

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395265	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2026
NAME OF PROVIDER OR SUPPLIER Pavilion at St Luke Village, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Stacie Drive Hazleton, PA 18201	
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 - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, a review of facility policies, clinical records, facility-provided investigative documentation, and staff interviews, it was determined the facility failed to provide adequate supervision and implement effective, individualized interventions to prevent repeated falls for one of 23 residents reviewed (Resident 104) resulting in actual harm including a subdural hematoma and sacral fracture, requiring hospitalization. Findings include: A review of the facility's Accidents and Supervision policy, last reviewed by the facility on February 12, 2026, indicated the facility would provide each resident with adequate supervision and appropriate assistive devices to prevent accidents. The policy directed staff to identify and assess accident hazards and risks, implement interventions to reduce identified risks, monitor the effectiveness of those interventions, and modify them as the resident's needs or condition changed. The policy indicated that supervision is an intervention used to reduce accident risk and must be individualized based on each resident's assessed needs while supporting the resident's highest practicable level of independence and dignity. A review of the facility's Fall Prevention Program policy, last reviewed on February 12, 2026, indicated each resident would receive a fall risk assessment and individualized interventions based on the resident's level of fall risk. The policy directed staff to implement appropriate fall prevention interventions, including maintaining a safe environment, routine rounding, monitoring changes in gait, balance, and mobility, encouraging the use of non-slip footwear, and providing assistance with ambulation or toileting as indicated. For residents identified as high risk for falls, the policy included additional interventions such as increased staff supervision, assistive devices, increased frequency of rounds, low bed placement, medication review, alternate call system access, scheduled ambulation or toileting assistance, referral to therapy services, and other individualized interventions as appropriate. A review of the clinical record revealed that Resident 104 was admitted to the facility on [DATE], with diagnoses that included unspecified dementia with behavioral disturbances (a condition affecting memory, judgment, thinking, and decision-making that may cause confusion, poor safety awareness, agitation, wandering, and other behavioral symptoms) and cardiomyopathy (a disease of the heart muscle that reduces the heart's ability to pump blood effectively and may contribute to weakness, dizziness, or fatigue). Upon admission, Resident 104 had a physician's order for Apixaban 5 milligrams (mg) by mouth twice daily. Apixaban is an anticoagulant (blood thinner), a medication that reduces the blood's ability to clot to help prevent conditions such as stroke or blood clots. Because blood thinners increase the risk of bleeding, falls may result in more serious injuries. A review of the facility's fall risk assessment, dated May 16, 2026, revealed that Resident 104 received a fall risk score of 23, identifying the resident as high risk for falls. The assessment identified multiple fall risk factors, including a history of three or more falls within the previous three months, (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 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	experienced repeated falls associated with cognitive impairment, impulsive behaviors, wandering, urinary incontinence, impaired gait and balance, poor safety awareness, and anticoagulant therapy. Although each fall occurred under similar circumstances during overnight attempts to ambulate independently to the bathroom, the facility primarily responded by adjusting scheduled toileting times and requesting therapy services despite the recurrence of falls under substantially similar circumstances rather than implementing other effective interventions to address the recurring pattern of falls. Consequently, Resident 104 sustained additional falls that resulted in actual harm, including a subdural hematoma and sacral fracture requiring hospitalization. During an interview with the Nursing Home Administrator (NHA) on July 16, 2026, at 1:30 PM the above findings were reviewed. The NHA did not provide additional information or documentation demonstrating the facility implemented increased supervision or more effective, individualized interventions following Resident 104's repeated falls before the resident sustained a subdural hematoma and sacral fracture requiring hospitalization. 28 Pa Code 211.10 (c) Resident care policies. 28 Pa. Code 201.18(b)(1) Management. 28 Pa. Code 211.12(d)(3)(5) Nursing services.		

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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. Based on observation and staff interview, it was determined the facility failed to maintain sanitary food storage and food service practices to prevent contamination and microbial growth (the growth of bacteria, mold, or other microorganisms that can make food unsafe) in the dietary department and failed to ensure that personal resident refrigerators were monitored and maintained at safe storage temperatures to reduce the risk of foodborne illness for two residents of five residents observed on the second-floor nursing unit (Residents 8 and 28). Findings include: Food safety and inspection standards for safe food handling indicate that everything that comes in contact with food must be kept clean and food that is mishandled can lead to foodborne illness. Safe steps in food handling, cooking, and storage are essential in preventing foodborne illness. You cannot always see, smell, or taste harmful bacteria that may cause illness according to the USDA (The United States Department of Agriculture, also known as the Agriculture Department, is the U.S. federal executive department responsible for developing and executing federal laws related to food). A review of a facility policy entitled Environment indicated that all food preparation areas, food service areas, and dining areas would be maintained in a clean and sanitary condition. The Dining Service Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation. Cleaning schedules will be in place for all cooking equipment, food storage areas, and surfaces. During the initial tour of the dietary department conducted with and confirmed by the Registered Dietitian (RD) on July 14, 2026, at 10:28 AM, the surveyor observed multiple unsanitary conditions with the potential to introduce contaminants into food and increase the potential for food-borne illnesses, were identified: Observation of the exterior surfaces and tubing of the juice dispensing system were sticky to the touch. More than 10 small black flies were present on the equipment, adhered to the tubing, and on juice boxes stored nearby. The nectar-thick juice dispensing nozzle was observed resting inside a green sanitizing bucket containing a cloudy, milky-colored liquid with floating gelatinous material. The honey-thick liquid dispensing nozzle rested in a stainless-steel holder containing cloudy liquid with yellow-colored particles. The floor drain beneath the tray line steam table was corroded and contained black substance and food particles. Small black flies were observed emerging from the drain and flying around the bottom of the steam table. There were numerous small black flies on the wall behind the cold food preparation area. Debris was observed on the lids of bulk food storage bins containing thickener, sugar, and flour. Inside the janitor's closet, the surveyor a mop was submerged in a mop bucket that remained inside the floor sink. Upon exiting the dietary department, there was standing water outside the dish room with insects flying around the area. At the conclusion of the initial kitchen tour, the Registered Dietitian reviewed and confirmed all of the above observations. During a follow-up observation of the dietary department on July 16, 2026, at 11:54 AM, the surveyor again observed standing water outside the dish room with insects continuing to fly around the area. During an interview on July 16, 2026, at 11:55 AM, the Dietary Services Director confirmed that small black flies had been present in the dietary department since May 2026 and stated the facility had been working to correct the problem. A review of the facility policy titled Personal Refrigerators, last reviewed February 12, 2026, revealed each personal refrigerator was to contain a working thermometer, maintain an internal temperature of 41 degrees Fahrenheit or less, and have temperatures monitored routinely by staff. During an interview on July 15, 2026, at 11:00 AM, the Director of Nursing stated staff were to document daily internal temperatures for each personal refrigerator on a temperature log posted outside the refrigerator. The (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Director of Nursing further stated all opened food items stored in personal refrigerators were to be dated and discarded after three days. Observation of Resident 8's personal refrigerator on July 14, 2026, at 10:30 AM revealed an internal temperature of 50 degrees Fahrenheit as measured by the thermometer inside the refrigerator. The refrigerator contained a container of chili and a hamburger. Neither food item was dated, making it impossible to determine how long the food had been stored. Observation of Resident 28's room on July 14, 2026, at 10:40 AM revealed two personal refrigerators. One refrigerator measured 50 degrees Fahrenheit. The refrigerator temperature log posted on the outside of the refrigerator lacked documented daily temperature checks for July 1, 2, 6, 7, 8, 9, 10, 11, and 12, 2026. Observation of Resident 28's second refrigerator revealed a carton of eggs stored inside; however, the refrigerator did not contain a thermometer to monitor internal temperature. No refrigerator temperature log was available to document routine temperature monitoring. Interview with the Director of Nursing on July 15, 2026, at 11:15 AM confirmed all food stored in personal refrigerators was to be dated, refrigerator temperatures were to be maintained at 41 degrees Fahrenheit or below, and the 11:00 PM to 7:00 AM shift was responsible for documenting daily refrigerator temperatures and adjusting the thermostat, as needed, to maintain safe food storage temperatures. The Director of Nursing confirmed the observations identified during the survey were not consistent with facility policy. 28 Pa. Code 201.18 (e) (2.1) Management .28 Pa. Code 211.12 (c)(d)(3)(5) Nursing services.		

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on pest control record review, observations, and staff interview, it was determined that the facility failed to implement and maintain an effective pest management program to prevent and control pest activity in the dietary department. Findings include: A review of the facility policy titled Pest Control Policy, last reviewed February 12, 2026, indicated the facility would maintain an effective pest control program to eradicate (eliminate) and contain common household pests and rodents. The policy indicated the facility would maintain a reporting system to address pest issues identified between scheduled visits by the contracted pest management company and would implement appropriate indoor and outdoor pest control measures in accordance with state and federal regulations. A review of the facility's contracted pest management agreement, signed May 23, 2005, indicated the contractor would provide bioremediation (the use of naturally occurring microorganisms to break down grease and organic material that can support insect breeding) to reduce drain fly breeding sites, control kitchen odors, prevent drain line clogs, and maintain grease traps. The agreement also required monthly inspection and servicing of the kitchen bioremediation injection system. A review of the contracted pest management report dated April 17, 2026, revealed the pest management technician documented observations of greater than 400 miscellaneous flies and 11 to 25 house flies in multiple areas of the kitchen. The technician performed pest treatments and recommended removing the accumulation of damaged non-food items stored beneath kitchen equipment to eliminate conditions that could attract pests. A review of the contracted pest management report dated May 18, 2026, revealed continued pest activity, including eight mosquitoes, four house flies, four moths, and greater than 35 fruit flies in multiple kitchen areas. The technician again performed pest treatments and documented that the recommendation issued on April 17, 2026, to remove the accumulated materials beneath kitchen equipment remained uncorrected. A review of the contracted pest management report dated June 17, 2026, revealed ongoing and increased pest activity, including eight mosquitoes, four house flies, four moths, and greater than 500 fruit flies in multiple kitchen areas. The technician again documented that the April 17, 2026, recommendation to remove the accumulated materials beneath kitchen equipment remained pending. During the initial tour of the dietary department on July 14, 2026, at 10:28 AM, in the presence of the Registered Dietitian, surveyors observed the juice dispensing system with sticky exterior surfaces and tubing. Greater than 10 small black flies were present on the surfaces, adhered to the tubing, and on the juice boxes. Surveyors observed the floor drain beneath the tray line steam table with corrosion, black residue, and accumulated food particles. Multiple small black flies emerged from the floor drain and flew around the base of the steam table. Surveyors also observed numerous small black flies on the wall behind the cold food preparation area. The facility failed to demonstrate that it consistently corrected environmental conditions that contributed to pest activity, implemented recommendations provided by its contracted pest management company, or maintained sanitary conditions necessary to reduce pest breeding and harborage (areas where pests live and reproduce) within the dietary department. The facility could not provide documented evidence of increased provisions for pest management visits in efforts to eradicate and deter pest activity, flies, in the dietary department. During an interview with the Nursing Home Administrator (NHA) on July 17, 2026, at 11:15 AM, the above findings were reviewed and confirmed. Cross Ref. F812 28 Pa. Code 201.18 (e) (2.1) Management		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observations, a review of clinical records, and resident and staff interviews, it was determined the facility failed to provide care in a manner that promotes and enhances each resident's dignity and quality of life by failing to respond in a timely manner to residents' requests for assistance and providing care in a language that is understood by the resident for 6 out of 23 residents reviewed (Residents 10, 58, 69, 6, 71, and 1) and including experiences reported by 7 out of 9 residents during a resident group interview (Residents 10, 27, 28, 31, 36, 53, 59, 1, and 92). Findings include: A review of the facility policy titled Resident Rights, last reviewed by the facility on February 12, 2026, revealed it is the facility policy that residents have the right to be treated with respect and dignity and the facility will ensure all direct care and indirect care staff members are educated on the rights of residents and the responsibility of the facility to properly care for its residents. During an interview on July 14, 2026, at 10:15 AM Resident 10 explained that she often waits over an hour for staff to assist her with care after she rings her call bell for assistance. She indicated that over the past weekend she waited an hour for staff to provide care. Resident 10 explained that she thinks the facility has enough employees, but they don't seem to work together to ensure residents get the care they need. She indicated that when her nurse aide is providing care for other residents, other nurse aides do not offer to help, so she often waits 45 minutes to an hour for assistance. Resident 10 explained that she has brought this up at resident council and filed grievances over the last few months, but the wait times for care have not improved. During an interview on July 14, 2026, at 10:56 AM, Resident 71 explained that she sometimes waits more than an hour for staff to respond to her call bell for assistance. She indicated that she needs help getting to the bathroom, getting cleaned up, and getting into and out of bed but sometimes has to wait for more than an hour. Resident 71 indicated that it has been this way for a while, and she experiences the longest wait times for assistance on the day shift. During an interview on July 14, 2026, at 11:25 AM, Resident 58 stated that she frequently waits so long for staff to answer her call bell that she has been unable to get to the bathroom in time and has soiled herself. She stated, I take medication for it (incontinence), but I still can't hold it in very long when I have to go. Resident 58 reported feeling embarrassed and humiliated when she is left sitting in soiled clothing while waiting for staff assistance. She stated that staff often tell residents they are short staffed because employees have called off, but she feels her dignity is not respected when she is forced to remain incontinent while waiting for help. During an interview on July 14, 2026, at 11:45 AM, Resident 69 reported that it is not uncommon to wait longer than one hour for staff to respond to her call bell. She stated, Especially around meals, like 11:30 AM to 1:30 PM, you could die, and no one will come. And if you ask why it took so long, all you receive are excuses. Resident 69 stated that the prolonged wait makes her feel ignored and that her needs are not important. She also reported that two staff members spoke to one another in a language she could not understand while providing her care. Resident 69 stated she asked them to speak English, and one staff member replied, We're not talking to you. Resident 69 stated the response made her feel disrespected and excluded while receiving personal care in her room. She reported feeling uncomfortable because staff continued talking while she was unable to understand the conversation. During an interview on July 14, 2026, at 12:25 PM, Resident 6 reported staff frequently take over an hour to respond to his call bell, leaving him waiting for assistance with his care needs. He stated the prolonged delays make him feel as though his needs do not matter. Resident 6 also reported staff speak to one another in a foreign language while providing his care, making him feel excluded and (continued on next page)		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	uncomfortable because he cannot understand what is being said while they are caring for him. He further reported observing staff wearing earbuds and talking on their phone during care, stating he feels they are not paying attention to him and that their behavior is disrespectful while providing personal care. During an interview on July 14, 2026, at 12:48 PM, Resident 1 stated she frequently waits more than 30 minutes for staff to answer her call bell, especially during mealtimes. She stated the repeated delays make her feel that residents are an inconvenience and that their requests are not treated with importance. She reported feeling frustrated and disrespected when left waiting for assistance. Observation on July 14, 2026, at 12:48 PM, revealed Resident 1 activated her call bell to request a nebulizer breathing treatment (method of delivering liquid medication directly into the lungs by converting it into a fine mist that the person inhales through a face mask). Staff answered the call bell at 1:00 PM, 13 minutes later. The observation confirmed a delay in responding to the resident's request for assistance, consistent with the resident's report of prolonged response times. During a resident group interview on July 15, 2026, at 10:00 AM, seven out of nine residents indicated experiencing long wait times for care (Residents 10, 27, 28, 36, 53, 59, and 1). Residents 31 and 92 indicated that they are able to care for themselves independently and do not ring their call bell for assistance. Six out of nine residents indicated that they are upset because some staff speak in a language they do not understand when they are providing care (Residents 59, 10, 27, 28, 36, and 1). During the group interview, Resident 53 indicated that after five to ten minutes of waiting for staff to help her to the bathroom, she transfers herself, despite it not being safe. She indicated that it often takes 40 minutes or longer for staff to respond and assist her off the toilet. Resident 53 explained this has been going on for a while and has not improved. During the group interview, Resident 59 indicated that she often waits 30 to 45 minutes for staff to respond to her call when she rings for assistance. She indicated that she experiences the longest wait times at night, and during meals it is hard to get anyone to provide care. Resident 59 explained that residents have raised this concern during group meetings, but the wait times for care remained long. During the group interview Resident 10 explained that she often waits over an hour for staff to assist her with care after she rings her call bell for assistance. Resident 10 explained that she has brought this up at resident council and filed grievances over the last few months, but the wait times for care have not improved. During the group interview Resident 27 explained that she often waits 30 minutes to an hour for staff to assist her to bed. She indicated that after 45 minutes she gets frustrated and sometimes yells out into the hallway for help. Resident 27 indicated that it makes her even more angry and frustrated when staff ask, Why are you yelling? She explained that she is also upset because staff sometimes speak on the phone when they are providing her care and sometimes talk on the phone in a language she does not understand when providing her care. Resident 27 indicated that residents have brought these issues up during resident council meetings, but the issue has not improved. During the group interview Resident 28 explained that he often waits 30 to 45 minutes for staff to provide him care after he rings his call bell for assistance. He indicated that these long wait times occur across all shifts. He indicated that yesterday he was upset because he overheard an aide ask another aide for assistance providing care for a resident, but the aide did not help because she was reading a novel. Resident 28 indicated that it is a problem that staff speak in a language he does not understand when providing him care. Resident 28 indicated that residents have brought up these issues during resident council meetings, but nothing has improved. During the group interview Resident 36 explained that he often waits 30 to 45 minutes for staff assistance after he rings his call bell for assistance. He indicated that he experiences these wait times across all shifts. Resident 36 indicated that it is a problem that staff speak in a language he does not understand when providing him care. Resident 36 indicated that (continued on next page)		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	residents have discussed these care issues during resident council meetings, but nothing has improved. During the group interview, Resident 1 explained that she is worried because it often takes staff 30 to 45 minutes to respond to her call bell rings for assistance. She indicated that it scares her because if she has an emergency, then it may be too long to get immediate help. Resident 1 explained that it bothers her when staff speak in a language she does not understand when they provide her care. She indicated that residents have raised the concern about long wait times for care and staff speaking in languages they don't understand during care, but the issues have not improved. During an interview on July 16, 2026, at 1:30 PM, the above information was reviewed with the nursing home administrator (NHA). The NHA was unable to explain why residents are reporting untimely staff responses to residents' requests for assistance and care. The NHA indicated that the facility has been addressing concerns regarding language and communication during care.Refer F565 28 Pa. Code 201.18 (e)(1) Management. 28 Pa. Code 201.29 (a) Resident rights. 28 Pa. Code 211.12 (d)(4) Nursing services.		

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on a review of facility policy, Resident Council meeting minutes, and resident and staff interviews, it was determined the facility failed to put forth sufficient efforts to promptly resolve continued resident complaints and grievances expressed during resident group meetings, including those voiced by seven of nine residents attending a resident group meeting (Residents 10, 27, 28, 31, 36, 53, 59, 1, and 92). Findings include: A review of the facility's Resident and Family Grievances policy, last reviewed on February 12, 2026, revealed it is the policy of the facility to support each resident's right to voice grievances without discrimination, reprisal, or fear of discrimination. Residents may voice grievances with respect to care and treatment that has been furnished as well as that which has not been furnished, the behavior of staff, and other concerns regarding their long-term care stay. All staff involved in the grievance investigation or resolution should make prompt efforts to resolve the grievance. The grievance official, or designee, will keep the resident appropriately apprised of the progress toward resolution of the grievances. A review of resident group meeting minutes dated April 15, 2026, at 2:00 PM revealed residents in attendance raised concerns about long wait times for staff to respond to call bell rings for assistance on weekends and night and evening shifts. The minutes indicated a grievance was filed. Concerns regarding long wait times for care during weekend shifts appear in old business (agenda items discussed in a prior meeting), and the issue is documented as unresolved. A grievance dated April 15, 2026, revealed Resident 10 raised a concern that call bells go unanswered. The form indicated that the resident has obsessive-compulsive tendencies and prefers immediate gratification or else becomes frustrated. The grievance indicates the facility addressed Resident 10's concerns and communicated the findings verbally to Resident 10, and the grievance was resolved on April 20, 2026. A review of resident group meeting minutes dated May 28, 2026, at 2:00 PM revealed residents in attendance raised concerns about long wait times for staff to respond to call bell rings for assistance on night and evening shifts, and a grievance was filed. Concerns regarding long wait times for care appear in old business, and the issue is documented as unresolved. A grievance dated May 28, 2026, revealed Resident 10 raised a concern that call bells go unanswered at all times and all shifts throughout the day. The documentation indicated that the facility was unable to verify the same and unable to narrow down specific staff to address the concern, as the resident indicates always. The grievance indicates the facility addressed Resident 10's concerns, communicated the findings verbally to Resident 10, and the grievance is resolved on June 5, 2026. A review of resident group meeting minutes dated June 17, 2026, at 2:00 PM revealed residents in attendance raised concerns about long wait times for staff to respond to call bell rings for assistance. The minutes indicated that the facility initiated staff education and monitoring. Concerns regarding long wait times for care appear in old business, and the issue is documented as satisfied and resolved, despite residents continuing to raise the concern during the meeting. Also, during the meeting residents in attendance raised a concern that they are unable to understand many nurse aides (the meeting minutes did not elaborate on the communication concern). During a resident group interview on July 15, 2026, at 10:00 AM, seven out of nine residents indicated experiencing long wait times for care (Residents 10, 27, 28, 36, 53, 59, and 1). Two out of nine residents (Residents 31 and 92) indicated that they are able to care for themselves independently and do not ring their call bell for assistance. All residents in attendance indicated that residents raise concerns about long wait times for care during resident council meetings. Residents 10, 27, 28, 36, 53, 59, and 1 explained that the issue has not been resolved and remains a concern. During an interview on July 16, 2026, at 1:30 PM, the above information was reviewed with the nursing home (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	administrator (NHA). The NHA was unable to explain why residents continue to report untimely staff responses to residents' requests for assistance and care. The NHA indicated that the facility has been auditing and monitoring staff response to resident calls for assistance and has not identified a concern. A review of resident council meeting minutes for April, May, and June 2026 revealed residents raised concerns in three out of three months reviewed regarding long wait times for care. During a resident group meeting on July 15, 2026, Residents 10, 27, 28, 36, 53, 59, and 1 indicated that long wait times for care continue to be a concern, despite raising the issue at several resident council meetings over the past few months. The facility failed to put forth sufficient efforts to promptly resolve continued resident complaints and grievances expressed during resident group meetings. Refer F550 28 Pa. Code 201.18 (e)(1) Management. 28 Pa. Code 201.29 (a) Resident rights. 28 Pa. Code 211.12 (d)(3) Nursing services.		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records and staff interviews, it was determined the facility failed to transcribe and implement physician orders for eye care hygiene to reduce the risk of infection for one of 23 residents reviewed (Resident 71). Findings include: A clinical record review revealed Resident 71 was admitted to the facility on [DATE], with diagnoses that include blepharitis (a common, chronic inflammation of the eyelids, typically caused by bacterial overgrowth or clogged oil glands at the base of the eyelashes) and a retinal tear of the left eye (a small rip in the light-sensitive tissue lining to the back of the eye). A care plan indicating Resident 71 has a self-care performance deficit related to activity intolerance and impaired balance was indicated on October 28, 2021. Interventions implemented to improve Resident 71's current level of function with activities of daily life include providing the assistance of one staff member for personal hygiene (the ability to maintain one's own cleanliness, specifically combing hair, shaving, applying makeup, and washing and drying the face and hands). A care plan indicating Resident 71 has impaired visual function related to dry eyes, cataracts, and blepharitis initiated on August 4, 2022. Interventions implemented to ensure the resident will have no indications of acute eye problems include arranging consultation with an eye care practitioner as required and monitoring, documenting, and reporting any symptom of an acute eye problem. A review of an external ophthalmology consultation (eye care) dated June 1, 2026, revealed Resident 71 was evaluated for moderate burning of both eyes. The ophthalmologist documented that the resident had chronic blepharitis affecting the ocular surface and recommended daily eyelid hygiene using a warm washcloth, continuation of lid scrubs, and erythromycin (antibiotic medication) twice daily for two weeks. A review of the facility progress note dated June 2, 2026, at 11:31 AM, revealed staff documented that the ophthalmologist's recommendations had been reviewed, new orders were noted, and the resident representative was notified. A subsequent review of the clinical record revealed the facility failed to transcribe or implement the ophthalmologist's recommendation to provide daily eyelid hygiene with a warm washcloth. The clinical record contained no documented evidence that staff cleansed Resident 71's eyelids daily with a warm washcloth after the June 1, 2026, consultation. According to the National Eye Institute, treatment for blepharitis typically requires a consistent daily eyelid hygiene regimen that includes applying a warm compress to loosen debris and unblock oil glands, gently cleansing the eyelids, rinsing and drying the eyelids, and using artificial tears as indicated. A review of a facility progress note dated June 25, 2026, at 12:01 PM, revealed a Certified Registered Nurse Practitioner (CRNP) evaluated Resident 71 after the resident developed redness of the right eye with clear yellow drainage and complained of a picking sensation. The CRNP ordered a culture and sensitivity of the eye drainage (a laboratory test used to identify the organism causing an eye infection and determine which antibiotics are effective against). Staff documented that they notified the resident representative and reviewed hand hygiene with the resident. A review of an external ophthalmology consultation dated July 13, 2026, revealed the ophthalmologist completed a comprehensive eye examination, discussed the chronic nature of the resident's blepharitis, and again recommended daily lid scrubs preceded by application of a warm compress. A review of the facility progress note dated July 13, 2026, at 3:58 PM, revealed Resident 71 returned from the ophthalmology appointment in stable condition. Staff documented receipt of recommendations to apply a warm washcloth to the eyelids three times daily, cleanse the eyelids and eyelashes with one drop of baby shampoo while the eyelids remained closed for one to two minutes, rinse the eyelids, pat them dry, and notify the resident representative. A review of physician orders dated July 13, 2026, revealed the (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	facility transcribed the order directing staff to cleanse the resident's eyelids and eyelashes with baby shampoo, rinse, and pat dry three times daily. However, the facility failed to transcribe or implement the ophthalmologist's recommendation to apply a warm compress before performing eyelid hygiene. The clinical record contained no documented evidence staff applied a warm compress before providing eye care as recommended by the ophthalmologist. During an interview on July 14, 2026, at 10:56 AM, Resident 71 stated that her eyes had been hurting for several weeks. She reported that her eyes itched frequently, watered often, and were painful. A review of a progress note dated July 16, 2026, at 10:41 AM, revealed Resident 71 developed redness of the left sclera (white outer covering of the eye) with clear drainage and continued to complain of a picking sensation in the eye. Staff documented that they notified the physician, who prescribed antibiotic eye drops. Staff also documented re-education regarding hand hygiene and eye care and notified the resident representative. During an interview on July 16, 2026, at 1:30 PM, the above information was reviewed with the nursing home administrator (NHA) and director of nursing (DON). A review of the facility progress note dated July 16, 2026, at 10:41 AM, revealed Resident 71 developed redness of the left sclera with clear drainage and continued to complain of a picking sensation in the eye. Staff documented that they notified the physician, who prescribed antibiotic eye drops. Staff also documented re-education regarding hand hygiene and eye care and notified the resident representative. 28 Pa Code 211.2 (3) Medical director. 28 Pa Code 211.10 (c)(d) Resident care policies. 28 Pa Code 211.12 (d)(3)(5) Nursing services.		

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observations, review of clinical records and facility documents, review of select facility policy, and resident and staff interviews, it was determined the facility failed to provide food and beverages consistent with residents' assessed and documented food preferences and intolerances for two residents of 23 residents reviewed (Residents 69 and 58). Findings include: Review of the facility policy titled Dining and Food Preferences, last reviewed by the facility on February 12, 2026, revealed individualized dining, food, and beverage preferences are identified for all residents. The Dining Services Director, or designee will interview the resident or resident representative to complete a food preference interview within 72 hours of admission. The purpose of this interview will be to identify individual preferences for dining location, mealtimes, including times outside of the routine schedule, and food and beverage preferences. The food preference interview will be entered into the medical record. Food allergies, food intolerances, food dislikes and food and fluid preferences will be entered into the resident profile in the menu management software system. The individual tray assembly ticket will identify all food items appropriate for the resident based on diet order, allergies, intolerances, and preferences. During an interview of July 14, 2026, at 11:45 AM, Resident 69 stated that she was dissatisfied with the meals because she was frequently served foods that she had repeatedly informed staff she did not like or could not tolerate. She reported disliking tomatoes, cabbage, baked beans, Brussels sprouts, asparagus, and seafood. She further stated tomatoes caused severe heartburn and stomach upset. Resident 69 stated, Every time I'm served a salad, they put tomatoes on it and every time there's hotdogs, they give me baked beans. The tomatoes and baked beans make my stomach very upset. I've told them a million times, but they don't listen or care because they keep giving them to me. Review of Resident 69's meal ticket (a menu-based document that provides essential information about a resident 's meal such as diet order, preferences, food allergies, dislikes, dining location, supplements, and adaptive equipment if required, and helps staff accurately prepare and serve meals to residents based on their individual needs and preferences) revealed no indication of her food dislikes or intolerances. Observation of the resident's lunch meal tray, at the time of the interview, revealed she was served a turkey burger on a bun with lettuce and tomato, broccoli salad, potato chips, fruit salad and vanilla ice cream. Review of the facility provided document titled Meal Tracker dated June 17, 2026, revealed Resident 69's documented dislikes included fish, baked beans, Brussels sprouts, cabbage, spinach, soft chicken tacos with tomatoes, beef pepper steak, beef soft tacos, corn on the cob, whole kernel corn, cornbread, corned beef, cornflake encrusted chicken dishes, beef stuffed green peppers, fried cabbage with tomatoes, oatmeal, and onion pepper chicken, and other identified food items. Despite these documented preferences, the resident's meal ticket did not reflect her food dislikes or intolerances to tomatoes. During an interview on July 14, 2026, at 12:21 PM, Resident 58 stated I hate mayo and they put it on everything. She also stated that she disliked carrots, broccoli, spinach, Brussels sprouts, asparagus, cabbage (except sauerkraut), zucchini, squash, and fish. Resident 58 stated that whenever carrots are served, she was not offered an alternate vegetable and therefore went without a vegetable for that meal. She further stated she continued to receive foods containing mayonnaise despite informing staff she could not eat them. Observation of Resident 58's lunch meal tray at the time of the interview revealed she was served a ground turkey burger on a bun with mayonnaise on the side, potato salad, broccoli salad, and sliced peaches and pears. Review of the resident's meal ticket revealed no indication of her dislike of broccoli, mayonnaise, or her other reported food (continued on next page)		

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	preferences. Review of the facility's Meal Tracker dated April 22, 2026, revealed Resident 58's documented dislikes included broccoli, broccoli salad, spinach, fish, carrots, cauliflower, and oatmeal. There was no evidence that the resident's additional reported dislikes, including mayonnaise, cabbage, zucchini, squash, Brussels sprouts, and asparagus, had been incorporated into the meal service process or reflected on the meal ticket. The facility failed to ensure the residents' assessed and documented food preferences and intolerances were accurately reflected on meal tickets and implemented during meal service, resulting in residents being served foods they had identified as disliked or not tolerated. During an interview on July 16, 2026, at 9:35 AM, the Nursing Home Administrator confirmed the facility failed to ensure residents received meals consistent with their documented food preferences and intolerances. 28 Pa. Code 211.6(a) Dietary services.28 Pa. Code 201.29(a) Resident rights.28 Pa. Code 201.18(b)(1)(3) Management.28 Pa. Code 211.10 (c) Resident Care Policies.		

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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 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Have policies on smoking. Based on clinical record review, staff and resident interviews, and select policy review, it was determined the facility failed to assure that smoking paraphernalia was properly secured for one smoking resident to assure the use of these materials were utilized in a safe manner for one resident who smoked (Resident 28). Findings include: Review of the facility's resident smoking policy, last reviewed February 12, 2026, revealed that it was the policy of the facility to provide a safe and healthy environment and that safety protections apply to smoking and non-smoking residents. The policy indicated that smoking was only allowed in designated smoking areas, which are located only on the outside of the building. An interview with the Director of Nursing (DON) on July 14, 2026, at 10:00 AM revealed the facility had one alert and oriented resident deemed an independent smoker, which allowed this resident to maintain control of his smoking paraphernalia (cigarettes, lighters, matches etc.) if safely maintained and safeguarded from unsafe use. Clinical record review revealed that Resident 28 had a history of tobacco use and smoked cigarettes on a daily basis. A review of Resident 28's quarterly Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated May 7, 2026, revealed the resident was cognitively intact with a BIMS score of 15 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13 through 15 indicates no cognitive impairment). Observation of Resident 28's room (a known independent smoker) and interview with the resident on July 17, 2026, at 11:00 AM revealed the resident keeps his cigarettes in an unlocked drawer in his room with a cigarette lighter. Observation on July 17, 2026, at 11:00 AM, revealed an unlocked cabinet with 2 packs of cigarettes and a butane cigarette lighter present and unsecured. The resident indicated that he does not always close his bedroom door when he leaves his room, and he does not always take his cigarettes or lighter with him when he leaves his room. Resident 28 indicated that on occasion when the bedroom door is not closed, a confused resident enters when he is gone. Resident 28 indicated this has happened on several occasions, and it was noted that the confused resident was rummaging around the room and had taken food items out of his room without supervision or permission. Continued interview with Resident 28 revealed that he has a locked drawer but doesn't routinely use it for his smoking materials. An interview with the director of nursing on July 16, 2026, at 11:00 AM revealed that the facility had re-educated Resident 28 on safe smoking practices. It was not until after surveyor notification that this concern was identified. 28 Pa. Code 211.10 (c) Resident care policies. 28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing service.		