STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395410	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quality Life Services - Sugar Creek	120 Lakeside Drive Worthington, PA 16262

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on review of facility policy, observation, and staff interview it was determined that the facility failed to maintain the confidentiality of residents' medical information on one of four nursing units (Willow Nursing Unit).Findings include: Review of facility policy HIPAA/HITECH Administrative Policy dated 2/16/26, indicated the facility is to protect residents' privacy rights and their individually identifiable health information as required by the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information, 45 CRF Parts 160 and 164, the Health Information Technology for Economic and Clinical Health Act (HITECH) and all Federal regulations and interpretive guidelines promulgated thereunder. During an observation on 3/4/26, at 2:01 p.m. the [NAME] Medication Cart at the nurses' station was left unattended with the computer screen open with identifiable information any passerby could see resident personal and confidential information. During an observation at 3/4/26, at 2:02 p.m. Nurse Aide (NA) Employee E1 walked up to the medication cart and closed the resident profile. NA Employee E1 stated, The nurse just walked away from the cart and is a resident's room. During an interview on 3/4/26, at 2:02 p.m. NA Employee E1 confirmed that the facility failed to maintain the confidentiality of residents' medical information on the [NAME] Nursing Unit. During an interview on 3/5/26, at 2:18 p.m. information was disseminated to the Nursing Home Administrator and Director of Nursing that the facility failed to maintain the confidentiality of residents' medical information on one of four nursing units (Willow Nursing Unit). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.29(c.3) Resident Rights.28 Pa. code: 211.5(b) Medical records.28 Pa. Code: 211.12(d)(1) 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395410	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quality Life Services - Sugar Creek	120 Lakeside Drive Worthington, PA 16262

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, and staff interviews, it was determined that the facility failed to develop comprehensive care plans to meet resident nutrition care needs for five of six residents reviewed (Resident R1, R2, R3, R4, and R5).Findings include: Review of the International Dysphagia (difficulty swallowing) Diet Standardization Initiative (IDDSI) Framework, revised July 2019, provides definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia, which include the following descriptions: Level 7 Easy to Chew foods must be able to break food apart easily with the side of a fork or spoon. To make sure the food is soft enough, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed and does not regain its shape.Level 5 Minced and Moist meats should be finely minced or chopped. Serve in mildly, moderately or extremely thick, smooth, sauce or gravy, draining excess. Use slot between fork prongs (4 millimeters) to determine whether minced pieces are the correct or incorrect size. Food should be soft enough to squash easily with fork or spoon. Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked. Sample should not be firm or sticky.Level 4 Pureed food is smooth with no lumps and minimal granulation. Cohesive enough to hold its shape on the spoon.Level 3 Moderately thick liquids should drip slowly or in dollops/strands through the slots of a fork. When a fork is pressed on the surface of Level 3 Moderately thick liquids, the tines/prongs of a fork do not leave a clear pattern on the surface.Level 2 Mildly thick liquids flows off a spoon. Sippable, pours quickly from a spoon, but slower than thin drinks. Review of the clinical record revealed that Resident R1 was admitted to the facility on [DATE]. Review of Resident 1's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 12/21/25, indicated diagnoses of high blood pressure, malnutrition (lack of proper nutrition), and muscle wasting. Review of Resident R1's clinical record revealed a physician's order dated 11/11/25, to provide a diet of NAS (no added salt), low potassium, 7 EC Easy to Chew texture, level 5 minced and moist meats, 3 moderately thick consistency (liquids) and 1500 ml (milliliters) fluid restriction. Review of Resident R1's plan of care conducted on 3/3/26, did not include his physician ordered diet of to provide a diet of NAS (no added salt), low potassium, 7 EC Easy to Chew texture, level 5 minced and moist meats, 3 moderately thick consistency (liquids) and 1500 ml (milliliters) fluid restriction. Review of clinical record revealed Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's MDS dated [DATE], indicated diagnosis of high blood pressure, schizophrenia (a mental disorder characterized by delusions, hallucinations, disorganized speech and behavior), and hyperlipidemia (excess fat in the blood). Review of Resident R2's clinical record revealed a physician's order dated 12/1/25, to provide a diet of 7 EC Easy to Chew texture, level 5 Minced and Moist Meats. Review of Resident R2's plan of care conducted on 3/3/26, did not include the above physician ordered diet. Review of clinical record revealed Resident R3 was admitted to the facility on [DATE]. Review of Resident R3's MDS dated [DATE], indicated diagnosis of high blood pressure, dysphagia (difficulty swallowing), and unsteadiness on feet. Review of Resident R3's clinical record revealed a physician's order dated 2/25/26, to provide a diet of Reduced Concentrated Sweets, Minced and Moist texture. Review of Resident R3's plan of care conducted on 3/3/26, did not include the above physician ordered diet. Review of clinical record revealed Resident R4 was admitted to the facility on [DATE]. Review of Resident R4's MDS dated [DATE], indicated diagnosis of high blood pressure, dementia, and unsteadiness on feet. Review of Resident R4's clinical record revealed a physician's order dated 12/2/25, to provide a diet of No Added Salt, level4 Pureed texture, level 2 mildly thick liquids. Review of Resident R4's plan of care conducted on 3/3/26, did not include the above physician ordered diet. Review of clinical record revealed Resident R5 was admitted to the facility on [DATE]. Review of Resident R5's MDS dated [DATE], indicated diagnosis of high blood pressure, hyperlipidemia, and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395410	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quality Life Services - Sugar Creek	120 Lakeside Drive Worthington, PA 16262

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	unsteadiness on feet. Review of Resident R5's clinical record revealed a physician's order dated 1/7/25, to provide a diet of No Added Salt, 7EC Easy to Chew texture, level 5 minced and moist meats. Review of Resident R5's plan of care conducted on 3/3/26, did not include the above physician ordered diet. During an interview on 3/3/26, at 1:40 p.m. Registered Dietitian (RD) Employee E8 was asked by State Agency (SA) if residents' diet orders are listed in their plan of care RD employee E8 stated No, I just put in 'provide diet as ordered' because they are subject to change. During an interview on 3/3/26, at 4:27 p.m. The Nursing Home Administrator confirmed that the facility failed to develop comprehensive care plans to meet resident nutrition care needs for five of six residents. 28 Pa Code: 201.14(a) Responsibility of licensee.28 Pa. Code 211.10(c)(d) Resident care policies.28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395410	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quality Life Services - Sugar Creek	120 Lakeside Drive Worthington, PA 16262

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 0805 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical literature review, clinical record reviews, review of facility documents, and staff interviews, it was determined that the facility failed to provide an altered texture diet, as prescribed by the physician, for one of 40 residents (Resident R1). This failure resulted in Resident R1 choking on food that he was not ordered which caused him to cease to breathe. This failure placed an additional 40 residents that had similar diet needs at risk which resulted in an Immediate Jeopardy situation for 40 of 107 residents.Findings include: Review of facility policy Dysphagia (difficulty swallowing) Diets dated 2/16/26, indicated the following: Individuals with observed indicators of dysphagia (coughing, choking, delayed swallow, pocketing of food [storing food in cheeks, gums, without swallowing], inability to manipulate food in the mouth, wet gurgly voice, etc.) will be referred to the Speech Therapist (ST) for evaluation of dysphagia.The ST will evaluate the resident. Once a diagnosis has been made, the ST will work with the Registered Dietitian (RD) or designee to make appropriate recommendations to the physician for proper food and fluid consistency. Nursing care partners will notify the culinary director of needed consistency changes using the appropriate notification. The culinary department will be responsible for preparing and serving the diet and fluid consistency as ordered. Individuals needing a change in diet consistency may be placed on a mechanically altered diet. Diets should be adjusted to meet individual needs. For example, if the individual has difficulty chewing meat only, the meat may be ground or pureed, and other foods may be of regular consistency.Care will be taken to serve foods and fluids as ordered on the consistency altered diets and fluids. Review of the International Dysphagia Diet Standardization Initiative (IDDSI) Framework, revised July 2019, provides definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia, which include the following descriptions: Level 7 Easy to Chew foods must be able to break food apart easily with the side of a fork or spoon. To make sure the food is soft enough, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed and does not regain its shape.Level 5 Minced and Moist meats should be finely minced or chopped. Serve in mildly, moderately or extremely thick, smooth, sauce or gravy, draining excess. Use slot between fork prongs (4 millimeters) to determine whether minced pieces are the correct or incorrect size. Food should be soft enough to squash easily with fork or spoon. Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked. Sample should not be firm or sticky.Level 3 Moderately thick liquids should drip slowly or in dollops/strands through the slots of a fork. When a fork is pressed on the surface of Level 3 Moderately thick liquids, the tines/prongs of a fork do not leave a clear pattern on the surface. Review of the clinical record revealed that Resident R1 was admitted to the facility on [DATE]. Review of Resident 1's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 12/21/25, indicated diagnoses of high blood pressure, malnutrition (lack of proper nutrition), and muscle wasting. Review of Resident R1's clinical record revealed a progress note from Speech Therapy dated 10/4/25, that indicated that resident was seen for treatment of dysphagia. Review of Resident R1's clinical record revealed a physician's order date 11/11/25, to provide a diet of NAS (no added salt), low potassium, 7 EC Easy to Chew texture, level 5 minced and moist meats, 3 moderately thick consistency (liquids) and 1500 ml (milliliters) fluid restriction. Review of documentation provided by the facility dated 2/26/26, stated the following: Resident R1's 's daughter, immediately alerted nursing staff that the resident appeared to be choking. LPN (licensed practical nurse) and RN (registered nurse) were present outside the room at the medication cart and responded immediately. Upon entering the room, the resident was observed choking and unable to effectively clear food from the airway. The Heimlich maneuver (a lifesaving technique used to dislodge food or objects from a choking person's airway by forcing air up from the lungs) was immediately initiated by the RN. RN (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395410	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quality Life Services - Sugar Creek	120 Lakeside Drive Worthington, PA 16262

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 0805 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Supervisor was notified, and the CRNP (certified registered nurse practitioner) responded to bedside. Crash cart was brought to the room. Heimlich maneuver was performed for approximately one minute; however, the resident became cyanotic (a bluish discoloration of the skin resulting from inadequate oxygenation of the blood). When the obstruction was not relieved, the resident was carefully placed on a backboard, and abdominal thrusts were continued. Food material was visualized in the oral cavity, and suction was utilized to remove visible particles. Resident was on continuous oxygen via nasal cannula during the event. After the food bolus was dislodged, the resident exhibited shallow respirations with a pulse of 20 beats per minute. Daughter present at bedside. RN discussed condition and offered transfer to the emergency department. Daughter declined hospital transfer and requested comfort-focused care. Resident ceased to breathe at 12:40 p.m. with family present at bedside. At the time of the incident, the resident was served a hamburger that was not consistent with the physician-ordered diet. Review of a written statement dated 2/26/26, indicated that Dietary Aide (DA) Employee E4 was interviewed regarding the above incident and stated that she was the server who placed the food onto the plate for Resident R1. Interviewer asked DA Employee E4 if she recalled placing a 7EC 5MM (Level 7 Easy to Chew, Level 5 minced and moist meats) burger on Resident R1's plate, to which DA Employee E4 replied that I can't honestly remember. Review of a written statement dated 2/26/26, indicated that DA Employee E5 was also interviewed regarding the above incident. Interviewer asked DA Employee E5 if she could verify that Resident R1 received his appropriate diet, to which she replied, I can't remember. Review of a written statement dated 2/26/26, from Nurse Aide (NA) Employee E6 stated This writer gave resident lunch tray while family was sitting in the room with him. I did not look at what was served. I saw the burger but did not realize it was not the right texture. Review of Resident R1's plan of care did not include his physician ordered diet of to provide a diet of NAS (no added salt), low potassium, 7 EC Easy to Chew texture, level 5 minced and moist meats, 3 moderately thick consistency (liquids) and 1500 ml (milliliters) fluid restriction. Review of the facility document Diet Type Report dated 3/3/26, revealed that the facility had 40 residents on altered texture diets (Level 7 Easy to chew, Level 5 minced and moist, pureed, and thickened liquids). Review of five additional clinical records for residents that are ordered an altered texture diet revealed that four of the five did not have their altered texture diet listed as an approach in their plan of care (Resident R2, R3, R4, and R5). During an interview on 3/3/26, at 1:03 p.m. the Nursing Home Administrator (NHA) provided a written outline of what has been implemented in the facility since the incident, which included: immediate education for all staff to check tray tickets (a slip of paper used by staff to communicate a resident's diet order, dislikes, and preferences) against tray before giving to resident. Also verify diet before giving drinks/snacks. Staff then sign off on the tray ticket to ensure they are correct. All meals being plated are monitored by cook and/or dietary supervisor are matching the diet orders on the meal tickets as well. IDDSI diets posted at all nurses' stations and dietary department. Binders at each nurses' station were already in place. During an interview on 3/3/26, at 1:29 p.m. Speech Therapist (ST) Employee E7 indicated that she was aware of the above incident when Resident R1 received the wrong diet texture which resulted in him choking and dying. ST Employee E7 confirmed that she had worked with the resident in October 2025 for treatment of dysphagia, and had recommended the altered diet texture that he was ordered (Level 7 Easy to Chew with level 5 Minced and Moist Meats). ST Employee E7 confirmed that resident should not have received a regular hamburger, and that the meat should have been ground, and that the size of the meat particles should fit in between the prongs of a fork, and mixed with gravy, sauce or other condiments to make it moist and allow resident to safely chew and swallow. ST Employee E7 stated that the facility implemented the IDDSI diet system in 2019, and that staff was educated during the initiation of the new diet system, and that she made copes of the IDDSI diet to keep on the nursing units for future reference. ST Employee E4 added that staff was educated at the time the diets were implemented. During an interview on 3/3/26, at 1:40 p.m. Registered Dietitian (RD) Employee E8 indicated that she is also aware of the above fatal incident regarding Resident R1, and confirmed that (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395410	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quality Life Services - Sugar Creek	120 Lakeside Drive Worthington, PA 16262

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 0805 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	his diet order was complicated RD Employee E8 went on the explain the tray line process in the kitchen and stated that the Starter is the staff member at the beginning of the tray line and that they will read the diet orders out loud to communicate them to the other staff member who will be placing the food on the plate. The food on the plate/tray is then checked by a final staff member who will ensure that the food is accurate and appropriate for the prescribed diet. If you are new, it's easy to miss, and hard to pay attention. RD Employee E8 confirmed that Resident R1 should not have received a regular hamburger because he was ordered level 5 minced and moist meats It should have been ground with gravy. When State Agency (SA) asked of residents' diet orders are listed in their plan of care RD employee E8 stated No, I just put in 'provide diet as ordered' because they are subject to change. Review of the facility's tray tickets revealed that the facility uses abbreviations to communicate this information. For example, Resident R1's tray ticket on the date of the incident stated 7EC, 5MMM, NAS, Mod. Dislikes: banana, bread (wheat), broccoli, honeydew, hot dog, potato, sausage, spinach, tomato, and watermelon. Preferences: applesauce, hamburger, honey/Mod thk apple juice. Review of the above tray ticket does not include what specific items to place on the tray such as Minced moist meat hamburger, etc. During an interview on 3/3/26, at 4:27 p.m. The NHA and Director of Nursing (DON) were made aware that diet orders are not communicated via plan of care, and that tray tickets do not include full diet orders, and food items, which may have helped to contribute to Resident R1's receiving incorrect menu items, which was confirmed by the NHA. NHA made aware that immediate jeopardy situation exists for the additional 40 residents that receive altered texture diets, and an Immediate Jeopardy Template was provided. During an interview on 3/3/26, at 4:41 p.m. Licensed Practical Nurse (LPN) Employee E9 stated that nursing staff have been doublechecking trays before they are passed to the resident. Sometimes the diets are complicated, so you may have to look it up on the sheets. LPN Employee E9 referred to the cards that are now attached to the meal cart for reference on IDDSI diets. We also have a binder at the desk with this information. During an observation on 3/3/26, at 5:16 p.m. staff were noted to be reading each residents' tray ticket, checking the food on the tray to ensure it was the correct diet texture, and initialing the tray tickets while the food remained on the delivery cart. During an interview on 3/3/26, at 5:16 NA Employee E10 stated that after someone checks the trays while still on the cart, NA are then double checking the tray to ensure its safety at the time of service. NA Employee E10 added that the incident with Resident R1 was so scary, and that everyone is taking the situation very seriously. On 3/3/26, at 7:25 p.m. an acceptable Corrective Action Plan was received which included the following interventions: Staff passing trays are auditing food that is provided is matching the diet orders on the meal tickets. They are then signing off on the meal tickets to ensure they are correct. All meals being plated are monitored by the cook and/or dietary supervisors are matching the diet orders on the meal tickets as well. 2. All care plans will be reviewed and updated with current orders. NHA/designee will provide immediate education to RD, RNAC (Registered Nurse Assessment Coordinator), LPNAC (Licensed Practical Nurse Assessment Coordinator), and Dietary Manager on updating resident care plans with diets per physician's orders. This will be completed by Wednesday March 4th, 2026. 3. RD immediately went through current meal tickets to ensure that all residents' tickets match the physician orders to ensure the verbiage is more complete and not abbreviated for a better understanding by staff. This was completed on Tuesday Mach 3, 2026. 4. Education to be completed by NHA/designee to nursing/dietary/activities staff on diets that are used in this facility as well as any altered textures. This will be completed by Thursday, March 5th, 2026. 5. Education to be completed by RD/designee on reading and understanding the facility's tray tickets. This will be completed by Thursday March 5th, 2026. 6. Care plans will be audited against physician orders 5 times per week by NHA/designee to ensure accuracy. 7. Audits will be completed by NHA/designee to verify that staff understand the diets utilized and the altered textures. To be completed everyday times 5 days. Then 3 times per week for 4 weeks. 8. Dietary Manager and/or RD will conduct audits at time of plating meals to ensure the accuracy of diet texture per tray card/physician order. To be (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395410	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quality Life Services - Sugar Creek	120 Lakeside Drive Worthington, PA 16262

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 0805 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	completed everyday times 5 days, then 3 times per week for 4 weeks. 9. Education to be completed by RD/designee to Dietary Manager on how to physically enter diets in the Food Service System (computer). This will be completed by Thursday March 5th, 2026. 10. A work group will be implemented 3/4/26 in morning to review Food Services Tray Card computer system versus other options. 11. All audits will be reviewed at an ad-hoc QAPI (quality assurance and performance improvement) meeting by Thursday March 5th, 2026. Review of medical records conducted on 3/4/26, revealed that 107 of 107 residents in the facility had an updated care plan to include the current physician prescribed diet. Review of tray tickets conducted on 3/4/26, revealed that all diet orders are written out in their entirety, (no longer abbreviated), and that they match the physician order for 107 of 107 residents. For example: 7EC is now Easy Chew, and 5MMM is now minced moist meat. Review of tray audits conducted on 3/5/26, that were completed in dietary at time of tray line service were completed as required for three of three meals reviewed. Review of tray audits conducted on 3/5/26, that were completed by nursing staff at time of service completed were completed as required for three of three meals reviewed. Review of Care plan audits conducted on 3/5/26, revealed that they were completed as required on 3/5/26. Review of Education documentation completed as follows: IDDSI education completed on 130 of 142 employees- remaining to be educated prior to start of next shift.Tray ticket education completed on 150 of 163 -remaining to be educated prior to start of next shift.Entering diets education completed on 2 of 2 employees.Care plan education completed on 5 of 5 employees. During interviews conducted from 3/4/26, at 10:58 a.m. through 3/5/26, at 12:30 p.m., 24 employees verified that they received the required education. On 3/5/25, at 1:00 p.m. the Immediate Jeopardy was lifted when the action plan implementation was verified During an interview on 3/5/26, at 1:49 p.m. NA Employee E11 stated that the revised tray tickets are very helpful and that staff have always been instructed to check trays before distributing them to a resident. During an interview on 3/5/26, at 1:57 p.m. Dietary Manager (DM) Employee E12 stated that revised meal tickets may help to avoid making mistakes in the future, and that Resident R1 should have received a hamburger with minced meat mixed with gravy to keep it moist instead of a regular texture burger. During an interview on 3/5/26, at 2:21 p.m. NA Employee E1 stated that the revised tray tickets are helpful with the complete diet order as often times families ask what the abbreviations mean. During an interview on 3/5/26, at 4:01 p.m. the NHA confirmed that facility failed to provide an altered texture diet, as prescribed by the physician, for one of 40 residents (Resident R1) placing an additional 40 residents that had similar diet needs at risk (Residents R2, through R41) 28 Pa. Code 201.14(a) Responsibility of licensee28 Pa. Code 201.18(b)(1)(3) Management28 Pa. Code 211.12(c)(d)(1)(2)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395410	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quality Life Services - Sugar Creek	120 Lakeside Drive Worthington, PA 16262

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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Based on review of job descriptions, clinical records and staff interviews, it was determined that the Nursing Home Administrator (NHA) and the Director of Nursing (DON) failed to effectively manage the facility when the facility failed to provide an altered texture diet, as prescribed by the physician, for one of 40 residents (Resident R1). This failure resulted in Resident R1 choking on food that he was not ordered which caused him to cease to breathe. This failure placed an additional 40 residents that had similar diet needs at risk, and resulted in an Immediate Jeopardy situation for 40 of 107 residents. Findings include: The job description for the NHA specified the purpose of the position is to direct the day-to-day operations of the facility in accordance with current federal, state, and local standards governing long-term care facilities and to ensure that the highest degree of resident care and services are delivered and maintained. The job description for the DON specified the purpose of the position is to provide nursing management, set resident care standards for all direct care providers and provide completer supervision and management for the nursing department. Based on findings identified in this report, the facility failed to provide an altered texture diet, as prescribed by the physician for one of 40 residents. This resulted in Resident R1 choking on food that he was not ordered which caused him to cease to breathe. This failure placed an additional 40 residents with similar diet needs at risk which resulted in Immediate Jeopardy. The NHA and the DON failed to fulfill their essential job duties to ensure the federal and state guidelines and regulations were followed. During an interview on 3/3/26, at 4:27 p.m. the NHA and DON were notified that they failed to effectively manage the facility to prevent a choking incident that resulted in death, which created an immediate jeopardy situation for 40 of 107 residents. 28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(1)(3)(e)(1) Management.28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services.