

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395371	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2026
NAME OF PROVIDER OR SUPPLIER Quality Life Services - Apollo		STREET ADDRESS, CITY, STATE, ZIP CODE 151 Goodview Drive Apollo, PA 15613	

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 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to provide nephrostomy (nephrostomy tube is a thin catheter that drains urine from your kidney into a bag) care and services consistent with physician orders for one of two residents reviewed (Residents R1). Findings include: Review of facility policy Ostomy Care dated 4/17/25, indicated: Ostomy care will be provided for residents who a urostomy, colostomy, or ileostomy. To maintain integrity of peristomal skin, monitor conditions of stoma, manage odor and promote residents' self-esteem. Review of the clinical record revealed that Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 12/14/25, indicated diagnosis of obstructive uropathy (blockage that makes it difficult or impossible to pee. It may also cause pain.), other toxic encephalopathy (disturbance of the brain), and muscle weakness (when your muscles can't work with the expected amount of force). Review of Resident R1's physician orders dated 12/31/25, indicated: Left nephrostomy tube: Flush tube daily with 10mLNSS to keep patent and PRN; RN ONLY in themorning for CALCULUS OF KIDNEY WITHCALCULUS OF URETER Review of Resident R1's MAR/TAR dated February 2026, indicated three days (2/2/26, 2/5/26, and 2/6/26) where the facility missed flushing the tube in the a.m. Review of progress notes failed to contain a reason why the flushes were not given and/or why the flushes were not given on their shifts if staff were not able to complete in the a.m. During an interview on 2/24/26, at 3:06 p.m. Director of Nursing was informed that the facility failed to provide nephrostomy care and services consistent with physician orders for Resident R1. 28 Pa. Code 211.10 (c) Resident care policies28 Pa. Code 211.12(d)(1)(2)(5) Nursing services</p>

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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