STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395398	A. Building B. Wing	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Somerset Healthcare & Rehabilitation Center	228 Siemon Drive Somerset, PA 15501

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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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 46994 Based on review of policies and clinical records, as well as observations and resident and staff interviews, it was determined that the facility failed to ensure that call bells were within reach for one of 37 residents reviewed (Resident 8). Findings include: The facility's policy for call lights: accessibility and response, dated February 24, 2025, indicated that the purpose was to ensure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility, to allow residents to call for assistance. Staff will ensure the call light is within reach of residents and secured, as needed. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's care needs and abilities) for Resident 8, dated February 18, 2025, revealed that the resident had moderate cognitive impairment, required assistance from staff for care needs, and had diagnoses that included right-sided hemiplegia (loss of strength in the arm, leg, and sometimes face on one side of the body) following a stroke. A care plan for Resident 8, dated March 7, 2025, indicated that the resident was at risk for falls and that staff were to be sure the resident's call light was within reach and encourage the resident to use it. A care plan, dated November 20, 2024, indicated that the resident required assistance with activities of daily living, and that staff were to encourage the resident to use his call bell to call for assistance. Observations of Resident 8 in his room on March 10, 2025, at 11:05 a.m. revealed that the resident was lying in his bed and his call bell was not seen on or near his bed. The resident was asked how he would call for help if he needed it, and he shrugged his shoulders. Interview with Licensed Practical Nurse 1 on March 10, 2025, at 11:05 a.m. confirmed that Resident 8 did not have his call bell within reach and should have. Interview with the Director of Nursing on March 10, 2025, at 12:48 p.m. confirmed that Resident 8's call bell should have been within his reach. 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

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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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46994 Based on review of facility policies and observations, as well as interviews with staff, it was determined that the facility failed to maintain the confidentiality of medical information for one of 37 residents reviewed (Resident 54). Findings include: The facility's policy regarding confidentiality and medical records, dated February 24, 2024, indicated that employees are to ensure computer screens with health information are minimized or closed to ensure resident confidentiality. Observations on March 12, 2025, at 8:00 a.m. revealed a laptop on top of a medication cart in the hallway outside of room [ROOM NUMBER] that was open and the Medication Administration Record (MAR) for Resident 54 was visible to staff, residents, and visitors in the hallway. No nurse was observed near the medication cart. Interview with Registered Nurse 2 on March 12, 2025, at 8:06 a.m. revealed that she had walked away from the medication cart for a few minutes to get something she needed and did not minimize the laptop screen, allowing Resident 54's confidential medical information to be visible to anyone passing by and that she should have minimized her screen. Interview with the Nursing Home Administrator on March 12, 2025, at 11:09 a.m. confirmed that laptop screens with confidential medical information should not be unattended or viewable by unauthorized people. 28 Pa. Code 201.29(a) Resident Rights. 28 Pa. Code 211.5(b) Clinical Records.

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 19102 Based on clinical record reviews and staff interviews, it was determined that the facility failed to notify the resident and legal guardian in writing regarding the reason for hospitalization for three of 37 residents reviewed (Residents 27, 49, 71). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 27, dated January 17, 2025, indicated that the resident was understood, could understand others, and was cognitively intact. A nursing note, dated October 20, 2024, at 3:28 p.m., revealed that the Certified Registered Nurse Practitioner (CRNP) was notified of the resident's laboratory test results showing an elevated white blood cell count and the resident's continued complaint of abdominal pain, nausea, and chills. Orders were received to transfer the resident to the hospital for evaluation and treatment. Interview with the Assistant Director of Nursing on March 11, 2025, at 12:41 p.m. confirmed that there was no documented evidence that a written notice of Resident 27's transfer to the hospital was provided to the resident's representative regarding the reason for transfer to the hospital on October 20, 2024. A quarterly MDS assessment for Resident 49, dated February 1, 2025, indicated that the resident was cognitively impaired, required assistance with daily care needs, and had diagnoses that included dementia. A nurse's note for Resident 49, dated January 5, 2025, at 4:41 p.m., revealed that results of an x-ray were provided to the facility, which indicated that the resident had a left hip fracture, and orders were obtained to send the resident to the hospital for follow up care. There was no documented evidence that a written notice of Resident 49's transfer to the hospital was provided to the resident and/or the resident's responsible party regarding the reason for transfer. Interview with the Director of Nursing on March 11, 2025, at 1:36 p.m. confirmed that there was no documented evidence that a written notice of Resident 49's transfer to the hospital was provided to the resident's representative regarding the reason for transfer to the hospital on January 1, 2025. An annual MDS assessment for Resident 71, dated February 3, 2025, revealed that the resident was understood, could understand others, and had diagnoses that included hypertension (high blood pressure), diabetes, and Chronic obstructive pulmonary disease (COPD - a group of lung diseases that cause airflow obstruction and breathing difficulties). (continued on next page)

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nursing notes for Resident 71, dated February 19, 2025, at 9:15 a.m., revealed that the resident was lethargic (feeling tired, sluggish, or lacking in energy) and hard to arouse. Pulse oximeter (an electronic device that measures the saturation of oxygen carried in your red blood cells) on oxygen at two liters per minute via nasal cannula (a device that delivers extra oxygen through a tube and into your nose) was 84 percent (a normal pulse oximeter reading for your oxygen saturation level is between 95 and 100 percent). Certified Registered Nurse Practitioner (CRNP - are RNs with additional education and training that allows them to work under a wider scope of practice) was in and examined the resident. The resident was placed on oxygen at four liters per minute via face mask and still unable to raise the resident's oxygen level. Orders were received to send the resident to emergency department for further evaluation and treatment. A nursing note at 9:50 a.m. revealed that the resident was sent to the emergency department via ambulance. There was no documented evidence that a written notice of Resident 71's transfer to the hospital was provided to the resident and/or the resident's responsible party regarding the reason for transfer. Interview with the Nursing Home Administrator on March 13, 2025, at 3:18 p.m. confirmed that there was no documented evidence that a written notice of Resident 71's transfer to the hospital was provided to the resident and/or the resident's responsible party regarding the reason for transfer. 28 Pa. Code 201.25 Discharge Policy. 28 Pa. Code 201.29(f)(g) Resident Rights.

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 31760 Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to issue a bed-hold notice at the time of an anticipated leave of absence from the facility for one of 37 residents reviewed (Resident 71). Findings include: The facility's policy regarding bed hold notices and transfer, dated February 24, 2025, indicated that in the event of an emergency transfer of a resident, the facility will provide written notice of the facility's bed-hold policies to the resident and/or the resident's representative within 24 hours. The facility will document multiple attempts to reach the resident's representative in cases where the facility was unable to notify the representative. The facility will keep a signed and dated copy of the bed-hold notice information given to the resident and/or resident's representative in the resident's file and/or medical record. The facility will provide this written information to all facility residents, regardless of their payment source. An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 71, dated February 3, 2025, revealed that the resident was understood, could understand others, and had diagnoses that included hypertension (high blood pressure), diabetes, and chronic obstructive pulmonary disease (COPD - a group of lung diseases that cause airflow obstruction and breathing difficulties). Nursing notes for Resident 71, dated February 19, 2025, at 9:15 a.m., revealed that the resident was lethargic (feeling tired, sluggish, or lacking in energy) and hard to arouse. Pulse oximeter (an electronic device that measures the saturation of oxygen carried in your red blood cells) on oxygen at two liters per minute via nasal cannula (a device that delivers extra oxygen through a tube and into your nose) was 84 percent (a normal pulse oximeter reading for your oxygen saturation level is between 95 and 100 percent). Certified Registered Nurse Practitioner (CRNP - are RNs with additional education and training that allows them to work under a wider scope of practice) was in and examined the resident. The resident was placed on oxygen at four liters per minute via face mask and still unable to raise the resident's oxygen level. Orders were received to send the resident to emergency department for further evaluation and treatment. A nursing note at 9:50 a.m. revealed that the resident was sent to the emergency department via ambulance. There was no documented evidence that a bed-hold notice was issued to Resident 71 or her responsible party at the time of her transfer to the hospital. Interview with the Nursing Home Administrator on March 13, 2025, at 3:18 p.m. confirmed that there was no documented evidence that a bed-hold notice was issued to Resident 71 or her responsible party at the time of her transfer to the hospital. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(b)(3) Management.

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition 31760 Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that comprehensive significant change Minimum Data Set assessments were completed in the required time frame for one of 37 residents reviewed (Resident 65). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that the Assessment Reference Date (ARD) was to be no later than the 14th calendar day after determination that a significant change in the resident's status occurred (determination date + 14 calendar days) and the significant change comprehensive MDS assessment was to be completed no later than the 14th calendar day after determination that significant a change in the resident's status occurred (determination date + 14 calendar days). A care plan for Resident 65, dated July 24, 2024, revealed that the resident required hospice care (medical care to help someone with a terminal illness) related to an end-stage illness. Physician's orders for Resident 65, dated July 23, 2024, included an order for the resident to be admitted to hospice. There was no documented evidence that a significant change in status MDS assessment was completed for Resident 65 after being admitted to hospice care on July 23, 2024. Interview with the Nursing Home Administrator on March 11, 2025, at 2:57 p.m. confirmed that the significant change comprehensive MDS assessment for Resident 65 was not completed within the required time frame. 28 Pa. Code 211.5(f) Clinical Records.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19102 Based on a review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate Minimum Data Set assessments for seven of 37 residents reviewed (Residents 9, 23, 36, 39, 49, 55, 57). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides guidance and instructions for the completion of Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that Section N0415I1 (Antiplatelet Medications - medications used to reduce the risk of blood clots) was to be checked if the resident received an anti-platelet medication during the seven-day assessment period. Physician's orders for Resident 9, dated January 7, 2021, included an order for the resident to receive 81 milligrams (mg) of aspirin daily. The resident's Medication Administration Record (MAR) for February 2025 revealed that the resident received aspirin daily during the seven-day look-back period. However, a quarterly MDS assessment for Resident 9, dated February 1, 2025, revealed that Section N0415I1 was coded zero (0), indicating that the resident did not receive an anti-platelet during the last seven days. An interview with the Registered Nurse Assessment Coordinator (RNAC - a registered nurse who is responsible for the completion of MDS assessments) on March 13, 2025, at 2:45 p.m. confirmed that Resident 9's MDS assessment was not coded accurately. Physician's orders for Resident 23, dated February 25, 2024, included an order for the resident to receive 81 mg of aspirin daily. The resident's MAR for January 2025 revealed that the resident received aspirin daily during the seven-day look-back period. However, an annual MDS assessment for Resident 23, dated January 10, 2025, revealed that Section N0415I1 was coded zero (0), indicating that the resident did not receive an anti-platelet during the last seven days. An interview with Nursing Home Administrator on March 11, 2025, at 2:57 p.m. confirmed that the MDS assessment for Resident 23 was coded incorrectly. Physician's orders for Resident 36, dated September 10, 2022, included an order for the resident to receive 81 mg of aspirin daily. Review of the resident's MAR for January 2025 and February 2025 revealed that the resident received aspirin daily during the seven-day look-back period. However, a quarterly MDS assessment for Resident 36, dated February 1, 2025, revealed that Section N0415I was coded (0) indicating that the resident did not receive an anti-platelet during the last seven days. An interview with the RNAC on March 13, 2025, at 2:44 p.m. confirmed that Resident 36's MDS assessment dated [DATE], was coded incorrectly. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Physician's orders for Resident 49, dated January 9, 2025, included an order for the resident to receive 81 mg of aspirin daily. Review of the resident's MAR for January 2025 revealed that the resident received aspirin daily during the seven-day look-back period. However, a quarterly MDS assessment for Resident 49, dated February 1, 2025, revealed that Section N0415I was not coded (1) is taking, indicating that the resident did not receive an anti-platelet during the last seven days. An interview with the RNAC on March 13, 2025, at 2:47 p.m. confirmed that Resident 49's MDS assessment dated [DATE], was not coded accurately. The RAI User's Manual, dated October 2024, indicated that Section O0110J1 (Dialysis) was to be checked if the resident received peritoneal or renal dialysis at the nursing home or at another facility during the 14-day assessment period. Physician's orders for Resident 39, dated February 15, 2025, included an order for the resident to have hemodialysis every Tuesday, Thursday, and Saturday. The resident's dialysis communication form, dated February 25, 2025, revealed that the resident received hemodialysis. However, a quarterly MDS assessment for Resident 39, dated February 28, 2025, revealed that Section O0110J1b was coded zero (0), indicating that the resident did not receive dialysis during the last 14 days while a resident. An interview with the RNAC on March 13, 2025, at 2:44 p.m. confirmed that Resident 39's MDS assessment was coded incorrectly. The Long-Term Care Facility RAI User's Manual, dated October 2024, indicated that the purpose of Section J0100B (Received as needed pain medication?) was to identify if the resident received any as needed pain medication during the seven-day look-back period. Review of the MAR for Resident 55, dated February, 2025, revealed that the resident did not receive as needed pain medication during the seven-day look-back period. However, a quarterly MDS assessment for Resident 55, dated February 13, 2025, revealed that Section J0100B was coded (yes), indicating that the resident did receive as needed pain medication during the seven-day look-back period. An interview with the RNAC on March 13, 2025, at 2:46 p.m. confirmed that Resident 55's MDS assessment dated [DATE], was coded incorrectly. The Long-Term Care Facility RAI User's Manual, dated October 2024, indicated that Section N0451K was to be coded (1) is taking, if the resident received an anti-convulsant during the seven-day assessment period. Physician's orders for Resident 57, dated November 21, 2023, included an order for the resident to receive three 125 mg capsules of gabapentin (anticonvulsant medication) three times a day. Review of the MAR for Resident 57, dated February 2025, revealed that staff administered three 125 mg capsules of gabapentin three times a day during the seven-day look-back period. However, a quarterly MDS assessment for Resident 57, dated February 24, 2025, revealed that Section N0415K was coded (0), indicating that the resident did not receive an anti-convulsant medication during the seven-day assessment. Interview with the Director of Nursing on March 12, 2025, at 12:30 p.m. confirmed that Resident 57's MDS assessment dated [DATE], was coded incorrectly. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.5(f) Clinical Records.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 19102 Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to develop and implement a comprehensive person-centered care plan for each resident that included specific and individualized interventions for three of 37 residents reviewed (Residents 38, 57, 60). Findings include: A facility policy for comprehensive care plans, dated February 24, 2025, included that the facility will develop and implement a person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing and mental and psychological needs and all services that are identified in the resident's comprehensive assessment and meet professional standards of quality. The comprehensive care plan will be developed within seven days after the completion of the comprehensive MDA assessment. CDC guidance on isolation precautions and Implementation of Personal Protective Equipment (PPE) use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDRO's - bacteria that have become resistant to certain antibiotics, and these antibiotics can no longer be used to control or kill the bacteria), dated July 12, 2022, indicates that MDRO transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs. Enhanced Barrier Precautions (EBP's) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. CMS updated its infection prevention and control guidance effective April 1, 2024. The recommendations now include the use of EBP's during high-contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their MDRO status, in addition to residents who have an infection or colonization with a CDC-targeted or other epidemiologically important MDRO when contact precautions do not apply. The facility's policy regarding EBP, dated February 24, 2025, indicated that EBP are used as an infection prevention and control intervention to reduce the spread of MDROs to residents. EBPs were necessary when performing high-contact resident care. Gloves and gown are applied prior to performing the high-contact resident-care activity (as opposed to before entering the room). EBP's are indicated for residents with wound care. EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk. A quarterly Minimum Data assessment Set (MDS) (a mandated assessment of a resident's abilities and care needs) for Resident 38, dated January 8, 2025, revealed that the resident could usually make himself understood, was cognitively intact, and received nutrition through a feeding tube. Physician's orders, dated January 8, 2025, included orders for the resident to be on EBP every shift due to having a feeding tube, and physician's orders, dated January 28, 2025, included orders for the resident to receive continuous feedings of Jevity 1.2 (a tube feeding formula that contains 1.2 calories in every milliliter) at 65 cubic centimeters (cc's) per hour. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observations of Resident 38 on March 11, 2025, at 1:04 p.m. revealed that the resident was in bed and his tube feeding of Jevity 1.2 was running at 65 cc/hr, and there was an EBP sign on his closet door. Review of Resident 38's current care plan revealed no documented evidence that a care plan was developed to address the resident's care needs related to EBP. Interview with the Assistant Director of Nursing on March 11, 2025, at 12:41 p.m. confirmed that there was no care plan developed to address the resident's need for EBP. A quarterly MDS assessment for Resident 57, dated February 24, 2024, indicated that the resident was cognitively intact, was independent with personal hygiene care needs, and had diagnoses that included anoxic brain damage (an acquired brain injury that occurs when the brain is deprived of oxygen). Physician's orders for Resident 57, dated November 11, 2024, included an order that the resident may go out to smoke. However, there was no documented evidence that a care plan regarding Resident 57's smoking was developed until March 10, 2025. Interview with the Assistant Director of Nursing on March 12, 2025, at 12:25 p.m. revealed that a care plan for smoking was not developed until March 10, 2025, and it should have been developed in November 2024 when Resident 57 was identified as a smoker. A quarterly MDS assessment for Resident 60, dated February 1, 2025, indicated that the resident was cognitively intact, was dependent on staff for daily care needs, and had diagnosis that included diabetes and paraplegia (loss of muscle function in the lower half of the body, including both legs). Physician's orders for Resident 60, dated January 6, 2025, included an order that the resident have his percutaneous endoscopic gastrostomy (PEG) tube (a medical device inserted through the abdominal wall directly into the stomach) checked for placement every shift. Interview with the Director of Nursing on March 12, 2025, at 3:36 p.m. revealed that as of March 11, 2025, a care plan for the care and treatment of Resident 60's PEG tube was not developed. 28 Pa. Code 211.12(d)(5) Nursing Services.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 46994 Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident's care plan was updated/revised to reflect the resident's specific care needs for two of 37 residents reviewed (Residents 8, 55). Findings include: A facility policy for care plan revision upon status change, dated February 24, 2025, indicated that the comprehensive care plan will be reviewed and revised as necessary when the resident experiences a status change. The care plan will be updated with new or modified interventions. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's care needs and abilities) for Resident 8, dated February 18, 2025, revealed that the resident had moderate cognitive impairment, required assistance from staff for care needs, and had diagnoses that included right-sided hemiplegia (loss of strength in the arm, leg, and sometimes face on one side of the body) following a stroke. Care plan for Resident 8, dated March 7, 2025, included that the resident was dependent on staff for meeting emotional, intellectual, physical, and social needs. Staff were to apply bilateral TED (thrombo-embolic deterrent) hose (medical compression stockings designed to prevent blood clots) in the morning and remove in the evening and apply a right-hand thumb splint (immobilizes the thumb to support and protect it) daily. There was no documented evidence that the TED hose or right-hand thumb splint were being applied. Observations of Resident 8 on March 11, 2025, at 11:39 a.m. revealed the resident was not wearing TED hose or a right-hand thumb splint. Interview with the Director of Nursing on March 11, 2025, at 1:22 p.m. revealed that the TED hose and right-hand thumb hand splint were discontinued, and that Resident 8's care plan should have been revised to reflect that; however, it was not. A quarterly MDS assessment for Resident 55, dated February 13, 2025, revealed that the resident was cognitively intact, required assistance from staff for care needs, and had diagnoses that included Spina Bifida (a birth defect where the spinal cord does not close completely) with hydrocephalus (a buildup of fluid in and around the brain). Care plan for Resident 55, dated April 14, 2022, indicated that the resident was receiving an anticoagulant (medication used to prevent and treat blood clots). A care plan, dated August 11, 2022, indicated that the resident was receiving and an antidepressant (medication that can help treat depression). There was no documented evidence that the resident was receiving anticoagulant or antidepressant medication. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with the Nursing Home Administrator on March 13, 2025, at 3:27 p.m. revealed that Resident 55 was not receiving anticoagulant or antidepressant medication, and that his care plan should have been revised to reflect that, and it was not. 28 Pa. Code 211.12(d)(5) Nursing Services.

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F 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 31760 Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that a discharge summary, including a recapitulation of the resident's stay, was completed for one of one discharged residents reviewed (Resident 70). Findings include: Physician's orders for Resident 70, dated January 4, 2025, included an order for the resident to be discharged home with the services of Home Health including physical therapy, occupational therapy, and nursing. A nursing note for Resident 70, dated January 4, 2025, revealed that the resident was discharged from the facility at 11:15 a.m. to home with all of his possessions. As of March 13, 2025, there was no documented evidence that a discharge summary that included a recapitulation of the resident's stay was completed for Resident 70. Interview with the Assistant Director of Nursing on March 13, 2025, at 3:18 p.m. confirmed that there was no documented evidence that a discharge summary was completed for Resident 70. 28 Pa. Code 211.5(d) Clinical Records.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 19102 Based on review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to follow physician's orders for medication administration for one of 37 resident (Resident 27) and failed to follow physician's orders related to bowel protocols for two of 37 residents reviewed (Residents 9, 60). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 27, dated January 17, 2025, revealed that the resident was cognitively intact and had diagnoses that included septicemia (a life-threatening condition where bacteria or other microorganisms enter the bloodstream and cause a systemic infection). Physician's orders for Resident 27, dated January 10, 2025, included orders for the resident to receive 100 milligrams (mg) of Doxycycline every 12 hours for cellulitis (a common bacterial infection of the skin and underlying tissues) for 10 days. The resident's Medication Administration Record (MAR) for January 2025 revealed that the 9:00 p.m. dose of Doxycycline was not given on January 10, 2025, due to waiting for the delivery from the pharmacy. Doxycycline was administered at 9:00 a.m. on January 11 through January 20, 2025; however, there was no documented evidence that the course of Doxycycline was extended to complete the administration every 12 hours for 10 days as ordered. Physician's orders for Resident 27, dated January 10, 2025, included orders for the resident to receive 5 grams of Erythromycin ointment in her left eye at bedtime for blepharitis (an inflammation of the eyelids, typically affecting the edges where the eyelashes grow) for 10 days. The resident's MAR for January 2025 revealed that the 9:00 p.m. dose of Erythromycin was not given on January 10, 2025, due to waiting for the delivery from the pharmacy and Erythromycin was administered at 9:00 a.m. on January 11 through January 19, 2025 (nine days). There was no documented evidence that the course of Erythromycin was extended to complete the administration at bedtime for 10 days as ordered. Physician's orders for Resident 27, dated February 19, 2025, included orders for the resident to receive 5 grams of Erythromycin ointment in her right eye twice a day for bacterial conjunctivitis (an inflammation of the conjunctiva, the clear membrane that covers the white part of the eye and lines the inside of the eyelids) for seven days. The resident's MAR for February 2025 revealed that the 9:00 p.m. dose of Erythromycin was not given at 9:00 p.m. on January 10, 2025, due to waiting for the delivery from the pharmacy and Erythromycin was administered at 9:00 a.m. on January 11 through January 26, 2025. There was no documented evidence that the course of Erythromycin was extended to complete the administration twice a day for seven days as ordered. Interview with the Assistant Director of Nursing on March 11, 2025, at 12:41 p.m. confirmed that the first dose of the resident's orders for antibiotics mentioned on the above dates were not administered, and the order was not extended to complete the full ordered duration. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A facility policy for the bowel protocol, dated February 24, 2025, indicated that all shifts are to record bowel elimination times, amount, and consistency of stool on appropriate documentation tool. If the record indicates that the resident did not have a bowel movement for three days, Milk of Magnesia will be administered on the three-to-eleven shift. If the resident does not have a bowel movement by morning, the eleven-to-seven shift will administer a suppository as ordered by the physician. If this protocol is not effective, the three-to-eleven shift will administer an enema as ordered by the physician. Document interventions and results in the nurses' notes and Medication Administration Records. Physician's orders for Resident 9, dated January 16, 2021, and December 31, 2024, included orders for staff to administer 30 milliliters (ml's) of Milk of Magnesia (MOM - an oral laxative) every 72 hours as needed for constipation or no bowel movement in three days, a 10 milligram (mg) Bisacodyl suppository (a laxative inserted rectally) every 96 hours as needed for constipation if MOM was not effective - to be given the morning of the fourth day, and a Fleets enema (a liquid inserted rectally to stimulate a bowel movement) rectally every 96 hours as needed for constipation or if there was no result from the suppository- to be given at bedtime on the fourth day. Resident 9's bowel movement records for January and February 2025 revealed that the resident did not have a bowel movement January 13 through 17 (five days), February 4 through 9 (six days), February 12 through 17 (six days), and February 19 through 23, 2025 (five days). The MARs for February and March 2025 revealed no documented evidence that staff administered any of the bowel protocol medications to Resident 60 between February 24, 2025, and March 5, 2025 (10 days). However, there was no documented evidence in the clinical record that the physician's orders for bowel protocol were initiated. Interview with the Director of Nursing on March 13, 2025, at 3:20 p.m. confirmed that bowel protocol was not followed for Resident 9 on the above-mentioned dates and should have been. A quarterly MDS assessment for Resident 60, dated February 1, 2025, indicated that the resident was cognitively intact, was dependent on staff for daily care needs, and had diagnoses that included diabetes and paraplegia (loss of muscle function in the lower half of the body, including both legs). Physician's orders for Resident 60, dated January 6, 2025, included orders for staff to administer 30 milliliters (ml's) of Milk of Magnesia (MOM - an oral laxative) every 72 hours as needed for constipation or no bowel movement in three days, a 10 milligram (mg) Biscolax suppository (a laxative inserted rectally) every 96 hours as needed for constipation or no results from the MOM, and a Fleets enema (a liquid inserted rectally to stimulate a bowel movement) every 96 hours as needed for constipation or if there was no result from the suppository. Resident 60's bowel movement records for February and March 2025 revealed that the resident did not have a bowel movement on February 24 through March 6, 2025. The MARs for February and March 2025 revealed no documented evidence that staff administered any of the bowel protocol medications to Resident 60 between February 24, 2025, and March 5, 2025 (10 days). (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A nurse's note for Resident 60, dated March 7, 2025, at 6:32 p.m. indicated that the resident had no bowel movement as indicated by the nurses for the past 10 days, even after treated with bowel protocol. A nurse's note dated March 8, 2025, at 8:13 a.m. revealed that abdominal x-ray results were obtained and the findings included a moderate colonic ileus (colon (large intestine) loses its ability to move food and waste properly) and moderate stool was noted in the colon. A nursing note, dated March 10, 2025, at 11:20 a.m. revealed that services were on site to complete an abdominal x-ray. A palliative care note, dated March 12, 2025, indicated that x-ray results revealed an increased colonic fecal accumulation and moderate to severe constipation and nonobstructive ileus pattern. Interview with the Director of Nursing on March 12, 2025, at 3:36 p.m. confirmed that bowel protocol was not followed for Resident 60 on the above-mentioned dates. 28 Pa. Code 211.12(d)(5) Nursing Services.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 42079 Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that recommended pressure ulcer interventions were provided to prevent skin breakdown for one of 37 residents reviewed (Resident 56). Findings include: A facility policy regarding pressure injury prevention and management, dated February 24, 2025, revealed that the facility was to provide treatment and services to heal the pressure ulcer, prevent infection, and the development of additional pressure ulcers. A quarterly Minimum Data assessment Set (MDS) (a mandated assessment of a resident's abilities and care needs) for Resident 56, dated February 26, 2024, revealed that the resident had no speech, was rarely or never understood, was dependent on staff for all care areas, had diagnoses that included Alzheimer's disease and non traumatic brain dysfunction, and had one non-stageable pressure ulcer (unable to determine the depth of the wound) that was not present on admission. A pressure ulcer investigation for Resident 56, dated December 9, 2024, revealed that there was deep tissue injury area on the left heel with interventions to provide education and encouragement for small frequent position changes and turning and repositioning. Skin and wound practitioner notes for Resident 56, dated December 12, 19, 26, 2024; January 2, 9, 16, 23, 30, 2025; February 6, 13, 20, 27, 2025; and March 6, 2025, each recommended the preventative measure to turn and reposition the resident at least every two hours. Physician's orders for Resident 56, dated December 10, 2024, included an order to cleanse the left heel with wound cleanser, then paint the wound with Betadine 10 percent (infection and promote healing pressure sores), and cover with an abdominal pad (an absorptive dressing) once a day and as needed. Observations of Resident 56 on March 11, 2025, between 10:33 a.m. and 1:38 p.m. revealed that the resident remained midline in bed on his back with his legs bent and his knees leaning towards the door. There was a wedge cushion on the chair next to the resident's bed. Interview with Nurse Aide 3 on March 11, 2025, at 1:38 p.m. revealed that Resident 56 was to be turned and repositioned every two hours. Staff would use pillows or the wedge cushion to turn and reposition him. Hospice comes in every morning Monday through Friday and they will position him, then staff will reposition him in the morning, and he is usually in his chair in the afternoons. Interview with the Nursing Home Administrator on March 11, 2025, at 2:19 p.m. confirmed that Resident 56 should have been turned and repositioned and also revealed that the facility does not document turning and repositioning of residents as it is a nursing measure. 28 Pa. Code 201.18(e)(1) Management. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. 46994 Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that interventions to prevent weight loss were provided as recommended by the dietician for one of 37 residents reviewed (Resident 46). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 46, dated August 8, 2024, revealed that the resident had moderate cognitive impairment, required set up and clean up assistance with eating, had diagnoses that included left hemiplegia (loss of strength in the arm, leg, and sometimes the face on one side of the body) following a stroke, and had unplanned weight loss. A care plan for Resident 46, dated August 8, 2024, indicated that the resident had the potential for a nutritional problem and that a registered dietician was to evaluate and make diet change recommendations as needed, and Med Pass supplement (a fortified nutritional shake that provides additional calories and protein) was to be provided as ordered. A Nutritional Review assessment for Resident 46, dated February 9, 2025, indicated that Resident 46 was to continue receiving 60 milliliters (ml) of Med Pass three times a day to provide 720 kilocalories and 30 grams of protein which will help meet the deficit from sporadic meal intakes. Review of the Medication Administration Record (MAR) for Resident 46, dated February 2025 and March 2025, revealed no documented evidence that the resident was provided the Med Pass supplement between February 10, 2025, and March 11, 2025. Review of the weight record for Resident 46 revealed that on February 4, 2025, the resident weighed 177.8 pounds (lbs) and on March 4, 2025, the resident's weight was 162.4 lbs. Interview with the Assistant Director of Nursing on March 11, 2025, at 3:44 p.m. revealed that a Med Pass supplement order was originally entered to be given for one month and was completed on February 9, 2025; however, the Med Pass supplement should have been re-ordered per the dietician's recommendation and was not. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. 19102 Based on clinical record reviews and staff interviews, it was determined that the facility failed to complete treatments as ordered by the physician for one of 37 residents reviewed (Resident 48) who received dialysis services. Findings include: An Admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 48, dated February 9, 2025, revealed that the resident understood and understands, was cognitively intact, received dialysis, and had diagnoses that included end-stage renal disease. A care plan, dated February 4, 2025, revealed that the resident received peritoneal dialysis (a treatment for kidney failure that uses the lining of your abdomen, or belly, to filter your blood inside your body), and staff were to check and change the dressing at the access site daily. Physician's orders for Resident 48, dated February 3, 2025, and February 13, 2025, respectively, included orders for the resident to have 0.1 percent Gentamicin ointment applied to the peritoneal dialysis site topically every day shift and to receive peritoneal dialysis every night shift. Resident 48's Treatment Administration Record (TAR's) for February and March 2025 revealed no documented evidence that Gentamicin was applied to the peritoneal dialysis site on February 4, 5, 7, 10, 13, 14, 18, 19, 22, and March 1, 3, 4, 11, and 12, 2025. Interview with the Director of Nursing on March 13, 2025, at 12:31 p.m. confirmed that there was no documented evidence that staff completed the treatment of Gentamicin as ordered on the dates mentioned above. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42079 Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to properly label a multi-use vial of Aplisol in one of one medication rooms reviewed, and failed to secure medication in a medication cart. Findings include: The facility's policy regarding medication labeling and storage, dated February 24, 2025, indicated that multi-dose vials that have been opened or accessed are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer dated for the open vial. The facility stores all medications and biologicals in locked compartments under proper temperature, humidity, and light controls. Compartments (including but not limited to drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologicals are locked when not in use. Current manufacturer's directions for Aplisol (tuberculin purified protein derivative) indicated that vials in use for more than 30 days should be discarded due to possible oxidation and degradation, which may affect potency. Observations in the facility's A-wing medication room refrigerator on March 13, 2025, at 9:01 a.m. revealed one multi-use vial of Aplisol that was open and undated. Interview with Licenced Practical Nurse 4 at the time of the observation confirmed that the vial was not dated and should be discarded. An interview with the Nursing Home Administrator on February 13, 2025, at 11:49 a.m. confirmed that the multi-use vial of Aplisol should have been dated when opened. Observations on March 12, 2025, at 8:00 a.m. revealed an unlocked and unattended medication cart in the hallway outside of room [ROOM NUMBER]. Interview with Registered Nurse 3 on March 12, 2025, at 8:06 a.m. confirmed that she had walked away from the medication cart for a few minutes to get something and should have locked it but did not. Interview with the Nursing Home Administrator on March 12, 2025, at 11:09 a.m. confirmed that medication carts should be locked when not in use. 28 Pa Code 211.9(a)(1) Pharmacy Services. 28 Pa Code 211.12(d)(1) Nursing Services.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 19102 Based on review of facility policies and observations, as well as resident and staff interviews, it was determined that the facility failed to serve food items at appetizing temperatures. Findings include: The facility's policy regarding food quality and palatability, dated February 24, 2025, indicated that food would be palatable, attractive, and served at a safe and appetizing temperature. Food was to be at the appropriate temperature as determined by the type of food to ensure resident's satisfaction and minimize the risk for scalding and burning. Food Committee meeting minutes, dated February 5 and March 7, 2025, revealed that residents complained that food was not served at the proper temperature and the food was cold. Interview with Resident 6, during the initial tour on March 10, 2025, at 11:49 a.m. revealed that meals were usually served cold. Resident 6 was alert and oriented, able to make her needs known, and usually eats in her room. Interview with Resident 14 on March 10, 2025, at 10:31 a.m. revealed that he will eat his meals in his room and in the main dining room and at times they are served food that is not hot enough. Interview with Resident 84 on March 10, 2025, at 10:48 a.m. revealed that she eats her meals in her room, and at times they were not served hot enough and that her meals arrived with food being cold. She stated that her waffles this morning were cold and slimy. Observations in the main kitchen on March 11, 2024, revealed that the food cart for C-wing left the main kitchen at 12:03 p.m. and arrived on the C-wing at 12:04 p.m. Trays were passed to the residents in their rooms and the last resident was served at 12:15 p.m. At 12:15 p.m. the temperature of the crusted pork was 126.3 degrees Fahrenheit (F) and the peas were 127.7 degrees F. The pork and peas were lukewarm and not served at an appetizing temperature. Interview with the Dietary Manager March 11, 2025, at 12:48 p.m. confirmed that she was aware that residents were complaining about food temperatures and was also aware of the policy regarding food that is to be served at appetizing temperatures. 28 Pa. Code 211.6(b) Dietary Services.

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. 31760 Based on review of hospice contracts and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the designated interdisciplinary team member obtained the required information from the contracted hospice provider for one of two residents reviewed (Resident 65) who received hospice care. Findings include: An agreement between the facility and a hospice provider (provider of end-of-life services), dated April 8, 2024, indicated that the hospice provider would provide the following information to the facility to facilitate coordination of care: a hospice election form (a form signed to indicate that the individual waives all rights to traditional Medicare Part A payments for treatment related to the terminal illness). The skilled nursing facility shall identify a skilled nursing facility designee within the skilled nursing facility and shall be responsible for obtaining the follow information from the hospice: the hospice election form. A care plan for Resident 65, dated July 24, 2024, revealed that the resident required hospice care (medical care to help someone with a terminal illness) related to an end-stage illness. Physician's orders for Resident 65, dated July 23, 2024, included an order for the resident to be admitted to hospice. However, as of March 11, 2025, there was no documented evidence in the resident's clinical record, or in the hospice provider's clinical record, that the facility obtained the hospice election form from the hospice provider. Interview with Registered Nurse 5 on March 11, 2025, at 2:09 p.m. confirmed that Resident 65's election benefit form was not in the resident's clinical record and/or in the hospice provider's clinical record. Registered Nurse 5 contacted the hospice provider and they faxed the resident's election benefit form to the facility today. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 42079 Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies. Findings include: The facility's deficiencies and plans of corrections for a State Survey and Certification (Department of Health) survey ending April 25, 2024; July 10, 2024; October 23, 2024; November 20, 2024; December 13, 2024; December 30, 2024; and January 22, 2025, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending March 13, 2025, identified repeated deficiencies related to personal privacy and confidentiality of records, abuse and neglect policy, accuracy of assessments, comprehensive care plans, care plan revision, quality of care, treatment and prevention of pressure ulcers, accident hazards, dialysis, labeling and storage of drugs and biologicals, nutritive value, appearance, palatability and preferred temperature of food, and infection prevention and control. The facility's plan of correction for a deficiency regarding a failure to provide personal privacy and confidentiality of records, cited during the surveys ending December 30, 2024, and March 13, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F583, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding personal privacy and confidentiality of records. The facility's plan of correction for a deficiency regarding a failure to provide implementation of abuse and neglect policies, cited during the surveys ending April 25, 2024, and January 22, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F607, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding the development and implementation of abuse and neglect policy. The facility's plan of correction for a deficiency regarding a failure to provide accurate resident Minimum Data Set (MDS) assessments, cited during the surveys ending April 25, 2024; December 13, 2024; and March 13, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F641, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding accuracy of MDS assessments. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's plan of correction for a deficiency regarding a failure to provide comprehensive resident care plans, cited during the surveys ending October 23, 2024, and March 13, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F656, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding comprehensive resident care plans. The facility's plan of correction for a deficiency regarding a failure to provide revisions to resident care plans, cited during the surveys ending April 25, 2024; November 20, 2024; and March 13, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F657, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding revisions to resident care plans. The facility's plan of correction for a deficiency regarding a failure to provide quality of care, cited during the surveys ending April 25, 2024; October 23, 2024; December 13, 2024; and March 13, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F684, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding quality of care. The facility's plan of correction for a deficiency regarding a failure to provide treatment and prevention of pressure ulcers, cited during the surveys ending November 20, 2024, and March 13, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F686, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding the treatment and prevention of pressure ulcers. The facility's plan of correction for a deficiency regarding accident hazards, cited during the surveys ending July 10, 2024, and November 20, 2024, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F689, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding accident hazards. The facility's plan of correction for a deficiency regarding a failure to provide dialysis services, cited during the surveys ending April 25, 2024, and March 13, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F698, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding dialysis. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's plan of correction for a deficiency regarding a failure to label and store drugs and biologicals, cited during the surveys ending December 30, 2024, and March 13, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F761, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding labeling and storage of drugs and biologicals. The facility's plan of correction for a deficiency regarding a failure provide food of the nutritive value, appearance, preferred temperatures and palatability cited during the surveys ending April 25, 2024, and March 13, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F804, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding the nutritive value, appearance, preferred temperature and palatability of foods. The facility's plan of correction for a deficiency regarding a failure provide infection control and prevention practices cited during the surveys ending April 25, 2024; December 13, 2024; and March 13, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F880, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding infection control and prevention Refer to F583, F607, F641, F656, F657, F684, F686, F689, F698, F761, F804, and F880. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(e)(1) Management.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 42079 Based on review of established infection control guidelines, facility policies, and clinical records, as well as observations and staff interviews, it was determined that the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one of 37 residents reviewed (Residents 56). Findings include: CDC guidance on Implementation of Personal Protective Equipment (PPE) use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), dated July 12, 2022, indicated that multidrug-resistant organism (MDRO) transmission was common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs. Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. CMS updated its infection prevention and control guidance effective April 1, 2024. The recommendations now include the use of EBP during high-contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their MDRO status, in addition to residents who have an infection or colonization with a CDC-targeted or other epidemiologically important MDRO when contact precautions do not apply. The facility's policy regarding EBP, dated February 24, 2025, indicated that EBP are used as an infection prevention and control intervention to reduce the spread of MDROs to residents. EBPs were necessary when performing high contact resident care. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room EBP's are indicated for residents with wound care. EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 56, dated February 26, 2024, revealed that the resident had no speech and was rarely or never understood, was dependent on staff for all care, had a diagnoses that included Alzheimer's disease, non-traumatic brain dysfunction, and had one non-stageable pressure ulcer (unable to determine the depth of the wound) that was not present on admission. A care plan, dated December 9, 2024, revealed that Resident 56 had an unstageable pressure ulcer to his left heel related to immobility. A care plan, dated February 11, 2025, revealed that the resident was on EBP related to the area on the left heel. Physician's orders for Resident 56, dated February 11, 2025, included an order for the resident to be on EBPs for the pressure area to the left heel. Observations of Resident 56's wound care to his left heel and left great toe on March 11, 2025, at 10:49 a.m. revealed that Licensed Practical Nurse 6 washed her hands and donned clean gloves; however, she did not don a gown. She then performed the wound treatment to the resident's left heel. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Licensed Practical Nurse 6 on March 11, 2025, at 10:59 a.m. confirmed that she did not don a gown prior to performing Resident 56's wound treatment. She indicated that she did not think that she need to wear any other PPE for the dressing change. Interview with the Infection Control Preventionist on March 11, 2025, at 3:14 p.m. confirmed that Licensed Practical Nurse 6 should have donned a gown prior to performing Resident 56's wound treatment. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(e)(1) Management. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.