STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395356	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guy and Mary Felt Manor, Inc	110 East Fourth Street Emporium, PA 15834

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on a review of select facility policies and procedures, clinical record review, and staff interview, it was determined that the facility failed to ensure residents' medication regime was free from potentially unnecessary medications for two of five residents reviewed for medication regime concerns (Residents 2 and 4).Findings include: The facility policy entitled, Psychotropic Medication Use, last reviewed January 29, 2026, revealed that the purpose of the policy included to provide consistent monitoring of usage of medications to ensure each resident is receiving the medication that he/she needs without being overmedicated. Residents will not receive psychotropic medications unless behavioral programming and/or environmental changes or other non-pharmacological interventions have failed to sufficiently address the resident's target behavioral goals. The facility will monitor psychotropic medications for proper dose, duration, evidence of adequate monitoring for efficacy and adverse consequences and to prevent, identify, and respond to adverse consequences. As needed (PRN) orders for psychotropic medications will be limited to 14 days unless the physician identifies the rationale to extend the medication beyond 14 days. PRN anti-psychotic drugs will be limited to 14 days and will not be renewed unless the physician evaluates the resident for appropriateness of the medication. When selecting medications and non-pharmacological approaches, members of the interdisciplinary team and the resident and resident representative, if applicable, will participate in the care process to identify, assess, advocate for, monitor, and communicate the resident's needs and changes of condition. The indication for any psychotropic medication will be thoroughly documented in the clinical record to include behavioral symptoms being treated. Identified target behaviors will be monitored each shift along with individualized interventions. The care plan will also include the type of psychotropic medications to be monitored for side effects daily. The, Basic Guidelines for Behavior and Side Effect Monitoring, noted that a medication specific behavior and side effect monitoring system is used for each psychotropic category of medication ordered. At least one individualized behavior will be clearly linked with each antipsychotic, antianxiety, sedative hypnotic, or other psychotropic medication. These targeted behaviors are linked within the behavior monitoring system in such a way that all (staff, physicians, medical consultants, family members, regulatory, etc.) can clearly see the specific targeted behavior(s) treated with each medication prescribed. At least daily monitoring of the specific target behaviors and side effects is documented within this system. The absence of behaviors and side effects is indicated with a zero in the appropriate row. Do not leave these spaces blank as this fails to indicate that monitoring occurred. Additionally, monitoring by exception only is not the best practice since it can lead to underreporting and a lack of trust in the monitoring system. All side effects seen with medications are to be recorded in the monitoring system. Clinical record review for Resident 4 revealed her medication regime included the use of the following psychotropic medications per the following schedule: Buspirone, (Buspar) an antianxiety medication, 15 mg (milligrams) at 8:30 AM, 10 mg at 2:30 PM, and 15 mg at 9:30 PM. Cymbalta, an antidepressant medication, 60 mg at 8:30 AM and 8:30 PM. Elavil, an antidepressant medication, 10 mg three times a day. The plan of care developed by the facility to address Resident 4's utilization of the psychotropic medications Cymbalta, Elavil, and Buspar for the (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	management of depression, anxiety, and sleep disturbance listed interventions that included: Document mood, sleep, care participation, and response to interventions per facility protocol Monitor/document side effects and effectiveness (antidepressant side effects such as dry mouth, dry eyes, constipation, urinary retention, suicidal ideations) Monitor effectiveness of medications on mood, anxiety, pain, participating in care, and hygiene routines and sleep Observe and report adverse effects The plan of care developed by the facility to address Resident 4's symptoms of depression and decreased engagement related to chronic conditions, diagnoses of anxiety, depression and insomnia, and use of psychotropic medications listed interventions that included monitoring sleep patterns. Review of Resident 4's clinical record did not include evidence that the facility monitored Resident 4's individualized targeted behavior symptoms (e.g. sleep pattern) or potential side effects related to her use of psychotropic medications. Interview with the Nursing Home Administrator and the Director of Nursing on June 3, 2026, at 10:21 AM confirmed the above findings for Resident 4. Clinical record review revealed the facility admitted Resident 2 on April 21, 2026. Review of Resident 2's physician orders revealed an order for Hydroxyzine (an antihistamine medication used to treat anxiety) 25 mg, one tablet every 12 hours as needed for relentlessness and agitation-initiated April 27, 2026. Review of a consultant pharmacy recommendation dated May 4, 2026, noted Resident 2 is currently ordered Hydroxyzine 25 mg every 12 hours as needed and according to CMS regulations there is a 14-day limitation on all as needed antipsychotic orders. The pharmacist noted the Hydroxyzine order may not be extended beyond the 14-day limit, but a new order may be written if the practitioner directly examines and assesses the resident and documents clinical rational for the new order. The pharmacist requested Resident 2's physician reassess the appropriateness of the above therapy and to document the need for continuation every 14 days. A certified nurse practitioner addressed the May 4, 2026, pharmacy recommendation on May 14, 2026, noting Resident 2's medication will be reassessed by telePsych and be based on the recommendations. Further clinical record review revealed that Resident 2's order for Hydroxyzine did not have a 14 day stop date and there was no physician's progress note that provided a rationale for the medication extending past 14 days. Interview with the Director of Nursing on June 2, 2026, at 2:12 PM confirmed the above noted findings related to Resident 2's Hydroxyzine. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, it was determined that the facility failed to store food in accordance with professional standards for food service safety in the facility's main kitchen.Findings include: Observation of the facility's main kitchen on Monday, June 1, 2026, at 10:45 AM, revealed the following: A package of fig snack bars in the kitchen production area with no date to indicate a receive or used by date. A plastic container labelled [NAME] cheese in the freezer with no date received, opened, or when it expires. A plastic bag in the freezer containing a product that resembled frozen grilled chicken. The bag was not labeled to indicate the contents and the date on the product noted in marker was not legible. A tray of multiple frozen dessert resembling sherbert on a shelf in the freezer was not labeled to identify the product and there were no dates to indicate when it was placed there or when it needed to be used by. The walk-in cooler contained a bottle of lemon juice labeled with two dates September 11, 2025, and September 20, 2025, a gallon jug of pickles labeled April 30, 2026, and a gallon jug of salad dressing dated May 26, 2026. Employee 7, Certified Dietary Manager, indicated the dates referenced either the opened date or the received date but could not confirm which nor indicate when the product expired or needed to be used by. A large dented can of sliced carrots was observed on a shelf in the production area among other cans to be served. A zipper style plastic bag on a shelf in the production area contained faded labeling [NAME], April 9, 2026. Employee 7 indicated she was not sure if that date was when the item was placed in the bag or when it needed to be used by and could not clearly indicate when the product expired. A large bag of graham cracker crumbs on a shelf in the production area contained a manufacturer's stamped date of October 9, 2025. The bag also contained a date written in marker of April 25, 2026. Employee 7 indicated she was not sure if that date was when the item was opened or needed to be used by and could not clearly indicate when the product expired. An opened can of thickening powder in the production area was observed with a plastic scoop down inside the product. The above findings were reviewed with the Nursing Home Administrator and Director of Nursing on June 3, 2026, at 10:15 AM. 28 Pa. Code 201.14 (a) Responsibility of Licensee

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on a review of select facility policies and procedures, observation, and staff interview, it was determined that the facility failed to ensure an environment free from the potential spread of infection related to laundry processing (Residents 4, 7, 22, and 26) and the accessibility of hand hygiene materials in the laundry department. The facility also failed to implement measures to ensure an effective Water Management Program for the prevention and control of water-borne contaminants, such as Legionella (a bacteria that may cause Legionnaires' Disease, a serious type of pneumonia).Findings include: Interview with Employee 4 (nurse aide) on June 3, 2026, at 9:13 AM revealed that laundry staff collect residents' soiled personal laundry on a schedule set by the laundry department. Residents' soiled personal laundry is stored in a hamper in their closet until laundry staff collect it. Observation of Resident 22's room on June 3, 2026, at 9:14 AM with Employee 4 revealed that Resident 22's closet contained too many of her personal possessions to accommodate a clothing hamper. Employee 4 indicated that a vented hamper along the wall in the middle of the room contained Resident 22's soiled laundry. The bag lining the vented hamper was not tied. Observation of Resident 4's closet on June 3, 2026, at 9:14 AM with Employee 4 revealed a vented clothing hamper lined with a black bag that was not tied. When Employee 4 raised the vented lid, Resident 4's soiled laundry was visible. Observation of Resident 26's closet on June 3, 2026, at 9:17 AM with Employee 4 revealed a vented clothing hamper lined with a black bag that was not tied. The lid to the clothing hamper was also vented. Observation of Resident 7's closet on June 3, 2026, at 9:17 AM with Employee 4 revealed a vented clothing hamper lined with a black bag that was not tied. The lid to the clothing hamper was also vented. The above observations of residents' clothing hampers revealed that the open bags (not tied off) in vented laundry hampers would not prevent potential odors or aerosolization of soiled laundry while stored. Interview with Employee 6 (housekeeping/laundry supervisor) on June 3, 2026, at 11:05 AM confirmed that she was aware that residents' soiled laundry is stored in the vented hampers until collected by laundry staff. Observation of the facility's laundry department on June 3, 2026, at 11:05 AM with Employee 6 revealed that the room that contained the washer used to process resident personal laundry did not have a sink or handwashing materials (soap and paper towels) to perform hand hygiene. Interview with Employee 6 on the date and time of the observation indicated that she would don a gown and gloves to transfer residents' soiled laundry from bags to the washer and remove her gown and gloves before leaving the room. Employee 6 stated that she would use alcohol-based hand sanitizer or go to the first available handwashing sink that was in another room approximately 50 feet away. Employee 6 confirmed that she was aware that if she was processing the laundry for a resident with a diagnosis of C. diff (Clostridium difficile, bacterial infection known to cause diarrhea), alcohol-based hand sanitizers would not be effective to destroy C. diff spores; therefore, not an effective method for appropriate hand hygiene. Observation of the housekeeping storage room next to the laundry room on June 3, 2026, at 11:11 AM with Employee 6 revealed that there was a faucet equipped with a hose sprayer for filling buckets. Hand soap was present near the faucet: however, the paper towels that would be used to dry hands were not contained in a closed dispenser. The roll of paper towels was held by the rod of an open shelving unit near the faucet. The storage of the paper towels would not prevent splashes or other environmental substances from contaminating the paper towels. The surveyor reviewed the above concerns related to available handwashing materials during an interview with Employee 5 (maintenance director) on June 3, 2026, at 11:20 AM. The surveyor reviewed the above concerns related to laundry processing and available handwashing materials during an interview with the Nursing Home Administrator on June 3, 2026, at 11:21 AM. Review of the facility's current Water Management Program revealed that established controls to reduce the risk of Legionella and other communicable diseases included to maintain the water heater at an appropriate temperature above 140 degrees Fahrenheit to kill the Legionella bacteria. The program did not include a way that the facility would monitor the temperature of the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	water heater; or what intervention would be implemented if the established control goal was not met. Interview with Employee 5 on June 2, 2026, at 2:55 PM confirmed that he has not monitored the facility water heater to ensure that the water temperature is above 140 degrees Fahrenheit. The interview also confirmed that the large scroll diagram of the building was not used to assess where Legionella and other opportunistic waterborne pathogens can grow and spread (e.g. dead legs or areas of potential water stagnation and/or other devices in the building that can spread water droplets containing Legionella (e.g. hot tubs, decorative fountains, water storage tanks). The surveyor reviewed the concerns regarding the facility's water management program during an interview with the Nursing Home Administrator on June 3, 2026, at 9:55 AM. 483.80 Infection ControlPreviously cited deficiency 6/18/25 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.12(d)(3) Nursing services

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on clinical record review and staff interview it was determined that the facility failed to ensure that an assessment accurately reflected a resident's status for one of 12 residents reviewed (Resident 9).Findings include: Clinical record review for Resident 9 revealed social services documentation dated January 20, 2026, at 10:56 AM that admission paperwork was completed; and that Resident 9 wore dentures. Review of an admission MDS (Minimum Data Set, an assessment tool completed at specific intervals to determine resident care needs) dated January 20, 2026, assessed that Resident 9 was not edentulous (that she had natural teeth). Task documentation (electronic information recorded by nurse aide staff regarding care needs) dated May 2026, indicated that Resident 9's oral hygiene was, Oral Hygiene full upper and lower dentures. Interview with Employee 4 (nurse aide) on June 3, 2026, at 9:38 AM confirmed that Resident 9 did not have natural teeth. Interview with the Director of Nursing, Nursing Home Administrator, and Employee 3 (registered nurse assessment coordinator) on June 3, 2026, at 10:21 AM confirmed that the coding regarding Resident 9's dental assessment on the January 20, 2026, MDS was incorrect. 28 Pa. Code 211.5(f)(ix) Medical records 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, clinical record review, review of select facility policies and procedures, and resident, family, and staff interview, it was determined that the facility failed to provide a dependent resident with activities of daily living assistance for two of two residents reviewed (Residents 6 and 9). Findings include: The policy entitled Podiatry Care, last reviewed without changes January 29, 2026, revealed to ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must provide foot care and treatment in accordance with professional standards of practice, including to prevent complications from the resident's medical condition and if necessary assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. It is the policy of the facility that podiatry procedures for routine foot care and diabetic foot care. Routine foot care may include corns, calluses, and trimming of nails and is limited to every two months. During an interview with Resident 6 on June 1, 2026, at 12:36 PM she voiced complaints that her toenails are always long and cutting in to her skin. She stated that the staff refuse to trim her toenails and she is only allowed to see a podiatrist every three months. Observation of Resident 6's toenails at this time confirmed her toenails were long, extending well past her nail bed. Clinical record review revealed the facility admitted Resident 6 on November 5, 2024, with an order for podiatry care every 60 to 90 days. Further review of Resident 6's clinical record revealed her most recent significant change MDS (Minimum Data Set, an assessment completed at specific intervals to determine care needs) dated March 19, 2026, indicated nursing staff assessed Resident 6 as dependent on staff for personal hygiene. Review of podiatry documentation provided by the facility revealed Resident 6 was seen by a podiatrist on March 27, 2025, May 30, 2025, December 8, 2025, and April 13, 2026. There was documentation noting Resident 6 refused podiatry care on August 28, 2025. Interview with the Director of Nursing on June 3, 2026, at 11:15 AM revealed that the nurses should be trimming Resident 6's toenails between podiatry visits. The Director of Nursing confirmed that the podiatrist only visits the facility every quarter (12 weeks). She was unable to provide further documentation that the facility provided personal hygiene assistance for Resident 6. Interview with Resident 9's daughter on June 1, 2026, at 11:19 AM revealed that her mother had dentures, but she believed due to changes in her mother's condition, they are so big, and did not fit appropriately. Clinical record review for Resident 9 revealed care management documentation dated February 4, 2026, at 2:55 PM that Resident 9's daughter inquired about her mother's weight loss and the effects of the fit of her dentures and ability to chew. The documentation indicated a discussion regarding denture adhesive and that nursing staff would be updated regarding its use. Review of Task documentation (electronic documentation completed by nurse aide staff for the completion of care needs) dated May 2026 revealed that Resident 9's oral hygiene was, Oral Hygiene full upper and lower dentures. There was no indication of the use of denture adhesive. Review of Resident 9's active Kardex (electronic list of care instructions used by nurse aide staff) revealed no intervention related to the use of denture adhesive. Interview with Employee 4 (nurse aide who reported as Resident 9's care provider) on June 3, 2026, at 9:38 AM confirmed that Resident 9 did not have any natural teeth and used dentures. Employee 4 reported that residents' families typically supply denture adhesive if used, that she had never seen it at the facility, and that she had never used it for Resident 9. Employee 4 provided a list of residents noted to have dentures, but none included special instructions related to the use of adhesive. Employee 4 confirmed that information available to her via Resident 9's care plan and Kardex did not include instructions to use denture adhesive. Employee 4 confirmed that Resident 9 is dependent on staff for oral hygiene care. The surveyor reviewed the above concerns related to Resident 9's denture care during an interview with the Nursing Home Administrator on June 3, 2026, at 9:55 AM. 28 Pa Code 211.11(d)(1)(5) Nursing services

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. Based on clinical record review and resident and staff interview it was determined that the facility failed to implement treatment and assistive devices to maintain vision abilities for one of one resident reviewed for vision concerns (Resident 6).Findings include: Interview with Resident 6 on June 1, 2026, at 12:36 PM revealed that she has a pair of glasses that she has had for a long time and they no longer work for her. She stated that she would like to see an eye doctor. Clinical record review revealed the facility admitted Resident 6 on November 5, 2024, with an order for an optometry consult and care as needed. During a meeting with the Nursing Home Administrator and Director of Nursing on June 2, 2026, at 11:05 AM the surveyor requested any evidence of the facility offering Resident 6 professional ophthalmology services since admission to the facility in November 2024. Social service documentation dated June 3, 2026, at 11:52 AM revealed social services reviewed vision needs and preferences with Resident 6. Resident 6 reported a desire to be seen for her vision needs. Resident 6 stated she was followed by two eye centers but has not been seen in years. Interview with Employee 10 (social services) on June 3, 2026, at 11:56 AM confirmed the facility had no further documentation to support the facility offered ongoing vision assessments to maintain her vision abilities. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

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F 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation and staff interview, it was determined that the facility failed to ensure the results of the most recent survey were posted in a place readily accessible to residents, family members, and legal representatives and ensure resident identifiers were kept confidential in one of one area reviewed (atrium area; Residents 7 and 18).Findings include: Observation on June 3, 2026, at 10:15 AM revealed a blue binder that is kept in the common resident area referred to as the atrium of the facility. The binder contained previous survey results and should contain the results of the most recent survey (Statement of Deficiencies Form CMS-2567) of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. Review of the binder revealed that results of the most recent standard survey ending June 18, 2025, were not in the binder. Further review of the contents of the binder revealed that there were full health survey letters and complaint deficiency letters (letters sent to administration after a survey) in the binder. The binder contained a deficiency letter for a survey ending June 18, 2025. The letter noted the name and associated specific resident identifiers for Residents 7 and 18 which should be kept confidential to ensure a resident's right to privacy. These findings were reviewed with the Nursing Home Administrator on June 3, 2026, at 10:20 AM. 28 Pa. Code 201.14(a) Responsibility of licensee