

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Nursing and Rehabilitation at the Mansion		STREET ADDRESS, CITY, STATE, ZIP CODE 1040-52 Market Street Sunbury, PA 17801	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and staff interview, it was determined that the facility failed to prepare and store food items in a safe and sanitary manner in the facility's main kitchen. Findings included: Observation of the facility's main kitchen on December 16, 2025, at 8:00 AM revealed the following: There was an accumulation of dust on the stainless-steel hood over the stove. The dry goods storage area contained a white colored heating/cooling unit on the wall near the ceiling. The unit had a build-up of a blackish colored substance on the vents of the unit. The above information was reviewed with the Nursing Home Administrator and Director of Nursing on December 17, 2025, at 2:00 PM. A review of the facility policy titled Temperature, last reviewed on May 7, 2025, revealed that the temperatures of the food items will be taken and properly recorded for each meal. Observation of the plating service during the tray line in the facility's main kitchen on December 19, 2025, at 11:50 AM revealed that staff were plating the lunchtime meal food trays and placing them in delivery carts so they could be taken to the residents. Seven entrees were observed already prepared on trays that were placed in the meal carts. The surveyor requested documentation of lunch food temperatures taken prior to plating the resident meals and was given a food temperature binder that contained documentation for recorded food temperatures for breakfast, lunch, and dinner services. The last temperatures recorded in the binder were dated December 18, 2025. An interview with Employee 5, dietary services, on December 19, 2025, at 11:50 AM revealed that Employee 5 did not measure temperatures for the breakfast meal and temperatures for the lunch time service were not written down yet. Continued observation of the lunch meal service revealed that Employee 5 stopped plating meals from the tray line and started taking food temperatures. The above information regarding food temperatures was reviewed with the Nursing Home Administrator on December 19, 2025, at 12:20 PM. 28 Pa. Code 201.14(a) Responsibility of licensee		

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: 395482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Nursing and Rehabilitation at the Mansion		STREET ADDRESS, CITY, STATE, ZIP CODE 1040-52 Market Street Sunbury, PA 17801	
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 0848 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide a neutral and fair arbitration process and agree to arbitrator and venue. Based on a review of the facility's arbitration agreements and staff interview, it was determined that the facility's arbitration agreements failed to ensure a neutral and fair arbitration process by ensuring the selection of a neutral arbitrator for two of three residents reviewed with a signed arbitration agreement (Residents 13 and 50). Findings include: Review of an Addendum XIII: Arbitration Agreement (an agreement that the resident/resident's responsible party and the facility will resolve legal disputes through binding arbitration, waiving their right to a trial), signed by Resident 13's responsible party on March 20, 2025, revealed that the document stipulated that, By signing this Arbitration Agreement, the parties hereby agree that if the parties cannot agree on a neutral arbitrator after thirty days, then (name of arbitrator services company, which the facility utilized), will serve as neutral arbitrator in accordance with the (name of arbitrator services company, which the facility utilized) Rules of Procedure. The agreement afforded the facility the selection of the arbitrator (third-party decision-maker contracted to resolve a dispute) if the parties (Resident 13/Resident 13's responsible party and the facility) could not reach an agreement on a neutral arbitration service within 30 days. Review of an Addendum XIII: Arbitration Agreement, signed by Resident 50 (via an, X) on September 13, 2024, revealed that the document stipulated that, By signing this Arbitration Agreement, the parties hereby agree that if the parties cannot agree on a neutral arbitrator after thirty days, then (name of arbitrator services company, which the facility utilized), will serve as neutral arbitrator in accordance with the (name of arbitrator services company, which the facility utilized) Rules of Procedure. The agreement afforded the facility the selection of the arbitrator if the parties (Resident 50/Resident 50's responsible party and the facility) could not reach an agreement on a neutral arbitration service within 30 days. Interview with Employee 4 (social services, staff the Nursing Home Administrator identified as the person who reviews the arbitration agreement process with residents) on December 18, 2025, at 10:33 AM confirmed the above verbiage in the arbitration agreements in effect for Residents 13 and 50. The surveyor reviewed the above concerns regarding Resident 13's and Resident 50's arbitration agreements during an interview with the Nursing Home Administrator and the Director of Nursing on December 18, 2025, at 2:00 PM. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(2) Management 28 Pa. Code 201.29(a)(j) Resident rights		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Nursing and Rehabilitation at the Mansion		STREET ADDRESS, CITY, STATE, ZIP CODE 1040-52 Market Street Sunbury, PA 17801	
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on clinical record review and staff interview, it was determined that the facility failed to ensure that active physician orders incorporated resident wishes related to end-of-life care for one of four residents reviewed for advance directives concerns (Resident 11). Findings include: Review of Resident 11's electronic medical record (EMR) revealed social services documentation dated October 1, 2025, at 1:37 PM that the interdisciplinary team met with Resident 11's two sons and reviewed her POLST (Physician Orders for Life Sustaining Treatment, a binding medical order that instructs healthcare providers the specific types of medical treatment a resident wishes to receive at the end of life) form that instructed staff to not use artificial hydration and nutrition by tube. Review of Resident 11's physical chart revealed a POLST document signed by Resident 11's son/responsible party on November 12, 2025, that Resident 11 was not to receive hydration or nutrition by tube. Review of Resident 11's active physician orders dated August 12, 2025, revealed instructions to trial nutrition and/or hydration via tube. The surveyor reviewed the discrepancy between the POLST document and active physician orders with the Nursing Home Administrator and the Director of Nursing on December 17, 2025, at 2:00 PM. The facility provided a revised physician order (changed after the surveyor's questioning, dated December 17, 2025) that now stipulated Resident 11 was not to have nutrition or hydration via tube. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Nursing and Rehabilitation at the Mansion		STREET ADDRESS, CITY, STATE, ZIP CODE 1040-52 Market Street Sunbury, PA 17801	
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 observations and staff interview it was determined that the facility failed to ensure a resident's rights to secure and confidential personal and medical information in the facility (Main Lobby Area) for one of 16 residents reviewed (Resident 74). Findings include: Observation of the main lobby of the facility on December 18, 2025, at 11:01 AM revealed a binder titled Department of Health Survey Results. The binder contained the results of recent surveys of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. Review of the contents of the binder revealed that the facility placed the full health survey letters and complaint deficiency letters (letters sent to administration after a survey) into the binder. Further review of the binder revealed a complaint deficiency letter and associated Statement of Deficiencies (Form CMS-2567) for a complaint investigation completed on December 27, 2024. The letter noted the name and associated specific resident identifier for Resident 74. The facility failed to ensure Resident 74's right to privacy of their personal and medical information. The above information was reviewed in a meeting with the Nursing Home Administrator and Director of Nursing on December 18, 2025, at 11:19 AM. 28 Pa. Code: 201.18(e)(1) Management		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Nursing and Rehabilitation at the Mansion		STREET ADDRESS, CITY, STATE, ZIP CODE 1040-52 Market Street Sunbury, PA 17801	
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 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** Based on observation, resident and staff interview, and clinical record review, it was determined that the facility failed to ensure assessments accurately reflected residents' status for two of 16 residents reviewed (Residents 37 and 2). Findings include: Interview with Resident 37 on December 17, 2025, at 10:45 AM revealed that he experienced range of motion (ROM) limitations of his bilateral arms and shoulders due to arthritis (swelling and tenderness of one or more joints, main symptoms are joint pain and stiffness), and he was not participating in any exercise programs or therapy related to range of motion exercises. Observation of Resident 37 on the date and time of the interview revealed that his range of motion limited him to raise his arms only to midway between his waist and head. Clinical record review for Resident 37 revealed diagnoses that included primary osteoarthritis (the protective cartilage that cushions the ends of the bones wears down over time) of left and right shoulders since April 1, 2025. An occupational therapy Discharge summary dated [DATE], noted that Resident 37's diagnoses included pain in both right and left shoulders. Resident 37 demonstrated decreased bilateral upper extremity strength (score of two plus out of five) without change from his baseline performance of upper body activities of daily living (ADLs), which was dependent on staff assistance. Resident 37 was unable to don/doff a shirt without assistance due to his limited ROM with bilateral upper extremities. Resident 37 had reached his highest level of independence with ADLs. Due to Resident 37's medical complexities, decreased ROM/strength/endurance and increased pain/resistiveness, he continued to require increased physical assistance with ADLs. Resident 37 was assessed as very limited to what he could do for himself due to the limited ROM at bilateral shoulders and elbows. A plan of care initiated by the facility on September 3, 2025, noted Resident 37 had an ADL self-care performance deficit related to osteoarthritis. An admission MDS (Minimum Data Set, an assessment tool completed at specific intervals to determine resident care needs) dated December 31, 2024; and quarterly MDS assessments dated February 4, 2025, May 7, 2025, August 20, 2025, and November 20, 2025, assessed Resident 37 as having no functional impairment/limit with ROM of his bilateral upper extremities. The surveyor reviewed the discrepancies of the MDS assessments related to Resident 37's interview, observation, and occupational therapy documentation during an interview with the Nursing Home Administrator and the Director of Nursing on December 18, 2025, at 2:00 PM. Interview with Resident 2 on December 17, 2025, at 9:19 AM revealed that her teeth have broken over several years from medications used most of her life. Resident 2 stated that she had missing and broken teeth. Observation of Resident 2 on the date and time of the interview revealed missing teeth. Resident 2 stated that she would be interested in receiving professional dental services in the facility. Review of an admission MDS assessment dated [DATE], revealed that staff assessed Resident 2 as having no dental concerns (no obvious broken teeth or cavities). A significant change MDS dated [DATE], continued to assess Resident 2 as having no dental concerns. The surveyor reviewed the above concerns regarding Resident 2's MDS accuracy during interviews with the Nursing Home Administrator on December 19, 2025, at 11:20 AM and 1:00 PM. Interview with Employee 1 (registered nurse assessment coordinator) on December 19, 2025, at 1:05 PM confirmed the above MDS coding regarding Resident 2's dental condition were errors, and she submitted modifications to correct the MDS assessments and initiated a plan of care to address Resident 2's dental concerns. 28 Pa. Code 211.5(f) Medical records 28 Pa. Code 211.12(d)(1)(5) Nursing services		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Nursing and Rehabilitation at the Mansion		STREET ADDRESS, CITY, STATE, ZIP CODE 1040-52 Market Street Sunbury, PA 17801	
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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and resident and staff interview, it was determined that the facility failed to invite residents to their care plan meetings for one of 16 residents reviewed (Resident 9) and failed to revise a resident's comprehensive care plan for one of 16 residents reviewed (Resident 20). Findings include: The SOM Appendix PP states that Residents and their representative(s) must be afforded the opportunity to participate in their care planning process. During an interview with Resident 9 on [DATE], at 9:52 AM he stated that he had never been invited to his care plan meetings. Resident 9 has a BIMS score (Brief Interview for Mental Status, used to evaluate aspects of cognition such as attention, orientation, and memory recall) of 15 out of 15, indicating normal thinking and memory, no cognitive issues. Clinical record review of Resident 9's chart revealed no documentation of the resident being invited to his care plan meetings. The Nursing Home Administrator and the Director of Nursing were made aware of the above findings on [DATE], at 2:05 PM. During an interview with the Director of Nursing on [DATE], at 8:30 AM she stated that the resident's responsible party was receiving invitations to the care plan meetings. The Director of Nursing could not find evidence that a care plan invitation was provided to Resident 9, and due to the residents' high BIMS score, he should have received an invite. Clinical record review for Resident 20 revealed a current physician's order that noted DNR (Do Not Resuscitate; a DNR is no cardiopulmonary resuscitation when the resident has no pulse and is not breathing) that was dated [DATE]. The banner section in the electronic health record for Resident 20 revealed that the resident was a DNR. The POLST (Pennsylvania Orders for Life-Sustaining Treatment) for Resident 20 signed and dated on [DATE], by the resident's responsible party indicated the resident was a DNR. The current care plan for Resident 20 initiated [DATE], revealed the resident has an advance directive of Full Code (attempt resuscitation and CPR when the person has no pulse and is not breathing). An intervention included CPR (cardiopulmonary resuscitation) will be performed as needed. The above information for Resident 20 was reviewed in a meeting with the Nursing Home Administrator and Director of Nursing on [DATE], at 2:00 PM. A follow-up interview regarding Resident 20 with the Director of Nursing on [DATE], at 12:00 PM revealed that the care plan was not updated. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Nursing and Rehabilitation at the Mansion		STREET ADDRESS, CITY, STATE, ZIP CODE 1040-52 Market Street Sunbury, PA 17801	
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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on clinical record review, observation, and resident and staff interview, it was determined that the facility failed to provide services consistent with professional standards of practice and the resident's comprehensive care plan related to dialysis access care for one of one resident reviewed for dialysis concerns (Resident 6). Findings include: Interview with Resident 6 on December 16, 2025, at 10:45 AM revealed that she leaves the facility three times a week for hemodialysis treatment (due to the inability of the kidneys to filter blood, blood is circulated from the resident, through a machine, for the purpose of removing excess fluids and waste products). Observation of Resident 6 during the interview revealed intravenous access tubing from a dressing on her right upper chest. Resident 6 stated that she needed to have the fistula (shunt, a connection surgically created between an artery and a vein that is used for hemodialysis treatment) in her left arm revised due to a failure to function; and the dialysis center was temporarily using the site to her right upper chest for her treatments. A sign above Resident 6's bed instructed staff to not utilize Resident 6's left arm for blood pressure assessments or blood draws for laboratory testing. Clinical record review of a plan of care developed by the facility to address Resident 6's need for hemodialysis (initiated August 14, 2025) revealed interventions that included no venipuncture/blood pressures in extremity with shunt. Review of a plan of care developed by the facility to address Resident 6's .tunneled right central venous catheter (a special type of intravenous line when a long, thin, flexible tube is tunneled under the skin and placed into a large vein in your chest) to complete dialysis (initiated December 8, 2025), revealed interventions that included, No blood draws or blood pressure to right upper extremity. A physician's order started May 20, 2025, instructed staff to complete a weekly skin review and blood pressure assessment for Resident 6 every Tuesday. Review of a treatment administration record (TAR, electronic documentation of the completion of treatments) dated December 2025 revealed that Employee 2 (licensed practical nurse) obtained the blood pressure assessment for Resident 6 on Tuesday, December 9, 2025. Interview with Employee 2 on December 18, 2025, at 1:35 PM revealed that she obtained the blood pressure assessment on the arm opposite (right arm) the one with the fistula. Further interview with Employee 2 confirmed that Resident 6 had a fistula in her left arm, but she also had a central line access device in her right upper chest. Employee 2 denied knowledge that she was to avoid use of the right arm. Review of the binder at the nurses' station that contained communication forms to/from the dialysis center and the facility revealed no reference to the bilateral limb restrictions. Interview with Employee 3 (registered nurse) on December 18, 2025, at 1:35 PM with Employee 2 confirmed that blood pressure assessments are obtained from Resident 6's right arm despite the care plan intervention, No blood draws or blood pressure to right upper extremity. The interview indicated that neither staff could refer to clinical record evidence that facility staff sought clarification from Resident 6's physician or the dialysis center practitioner regarding bilateral limb restrictions and the need to obtain blood pressure assessments and/or venipuncture for laboratory testing. Nursing documentation by Employee 3 dated December 18, 2025, at 1:51 PM (following the surveyor's questioning) revealed that the staff called the dialysis provider to seek clarification of bilateral upper extremity restrictions. Interview with the Director of Nursing on December 18, 2025, at 2:00 PM confirmed that the facility had no evidence that staff reviewed bilateral upper limb restrictions with Resident 6's primary care physician or dialysis provider to develop a plan to obtain blood pressure assessments (e.g., use of lower extremity or removal of one upper extremity limb restrictions) before the surveyor's questioning. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Nursing and Rehabilitation at the Mansion		STREET ADDRESS, CITY, STATE, ZIP CODE 1040-52 Market Street Sunbury, PA 17801	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to maintain a complete and accurate accounting of a controlled medication for one of three closed resident records reviewed (Resident 71). Findings include: Clinical record review for Resident 71 revealed that the resident was admitted to the facility on [DATE], and discharged due to expiring on October 29, 2025. Review of the Medication Administration Record (MAR) for Resident 71 revealed the resident had orders for morphine sulfate (a controlled substance; a narcotic medication used to relieve pain), which included the following: Morphine sulfate (concentrate) oral solution 20 milligrams (mg) per milliliter (ml) give 0.25 ml by mouth four times a day for generalized pain for five days dated October 21, 2025, at 6:00 PM. Morphine sulfate (concentrate) oral solution 20 mg/ml give 0.25 ml by mouth every two hours as needed for pain / shortness of breath dated October 21, 2025, at 5:15 PM and discontinued on October 28, 2025, at 1:15 PM. Morphine sulfate (concentrate) oral solution 20 mg/ml give 0.25 ml by mouth every one hour as needed for pain / shortness of breath dated October 28, 2025, at 1:15 PM. Facility documentation titled, Controlled Drug Accountability Sheet for Resident 71 revealed a tracking sheet (that documented the date, time, quantity dispensed, amount administered, quantity destroyed/wasted, remaining quantity, signature of staff, and witness signature of staff if destruction or waste) utilized by staff to keep track of Resident 71's controlled medication. The medication/drug was listed as morphine sulfate with a concentration of 100 mg in five ml. Directions handwritten on the document instructed to give 0.25 ml by mouth four times a day; and 0.25 ml every two hours as needed. Further review of the documentation revealed there was no nurse signature on the controlled drug accountability sheet for the following medication administration dates/times: October 21, 2025, at 6:20 PM; 8:21 PM; 10:28 PM October 22, 2025, at 12:00 AM; 2:30 AM; 6:00 AM, 10:55 AM; 12:45 PM, 3:10 PM, 5:25 PM, 6:00 PM October 23, 2025, at 12:00 PM The Controlled Drug Accountability Sheet documentation further noted that 0.25 ml of morphine was marked as dispensed and administered on October 22, 2025, at 6:00 AM with no medication waste or destruction. The remaining quantity was marked as 28.5 ml. The next line of documentation dated October 22, 2025, at 10:55 AM documented 0.25 ml of morphine dispensed and administered with no waste or destruction. The remaining amount of medication was documented as 28.0 ml. There was no documentation provided by the facility to indicate what occurred with the additional 0.25 ml dose (i.e., was it wasted, administered, or destroyed by staff). The Controlled Drug Accountability Sheet revealed staff documented on October 28, 2025, at 4:10 AM that a 0.25 ml dose of morphine was dispensed and administered with no waste or destruction. The remaining quantity was documented by staff as 21.0 ml. Documentation on page two dated October 28, 2025, at 6:26 AM revealed that 0.25 ml of morphine was documented as dispensed and administered with a remaining quantity of 19.75 ml. There were no doses documented between these two administrations as wasted, administered, or destroyed by staff. The Controlled Drug Accountability Sheet revealed that the last administration documented by staff was 0.25 ml of morphine on October 29, 2025, at 8:40 AM with the amount remaining documented as 14.75 ml. Staff documented 14.75 as destroyed and signed by two staff members on October 29, 2025. The document did not specify how the medication was destroyed. The above information was reviewed in a meeting with the Nursing Home Administrator and Director of Nursing on December 18, 2025, at 2:00 PM. A follow-up interview with the Director of Nursing on December 19, 2025, at 12:32 PM revealed that there was a total of 1.5 ml that was not documented and unaccounted for on Resident 71's Controlled Drug Accountability Sheet and confirmed that staff should have signed where indicated when documenting on the form. 28 Pa. Code 211.9 (k) Pharmacy services 28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Nursing and Rehabilitation at the Mansion		STREET ADDRESS, CITY, STATE, ZIP CODE 1040-52 Market Street Sunbury, PA 17801	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on a review of select facility policies and procedures, clinical record review, observation, and resident and staff interview, it was determined that the facility failed to ensure an environment free from the potential spread of infection related to enhanced barrier precautions for one of 16 residents reviewed (Resident 6). Findings include: The facility policy entitled, Enhanced Barrier Precautions, last reviewed May 7, 2025, revealed that enhanced barrier precautions (EBP) are utilized to prevent the spread of multi-drug-resistant organisms (MDROs) to residents. EBP refers to infection prevention and control interventions designed to reduce the transmission of multi-drug-resistant organisms during high contact resident care activities. EBP apply when a resident has a wound or indwelling medical device. Indwelling medical devices include central lines. EBPs employ targeted gown and glove use (PPE, personal protective equipment) in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply. Signs are posted on the door or wall outside the residents' rooms which communicate the type of precautions and PPE (personal protective equipment) required. PPE and alcohol-based hand-rub are readily accessible to staff. Residents, families, and visitors are notified of and educated about the implementation of EBPs. Interview with Resident 6 on December 16, 2025, at 10:45 AM revealed that she leaves the facility three times a week for hemodialysis treatment (due to the inability of the kidneys to filter blood, blood is circulated from the resident, through a machine, for the purpose of removing excess fluids and waste products). Observation of Resident 6 during the interview revealed intravenous access tubing from a dressing on her right upper chest. Resident 6 stated that she needed to have the fistula (a connection surgically created between an artery and a vein that is used for hemodialysis treatment) in her left arm revised due to a failure to function and the dialysis center was temporarily using the site to her right upper chest for her treatments. Resident 6 stated that any staff who touch her right upper chest site wear a mask and gloves; however, do not wear a gown. Observation of Resident 6's doorway and room during the interview revealed no indication of the implementation of EBP. Clinical record review of a plan of care developed by the facility to address Resident 6's .tunneled right central venous catheter (a special type of intravenous line when a long, thin, flexible tube is tunneled under the skin and placed into a large vein in your chest) to complete dialysis (initiated December 8, 2025), revealed interventions that included that the contracted dialysis provider maintained the dressings and care of the catheter. There was no intervention to implement EBP. Observation of Resident 6's doorway and room on December 17, 2025, at 12:17 PM and December 18, 2025, at 1:35 PM revealed no indication of the implementation of EBP. Interview with Employee 2 (licensed practical nurse) on December 18, 2025, at 1:35 PM confirmed that the facility did not implement measures for EBP (e.g., signage, accessible PPE, PPE disposal containers) for Resident 6 who had a central line access site in her right upper chest. The surveyor reviewed the above concerns related to EBP for Resident 6 during an interview with the Nursing Home Administrator and the Director of Nursing on December 18, 2025, at 2:00 PM. 483.80(a)(1)(2)(4)(e)(f) Infection Control Previously cited deficiency 11/15/24 28 Pa. Code 211.12(d)(1)(5) Nursing services		