of current glucose. Review of Resident R1's blood sugar record indicated that Resident R1 had a blood sugar level of 595 mg/dL inaccurately documented for 4/30/26, at 8:41 a.m. Review of a Late Entry progress note created by LPN Employee E3 on 4/30/26, at 2:33 p.m. indicated, This nurse worked 3-11 shift yesterday. Resident A&O (alert and oriented) able to make needs known, checked sugar at suppertime Accu Check was 250 meds and insulin given per order. Resident didn't eat our meal, OOB (out of bed) to w/c (wheelchair) in dining room with family - family brought in pizza and resident ate. During last med pass gave sliding insulin and long-acting insulin per orders, missed noting accucheck (blood sugar check) at time was 358. Resident had no complaints all shift.Further review of the clinical record failed to reveal documentation of a blood sugar level of 358, failed to reveal documentation of insulin provided to the resident or what units (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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	provided, and failed to reveal documentation or other information to indicate why Resident R1's blood sugar level was 595 mg/dL at approximately 12:30 a.m., three hours after insulin would have been provided when, as documented in the blood sugar level record, it had never been higher than 306 mg/dL at approximately nine hours after insulin was provided.During an interview on 5/23/26, at approximately 5:30 p.m. the Nursing Home Administrator confirmed the facility failed to ensure that residents are free of significant medication errors for one of four residents. 28 Pa. Code: 201.14 (a) Responsibility of licensee.28 Pa. Code: 201.18 (b)(1) Management.28 Pa. Code: 211.9(a)(1)(2)(g)(h)(k) Pharmacy Services.28 Pa. Code: 211.12 (d)(1)(2)(3)(5) Nursing services.