STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395460	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christ the King Manor	1100 West Long Avenue Dubois, PA 15801

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 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. Based on review of policies, investigative reports, and residents' clinical records, as well as staff interviews, it was determined that the facility failed to ensure timely medication administration per physician's orders for one of four residents reviewed (Resident 2). This deficiency will be cited as past noncompliance.Findings include: The facility's policy regarding medication administration, dated January 4, 2026, revealed that all medications will be administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's care needs and abilities) dated January 31, 2026, for Resident 2 revealed that the resident was severely cognitively impaired, required assistance from staff for daily care, required transfer assistance of two staff members, and used a wheelchair for mobility. An anemia care plan for Resident 2, dated January 28, 2025, indicated the resident will maintain laboratory values within acceptable parameters. A congestive heart failure care plan, dated January 28, 2026, revealed Resident 2 had congestive heart failure and to receive bumetanide (help flush excess fluid from body). Care plan dated September 26, 2025, revealed that Resident 2 required a behavior management plan related to verbally disruptive behavior with interventions, with a goal that these undesirable behaviors will be monitored or managed with interventions to include outpatient behavioral health. Interventions to include administer medications as ordered. Physician's orders for Resident 2, dated November 11, 2025, included an order for the resident to receive one milligram (mg) of bumetanide (helps body flush out excess fluid) by mouth two times a day . Physician's orders for Resident 2, dated January 24, 2026, included an order for the resident to receive one mg of risperidone (behavior medication), (one half tablet) by mouth one time a day; and two 325 mg tablets of acetaminophen (pain reliever) by mouth three times a day for pain. Review of Resident 2's medication administration record for February, 2026, revealed that on February 1, 2026 the resident did not receive bumetanide, risperidone, and acetaminophen at 2:00 p.m. No adverse effects were reported or documented. The physician was notified the following day of the missed medication administration, with no new orders given.Interview with Nursing Home Administrator and Director of Nursing on March 17, 2026, at 1:42 p.m. confirmed that the medications were not administered but should have been.A review of the facility's plan of correction included the following: Education on medication administration was sent to all licensed practical nurses and registered nurses who pass medications as a reminder that all medications are required to be given in a timely manner. Education also provided via the Point Click Care system for communication. Education to pull the Medication Administration Record (MAR). New system to alert staff if medications are not given. Reminder to this staff that at the end of the shift they should be pulling a MAR to ensure that all residents have green-colored boxes and nothing red which would indicate something not signed or given to a resident. Encouraged to ask questions if unclear. Audits of medication administration for residents completed weekly for three weeks. Interviews with nursing staff on February 11, 2026, revealed that they had been educated on medication administration. A review of the facility's corrective actions revealed that they were in compliance with F684 on February 16, 2026. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(b)(1)(e)(1) Management. 28 Pa. Code 211.12(d)(1)(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