STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395352	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Broad Acres Health and Rehabilitation	1883 Shumway Hill Road Wellsboro, PA 16901

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on clinical record review and staff interview, it was determined that the facility failed to implement a comprehensive, person-centered care plan regarding ADL (activities of daily living) care for one of four residents reviewed (Resident 1).Findings include:Clinical record review revealed Resident 1 had a current care plan (outline of an individual's health needs, specific care requirements, and the actions necessary to achieve desired health outcomes) focus that stated ADL (Activities of Daily Living; refers to the basic self-care tasks that individuals perform daily to maintain personal health and independence), Self Care Performance Deficit related to weakness, decreased mobility, hemiplegia from stroke. An intervention for this stated focus that was revised on March 13, 2026, read, Eating - All food items to be cut into bite sized pieces prior to intake. Set food tray up as per resident's preference prior to leaving tray. FEED ASSIST AND ENCOURAGEMENT AS NEEDED.During an interview with Resident 1 on April 9, 2026, at 11:09 AM, the resident stated that staff do not always help with their meals, and it depends on who is working. They also indicated that if they drop their fork on the ground, they cannot pick it up, so they do not eat.Observation of Resident 1's lunch service on April 9, 2026, at 11:57 AM, revealed that the resident had pizza on their plate. The pizza was noted to be a whole slice of cheese pizza, with two bites eaten. During a concurrent interview, the resident stated that that they picked the pizza up by the crust and ate the pizza with their hand. Continued observation outside of Resident 1's room for the next five minutes revealed no staff member entered the resident's room to provide feeding assistance or encouragement. Interview with the resident at 12:10 PM, revealed that the resident had disposed of her lunch in her bedside trash can. The resident indicated that no staff had offered assistance with their meal.The above findings were reviewed with the Nursing Home Administrator and the Director of Nursing on April 9, 2026, at 1:30 PM. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

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