STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395286	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Broad Mountain Health and Rehabilitation Center	500 West Laurel Street Frackville, PA 17931

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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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 - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility policy review, staff interviews, and observation, it was determined the facility failed to ensure adequate supervision and implementation of safety interventions to prevent elopement for one resident (Resident 1). These failures placed 12 residents identified at risk for wandering and elopement (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12) in an Immediate Jeopardy situation in which the facility's noncompliance has caused, or is likely to cause, serious injury, harm, impairment, or death.Findings include: A review of a facility policy for Elopement/Unauthorized \Absence Policy reviewed July 2, 2025, revealed the facility will identify residents with potential and/or actual risk factors for elopement and protect the resident through development and implementation of safety interventions. In the event of a resident elopement the facility will implement its policies and procedures promptly to locate the resident in a timely manner The policy defined elopement as a resident leaving the premises or a safe area without authorization. The procedure included, all residents will be assessed for the risk of elopement using the facility form on admission, quarterly and as needed. Residents identified at risk will have interventions promptly implemented to reduce the risk of elopement. Residents identified at risk will have their picture and face sheet placed in a binder that is kept in an area accessible by staff. Upon determining that a resident cannot be located, a headcount will be conducted. If a resident is still missing, Code Green using the resident's name, room number, and unit name will be announced. If the resident is not located on the premises, the team leader will direct staff to conduct an external search. The team leader or designee will notify the family/legal representative and inquire as to potential whereabouts. If the resident is not located in a reasonable period of time, based on the resident's physical/mental condition and environmental factors, the Administrator or designee will notify the local emergency response team three times. The clinical supervisor or designee will notify the administrator, Director of Nursing and the attending Physician. The highest ranking staff member becomes the team leader and coordinates the search effort. A floor plan will be used to ensure a thorough search of the interior. The facility utilized a wander guard system that alarms the inside of the facility exit doors in the facility. The second floor elevators have a locking mechanism that allows staff to access the elevators via a badge with a sensor in them, to open the doors, located on the wall outside the elevator doors. The facility outside exit door alarms operates on a separate alarming system. During the hours of 8:00 AM and 6:00 PM these doors are unlocked. If the bar on the door is pushed on from the inside, the alarm will sound, and the door will open. The alarm is audible at the site of the alarm (door area). There are alarm visual boxes located at each nurse's station. When the audible alarms sound, a corresponding light on the panel will illuminate and indicate a zone location. There should be a chart taped on the wall behind each nurse's station indicating the specific location of the alarming door. A review of facility records revealed that 12 residents were identified by the facility as being at risk for elopement. The following residents were included on the facility's elopement risk list: Resident 2 was identified by the facility as being at risk for elopement on October 2, 2025. Documentation showed a wander guard bracelet (a small, battery-operated monitoring device designed to alert staff when a resident wearing the device approaches an exit or restricted area) was applied on October 2, 2024. Resident 3 was identified as an elopement risk on July 29, 2024, and a wander guard bracelet was applied on the same date. Resident 4 was identified as an elopement risk on September 30, 2024, and a wander guard bracelet was applied the same date. Resident 5 was identified as an elopement risk on August 19, 2024, and a wander guard bracelet was applied on the same date. Resident 6 was identified as an elopement risk on March 3, 2025, and a wander guard bracelet was applied on the same date. Resident 7 was identified as an elopement risk on April 5, 2024, and a wander guard bracelet was applied on the same date. Resident 8 was identified as an elopement risk on August 2, 2024, and a wander guard bracelet was applied on the same date. Resident 9 was identified as an elopement risk on May 27, 2024, and a wander guard bracelet was applied on the same date. Resident 10 was identified as an elopement risk on March 1, 2025, and a wander guard bracelet was applied the same date. Resident 11 was identified as an elopement risk on April 11, 2025, and a wander guard bracelet was applied the same date. Resident 12 was identified as an elopement risk on October 2, 2025, and a wander guard bracelet was applied the same date. Resident 1 was admitted [DATE], with diagnoses including vascular dementia (a progressive decline in thinking and reasoning caused by reduced blood flow to the brain), glaucoma (a chronic eye disease that can lead to blindness), and abnormality of gait A review of a

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Based on observations, review of clinical records, review of select facility policies, review of job descriptions, documentation provided by the facility, and interviews with residents and staff, it was determined the facility's administration failed to effectively use its resources to ensure resident safety and maintain the highest practicable physical and mental well-being of residents. The facility failed to ensure that measures were implemented to prevent one of twelve residents identified as being at risk for wandering (Resident 1) from exiting the building unattended into an unsafe environment. This deficient practice placed all residents at risk for harm and resulted in immediate jeopardy to residents' health and safety.Findings include:A review of the job description for the Nursing Home Administrator (NHA) dated and signed September 12, 2024, indicated the administrator will lead and manage the overall operations of the facility in accordance with policies, procedures, and current federal, state, and local standards, guidelines, and regulations. The NHA's essential duties and responsibilities include hiring, training, and developing department staff, verifying the physical environment is maintained appropriately, and directs overall activities and programs in accordance with current rules and regulations. The job description for Director of Nursing (DON) Services dated and signed May 11, 2025, documents the DON directs the overall operations of nursing service and collaborates with the NHA and medical director to ensure the highest degree of quality of care for all residents. The DON maintains maintenance of the master staffing schedule, ensuring daily work assignments are in place and appropriate staffing levels are present. In the absence of the NHA, the job description writes the DON will assume responsibility for the daily facility operations. The facility failed to ensure administrative responsibilities were carried out to maintain resident safety. On October 11, 2025, Resident 1 exited the facility without staff supervision and entered an unsafe area outside. This demonstrated that facility systems and oversight were not effective in preventing residents from leaving the building unsupervised. Residents identified as being at risk for wandering were not adequately protected, placing them in danger of injury or harm. Interviews with staff, residents, and facility the Nursing Home Administrator and Director of Nursing on October 16, 2025, at 3:00 PM confirmed that established safety measures were not followed and that both equipment and staff procedures failed. Staff reported uncertainty about their roles in monitoring exit doors and about communication protocols when a resident was missing. This lack of coordination and communication delayed identification of the incident and assessment of other residents at risk for wandering or elopement (leaving the facility or safe area without staff knowledge or supervision) and the potential for harm. The Administrator and Director of Nursing failed to fulfill their essential administrative duties to monitor departmental operations, identify systemic risks, and ensure the implementation of facility policies to maintain resident safety. This lack of oversight and failure to use available resources to identify and correct system problems resulted in conditions that placed residents in immediate jeopardy. 28 Pa. Code: 201.14 (a) Responsibility of licensee. 28 Pa. Code: 201.18 (e)(1) Management. 28 Pa. Code 211.12 (d)(3) Nursing services