STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395491	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stroudsburg Post Acute Nursing & Rehabilitationllc	4227 Manor Drive Stroudsburg, PA 18360

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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 - Some	Reasonably accommodate the needs and preferences of each resident. Based on review of select facility policy, observations, and resident and staff interviews, it was determined that the facility failed to ensure residents had reasonable and safe access to operate their over-the-bed lighting for four residents out of 29 residents reviewed (Residents 63, 134, 10, and 90).Findings include: The facility policy titled Environment last reviewed by the facility on April 3, 2026, indicated the facility is committed to maintaining an environment that promotes resident comfort, safety, privacy, dignity, and emotional well-being. The physical environment shall support quality of life through cleanliness, appropriate maintenance, infection prevention, and resident-centered atmosphere. The policy further indicated the facility would conduct routine environmental rounds to monitor cleanliness, safety, odors, lighting, temperature, equipment condition, and overall resident comfort. Identified concerns would be addressed promptly. During observations conducted on May 19 and May 20, 2026, Residents 63, 134, 90, and 10 were observed to have over-the-bed lighting fixtures with pull cords measuring two inches in length. The pull cords were not within reach of the residents, preventing independent operation of the lights. During an interview on May 19, 2026, at 11:56 AM, Resident 63 stated she was hard of hearing and requested communication through written language. After information was written on a notepad, the resident indicated she had difficulty seeing due to impaired vision. The surveyor observed that the resident's over-the-bed light was turned off and that the resident was unable to access the light because the pull cord was only two inches long and out of reach. Resident 63 stated she would like access to the light but could not reach the cord independently. During an interview on May 19, 2026, at 1:30 PM, Resident 134 stated she was admitted 3 weeks ago and reported, Never has there been a cord for me to reach the light. I don't know why they can't just make it longer. During an interview on May 20, 2026, at 9:10 AM, Resident 10 stated she was unable to reach the over-the-bed light and reported that she frequently stood up and stretched in an attempt to turn on the light, placing herself at risk for falling. Resident 10 stated, It would be nice to be able reach it without having to get out of bed or stand and reach for it. I'm starting to read a book and this way I could read it at night too. During an interview on May 20, 2026, at 9:25 AM, Resident 90 stated she previously had a longer cord to activate her over-the-bed light; however, it broke several weeks ago and had not been replaced. Resident 90 stated she used the light frequently and would like to have independent access to it again. During an interview on May 20, 2026, at 12:30 PM the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to ensure residents had accessible over-the-bed lighting, limiting residents' ability to independently operate the lights according to their individual needs and preferences. 28 Pa. Code: 211.10(c) Resident care policies. 28 Pa. Code: 211.12(d)(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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and staff interviews and meal test tray results, it was determined the facility failed to serve meals that are palatable and attractive for four out of 29 residents reviewed (Residents 4, 6, 37 and 55), including experiences reported by five residents during a resident group interview (Residents 48, 68, 73, 131, and 132).Findings include: A clinical record review revealed Resident 4 was admitted to the facility on [DATE], with diagnoses to include depression (a mental health condition characterized by low mood or loss of pleasure or interest in activities for long periods of time) and hyperlipidemia (high fats in the blood). A review of Resident 4's quarterly Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated April 23, 2026, revealed the resident was cognitively intact with a BIMS score of 15 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13 through 15 indicates cognition is intact). During an interview on May 19, 2026, at 1:30 PM, Resident 4 indicated he was dissatisfied with the food and stated most of the meals served are tasteless and described the food as lousy. Resident 4 stated he felt like most of the foods, especially the meats, are overcooked and hard to eat. Resident 4 stated that the pork is the toughest food that is cooked on the menu and considers it inedible. Resident 4 stated he has brought up food concerns in the past; however, nothing gets done about it. Resident 4 stated he would like to be served over easy eggs for breakfast but stated he is only allowed to have scrambled and stated the scrambled eggs have no taste. A clinical record review revealed Resident 6 was admitted to the facility on [DATE], with diagnoses to include incomplete quadriplegia (severe or complete loss of motor function in all four limbs) and neurogenic bowel (loss of bowel control due to brain or spinal cord damage). A review of Resident 6's quarterly MDS, dated [DATE], revealed that Resident 6 was cognitively intact with a BIMS score of 15 (a score of 13 through 15 indicates cognition is intact). During an interview on May 19, 2026, at 11:45 AM, Resident 6 indicated that he was very dissatisfied with multiple meals at the facility. He explained that he is upset because the vegetables are consistently mushy, the kielbasa (a traditional Polish sausage) tastes like a hot dog, the hot ham and cheese sandwiches are often cold, the meat is often overcooked and dry, the food does not have any seasoning, and the pork is too hard to eat. He explained in general the food is not flavorful. Resident 6 indicated that he has brought this issue up in the past, but he has given up discussing it because the facility does nothing to fix the problem. He explained that he often only eats cheeseburgers and peanut butter because the food sucks. A clinical record review revealed Resident 37 was admitted to the facility on [DATE], with diagnoses to include hypertension (blood pressure that is higher than normal) and diabetes (a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces). A review of Resident 37's admission MDS, dated [DATE], revealed that the resident was cognitively intact with a BIMS score of 15 (a score of 13 through 15 indicates cognition is intact). During an interview on May 19, 2026, at 1:40 PM, Resident 37 indicated she was dissatisfied with the food that is served at the facility and stated she felt like it had no taste and no nutritional value. She stated she felt like they were served a lot of the same white foods, such as white rice, pasta, and chicken, and they were often overcooked. Resident 37 also was displeased with the French toast that is served at the facility, citing she feels like it is just a piece of bread on a plate. Resident 37 stated most of the food that is served stinks. A clinical record review revealed Resident 55 was admitted to the facility on [DATE], with diagnoses to include hypertension and rheumatoid arthritis (a chronic inflammatory disorder usually affects small joints in the hands and feet). A review of Resident 55's quarterly MDS, dated [DATE], revealed the resident had moderately impaired cognition with a BIMS score of 12 (a score of 8 through 12 indicates moderate cognitive impairment). During an interview on May 21, 2026, at 1:30 PM, Resident 55 (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	indicated she was dissatisfied with the food and stated most of the meals served are overcooked and tasteless. She described the potatoes as powdered leftovers and had no taste. The brown gravy sometimes comes on the tray, and it is not fully mixed all the way and has powder on top. Resident 55 described the vegetables as being hard and unable to be eaten, including the vegetables in the soup. Resident 55 stated she felt like the soup was mostly flavored water mixed with hard vegetables. She stated she has not eaten a full meal in a long time because the meals served are not one hundred percent edible. She stated she often relies on the food her daughter brings her and has frozen meals in her personal bedside refrigerator. Resident 55 described the meat patties as looking the same, such as chicken, beef and veal patties. Resident 55 stated she is unable to eat the pork because it is so tough and inedible. She requests that she does not get pork due to this concern, yet often she states she will still receive pork for her meals. Resident 55 stated she has been complaining so long about the food and feels like no one listens anymore, and therefore nothing gets done about the food. Resident 55 stated she also loves hot dogs but would like sauerkraut served with her hot dogs, as this was a staple in her lunches prior to coming to the facility; however, she states she does not have the option of ordering sauerkraut with her hot dogs. During a resident council interview on May 20, 2026, at 10:00 AM, five alert and oriented residents in attendance indicated they are dissatisfied with the quality, taste, and palpability of the meals they receive at the facility. During the resident council interview, Resident 48 indicated the appearance of the meals makes her not want to eat. She explained that the meat is dry and there is no flavor. Resident 48 indicated that they bring up issues during resident council meetings and food committee meetings, but there are no changes to the quality of the meals. During the resident council interview, Resident 131 indicated the food does not have any flavor and is not seasoned well. He explained that he has brought this up in the past, and the facility indicated that they have to prepare the meals like that for residents. Resident 131 indicated that he becomes frustrated when the meal is unappetizing and he requests an alternate meal option, but no one from the kitchen responds or assists. He explained that he doesn't bring up the issues with the food because nothing improves when residents complain. During the resident council interview, Resident 73 indicated she is not satisfied with the quality of the food or the food's taste. She said the food is not seasoned. Resident 73 indicated that the meat is tough and often dry. During the resident council interview, Resident 68 indicated that food is not flavored or seasoned well. She explained that the way it is prepared makes you not want to eat the meal. Resident 68 indicated that often the meals have an unappetizing presentation. She explained that residents have brought this issue up in the past, but nothing has been done to improve the quality, taste, and appearance of the food. In particular, she indicated that the meat is dry, hard, and not flavored in an appealing manner. During the resident council interview, Resident 132 indicated the facility serves meat that is tough She explained that many times she was unable to chew the meat that was served. Resident 132 indicated that the pork is the worst. She explained that the meals do not have flavor, the vegetables have a terrible consistency, and she has not been satisfied with the meals. Resident 132 indicated that residents bring up their issues with the food, but there has not been a change to improve the meal quality. She expressed her frustration that there is nothing that can be done and no one is helping improve the meal quality. A test tray for the A-1 Hall nursing unit on May 21, 2026, at 12:22 PM revealed a serving of off-white mashed potatoes, collard greens, and chicken. A sample of the mashed potatoes revealed the texture was gritty, bland, and not appetizing. The collard greens were soft and had a bland flavor. A portion of the chicken coated in a reddish-brown glaze was sampled with no issues noted. During an interview on May 21, 2026, at 1:15 PM, the above information was reviewed with the nursing home administrator (NHA) and director of nursing (DON). The NHA and DON were unable to explain why residents were presenting with frustration and dissatisfaction with the food that is served at the facility. The facility failed to serve food that is palatable, attractive, and satisfying for Residents 4, 6, 37, 48, 55, 68, 73, 131, and 132. Refer F692 28 Pa. Code 201.18 (e)(1) Management. 28 Pa Code 211.12(d)(3) Nursing services.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on observation, review of the Facility Assessment (a comprehensive evaluation conducted by the facility to determine the resources necessary to care for its resident population), and staff interviews, it was determined the facility failed to conduct and update a facility-wide assessment, using evidence-based methods to identify the specific resources necessary to care for its resident population. Findings include: Review of the facility's current floor plan revealed the B-Wing residential section was outlined in red. During an interview on May 21, 2026, at 9:30 AM, the Nursing Home Administrator (NHA) stated the B-Wing was outlined in red to indicate it was a locked unit. The NHA reported the facility created and opened a locked memory care unit for residents with dementia (a progressive cognitive disorder affecting memory and functioning) or wandering tendencies. The NHA further reported the unit was opened on November 4, 2025. Review of the facility's matrix (a document used to identify current residents and note pertinent care categories such as Alzheimer's disease/dementia, antipsychotic medication use, pressure wounds, tube feedings, intravenous therapies, and other care needs) revealed there were 34 residents residing on the B-Wing. Observation of the B-Wing conducted daily from May 19, 2026, through May 21, 2026, revealed the unit doors were locked and required a security code for entry and exit. An audible alarm sounded once the door was opened after the security code was entered. Review of the Facility Assessment, last reviewed by the facility on March 3, 2026, failed to identify the locked memory care unit and the specific services, staffing, and resources required to meet the individual and collective needs of the resident population residing on the unit. There was no evidence the facility updated its facility-wide assessment after implementation of the secured memory care unit to address how available resources were being utilized to support staffing and operational decisions in a manner that ensured compliance with regulatory requirements. The assessment lacked comprehensive data regarding the current resident population and resources necessary to provide safe and appropriate care. Further review of the Facility Assessment revealed the facility failed to accurately identify resident population subsets and characteristics, including types of diseases, conditions, physical and behavioral health needs, cognitive impairments, and overall acuity (the severity of a resident's illness and their daily dependency on caregivers). The Facility Assessment failed to identify how increased resident acuity affected staffing needs, workload, supervision and the time required to provide basic care. Additionally, the Facility Assessment failed to include the resources necessary to care for the resident population, including an evaluation of the overall number of facility staff and the competencies and skill sets required to ensure a sufficient number of qualified staff were available to meet each resident's needs. During an interview on May 21, 2026, at 11:35 AM, the Nursing Home Administrator confirmed that the Facility Assessment did not contain all of the required information related to the facility's current resident population, services and staffing resources. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18 (b)(1)(3)(e)(1)(2) Management.

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, select facility policy, and staff interviews, it was determined the facility failed to ensure that a resident's representative was informed of treatment options, as well as the risks and benefits for psychotropic medications for one of 29 residents reviewed (Resident 65).Findings include: A review of a facility policy titled Psychotropic Medication Use, last reviewed by the facility on April 3, 2026, revealed it is the facility's policy to ensure psychotropic medications are used safely, appropriately, and only when clinically necessary in accordance with physician orders and that informed consent for psychoactive/psychotropic medications shall be obtained from the resident or responsible party. (Psychotropic medications affect the mind and emotions by altering chemicals in the brain.) A clinical record review revealed that Resident 65 was admitted to the facility on [DATE], with diagnoses that included dementia (a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning) and age-related debility (gradual loss of overall functional independence as a person gets older). A review of an admission Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated July 28, 2025, revealed that Resident 65 had moderately impaired cognition with a BIMS score of 9 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 8 through 12 indicates moderate cognitive impairment). A review of Resident 65's quarterly MDS, dated [DATE], revealed the resident was severely cognitively impaired with a BIMS score of 04 (a score of 0 through 7 indicates severe cognitive impairment). A review of a physician's order dated July 22, 2025, at 9:32 PM, revealed an order for Seroquel 25 milligrams (mg) (an antipsychotic medication used to treat mood disorders) daily at bedtime for impulsivity. A review of a nurse's progress note dated July 22, 2025, at 11:24 PM, revealed the resident was educated on psychotropic medication therapy and potential side effects, and consent was obtained from the resident. A review of a form titled Consent for Psychoactive Medication Therapy, dated July 22, 2025, revealed consent for use of psychotropic medication to include antipsychotic medication with consent signed at the bottom of the form by Resident 65 and their physician. It was also marked that the resident is agreeable to any additional changes for psychotropic medication, including additional or discontinued, as the psychiatrist or primary physician sees fit. There was no indication that Resident 65's resident representative was made aware of this consent for the antipsychotic medication. A review of Medication Administration Records (MARs) from July 2025 to May 2026 for Resident 65 revealed the resident received Seroquel 25 mg as ordered by the physician. Review of the clinical record at the time of the survey revealed that Resident 65 was their own representative. Following surveyor inquiry, the facility updated the clinical record to reflect that Resident 65 had a designated power of attorney who served as the resident's representative. An interview with the Director of Nursing on May 22, 2026, at 12:00 PM confirmed there was no documentation available for review at the time of the survey to indicate that informed consent was obtained prior to the start of psychotropic medication for Resident 65 by their representative, that the risks and benefits were explained, or that they were offered alternative treatment options. 28 Pa Code 201.29(a) Resident rights. 28 Pa Code 211.10 (a)(c) Resident care policies.

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, a review of clinical records, and select facility policy and staff interviews, it was determined the facility failed to ensure the self-administration of medications was clinically appropriate for one of 29 residents reviewed (Resident 131).Findings include: A review of the facility policy titled Medication Storage Policy, last reviewed by the facility on April 3, 2026, revealed that it is the facility policy to ensure all medications are stored safely, securely, and in compliance with federal, state, and facility regulations to maintain medication integrity and resident safety. A clinical record review revealed that Resident 131 was admitted to the facility on [DATE], with diagnoses that include multiple sclerosis (an immune-inflammatory disease that attacks and damages cells in the central nervous system and causes neurological impairment). A review of Resident 131's quarterly Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated May 9, 2026, revealed that Resident 131 was cognitively intact with a BIMS score of 15 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13 through 15 indicates cognition is intact). A physician's order for muscle rub cream 10 -15% (menthol -methyl salicylate, topical analgesics that create a cooling/warming sensation, which helps numb the area and desensitize nerve endings and causes blood vessels to widen) with directions to apply to the back topically two times a day for back pain initiated on August 21, 2025. During an observation on May 19, 2026, at 11:02 AM, three clear plastic medication cups filled with an unknown white cream substance were observed on Resident 131's bedside table. At the time of the observation, there were no residents in the room. During an interview on May 19, 2026, at 12:05 PM, Employee 3, Registered Nurse Supervisor (RNS), identified the white cream found in Resident 131's room as muscle rub cream 10-15% (menthol -methyl salicylate) cream. She confirmed that the white plastic cups were not marked or labeled to identify what substance was contained inside the medication cups. Employee 3, RNS, confirmed that all medications should be marked and labeled to prevent accidents and ensure safe use of the medication.Prior to inquiries made during the survey, a clinical record review revealed no evidence the facility assessed Resident 131 in order to ensure he was capable, safe, and clinically appropriate to administer and properly secure the 10-15% muscle rub cream (menthol-methyl salicylate) in his room. During an interview on May 21, 2026, at 1:30 PM, the above information was reviewed with the director of nursing (DON) and nursing home administrator (NHA). The DON and NHA were unable to provide documented evidence that prior to inquiries made by surveyors, Resident 131 was assessed and determined to be clinically appropriate to self-administer his medication. The facility failed to ensure the self-administration of medication was clinically appropriate for Resident 131. 28 Pa Code: 211.9 (a)(1) Pharmacy services. 28 Pa Code 211.10 (c) Resident care policies. 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 - Few	Provide enough food/fluids to maintain a resident's health. Based on clinical record review, facility policy review, resident interview, and staff interview, it was determined that the facility failed to implement its weight management policy and failed to timely assess and re-evaluate significant weight loss for one of 29 sampled residents reviewed (Resident 81).Findings include: Review of the facility's Weight Protocol policy, reviewed April 3, 2026, revealed that all residents will be weighed by the 7th of each month. A registered dietitian will review weights and request re-weights on any weight loss or gain of 5 pounds from the prior month. Re-weights will be completed by the 15th of each month. A weight meeting will be held by the Interdisciplinary Care Plan Team after the 15th of each month to assure nutritional adequacy. Clinical record review revealed that Resident 81 had a diagnosis of diabetes (elevated levels of sugar in the blood). A review of Resident 81's annual Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated April 3, 2026, revealed that Resident 81 was moderately cognitively impaired with a BIMS score of 8 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 8 through 12 indicates moderate cognitive impairment). An interview with Resident 81 on May 19, 2026, at 11:00 AM and again on May 21, 2026, at 10:30 AM revealed the resident was dissatisfied with the quality and taste of the food served at the facility. The resident stated the food was horrible and reported losing a significant amount of weight because she was unable to eat the meals provided. The resident stated she wanted to lose weight but did not want to lose weight because she could not eat the food. The resident further stated that no one had discussed the significant weight loss with her and that family members would bring meals when able. Review of the weight record revealed that on December 6, 2025, the resident's weight was recorded as 190 pounds using a mechanical lift scale. Review of the January 6, 2026, weight record revealed the resident's weight was 175.8 pounds using a mechanical lift scale, representing a weight loss of 14.2 pounds, or 7.4 percent, in one month. Clinical record review revealed that despite the significant weight loss, the next documented weight was not obtained until January 25, 2026. The January 25, 2026, weight was not obtained in accordance with facility policy requiring a re-weigh following a weight change greater than 5 pounds in one month and completion of the re-weigh by the 15th of the month. Review of the February 8, 2026, weight record revealed the resident's weight was documented as 176 pounds using a using a mechanical lift scale. Review of the clinical record revealed that the first dietary note addressing the resident's weight loss was not entered until February 12, 2026, more than one month after the January 6, 2026, weight identified a significant weight loss. Although the dietary note indicated the weight loss was desired, there was no evidence the facility completed the required re-weigh in accordance with facility policy. Additionally, there was no evidence the registered dietitian or interdisciplinary team completed a timely assessment or re-evaluation to determine the cause of the significant weight loss, evaluate the resident's nutritional status, assess the resident's reported concerns regarding food intake, or ensure nutritional goals continued to be met. During an interview on May 21, 2026, at 12:30 PM, the Nursing Home Administrator was unable to provide evidence that the facility implemented its weight management policy following the resident's significant weight loss or that a timely assessment and re-evaluation were completed to ensure the resident's nutritional adequacy and ongoing nutritional needs were addressed. Refer to F-804.28 Pa Code 211.10 (c) Resident care policies.28 Pa. Code 211.12 (c)(d)(3) (5) Nursing services.

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F 0696 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care/assistance for a resident with a prosthesis. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, select facility policy, and staff interviews, it was determined the facility failed to ensure a resident with a prosthetic device received the necessary care and services to attain or maintain the highest practicable physical well-being, consistent with professional standards of practice, for 1 of 29 residents reviewed (Resident 10). Findings include: Review of the facility policy titled Prosthetic Device Policy, last reviewed by the facility on April 3, 2026, indicated residents requiring prosthetic devices (an artificial replacement for a missing body part) were to receive appropriate assistance, monitoring, and care in accordance with physician orders, care plans, and resident preferences. The policy further indicated prosthetic devices were to be maintained in clean and safe conditions and nursing staff were to routinely assess the prosthetic device and resident's skin integrity for redness, irritation, pain, swelling, breakdown, or improper fit. The policy also required staff to assist residents with application, removal, cleaning, and storage of prosthetic devices as needed to promote resident safety, comfort, mobility, and quality of care. The policy procedures included:1. Verify physician orders and care plan related to prosthetic use. 2. Assess the prosthetic device routinely for cleanliness, fit, and function. 3. Assess skin integrity before and after prosthetic use. 4. Assist the resident with applying and removing the prosthetic device as needed. 5. Ensure prosthetic devices are labeled and stored appropriately when not in use. 6. Encourage safe use during transfers, ambulation, and activities. 7. Report changes in condition, pain, skin issues, or equipment concerns promptly. 8. Document assessments, assistance provided, and abnormalities in the medical record. Clinical record review revealed Resident 10 was admitted to the facility on [DATE], with diagnoses including below-the-knee amputation of the right leg (loss of the lower portion of the right leg due to a surgical procedure), Type 2 diabetes (a chronic condition in which the body resists or does not produce enough insulin, causing elevated blood sugar levels) with a left foot ulcer (an open sore on the foot related to diabetes-associated poor circulation and nerve damage), and Alzheimer's disease (a progressive irreversible brain disorder affecting memory, thinking, and daily functioning). Review of the annual Minimum Data Set (MDS, a federally mandated standardized assessment process conducted at specific intervals to plan resident care) dated April 17, 2026, revealed the resident was moderately cognitively impaired with a BIMS score of 12 (Brief Interview for Mental Status, a screening tool used to assess cognition; a score of 8-12 indicates moderate cognitive impairment). Nursing documentation dated April 14, 2026, at 2:36 PM revealed that upon return from therapy, the resident removed the prosthetic device and blisters were observed on the right residual limb (the remaining portion of the leg following amputation). Documentation indicated the nurse practitioner and wound nurse were notified and new orders were received to apply skin prep (a protective barrier film) and an ABD dressing (a highly absorbent multilayer dressing) daily. Documentation further indicated the resident was to be scheduled for evaluation by the prosthetist (a healthcare professional who designs, fits, and maintains prosthetic devices) regarding prosthetic fit concerns. Review of a physical therapy treatment note dated April 14, 2026, revealed the resident arrived at therapy with the right prosthetic leg donned (properly put on and worn). The therapist observed the prosthetic device had not been applied properly. Upon removal of the prosthesis, the therapist identified the inner gel liner (a soft cushioning sleeve worn over the residual limb) had not been applied prior to placement of the prosthesis. The therapist documented a blister to the right lateral knee (outer knee), a blister to the anterior medial thigh (front inner thigh), and redness to the patella (kneecap). Review of facility documentation titled Skilled Charting dated April 16, 2026, indicated the resident had treatable wounds of the left heel and right prothesis site from wearing prothesis. However, no specific wound location to the residual limb was identified and no wound measurements, characteristics (type, depth, and healing stage of wound), staging (extent of tissue damage), or detailed assessment findings were documented. Further review revealed no documented (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395491	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stroudsburg Post Acute Nursing & Rehabilitationllc	4227 Manor Drive Stroudsburg, PA 18360

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

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F 0696 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	wound assessments addressing the blisters and redness identified on April 14, 2026, including wound location, description, measurements, drainage, or treatment effectiveness. Review of the resident's comprehensive care plan dated April 2, 2026, revealed the resident had a right below-the-knee amputation related to diabetes and infection. The goal indicated the resident's mobility would be restored through use of a prosthetic device and adaptive equipment such as a walker, crutches or wheelchair, by July 22, 2026. Interventions included encouraging participation in rehabilitation and administering pain medication as ordered. However, the facility failed to develop and implement individualized interventions to ensure safe prosthetic use and prevent complications. Specifically, the care plan lacked interventions addressing: staff assistance to ensure proper application of the prosthetic device and prescribed wear schedule; monitoring of the residual limb for redness, irritation, swelling, or skin breakdown before and after prosthetic use; parameters for safe prosthetic wear time and gradual increase in usage; prosthetic hygiene instructions for cleaning and drying the liner, socks, and prosthetic device; and resident and staff education regarding proper prosthetic management and skin monitoring. Review of current physician orders revealed no orders addressing monitoring of the residual limb, prosthetic wear schedule, prosthetic hygiene, or skin assessment related to prosthetic use. Observation on May 21, 2026, at 1:00 PM of Resident 10's right residual limb in the presence of Employee 3 (Registered Nurse Supervisor) revealed the skin had healed with no blisters, redness or open areas present. During an interview conducted on May 21, 2026, at 1:25 PM, the Nursing Home Administrator, Director of Nursing, and Director of Therapy were unable to provide documented evidence the facility had developed or implemented a prosthetic care assessment process, prosthetic wearing schedule, residual limb skin monitoring protocol, staff education, resident education, or comprehensive wound assessments related to the resident's prosthetic use. 28 Pa. Code:201.18 (b)(1) Management. 28 Pa. Code:211.10 (c) Resident care policies. 28 Pa. Code:211.12(d)(1)(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. Based on observation, a review of select facility policy, and staff interview, it was determined the facility failed to ensure that medications and pharmaceutical products were stored in accordance with expiration date guidelines in one of three medication storage areas (first floor A Unit medication storage room).Findings include: A review of the facility policy titled Medication Storage Policy last reviewed by the facility on April 3, 2026, indicated all medications, including prescription medications, controlled substances, and over-the-counter (OTC) medications, shall be stored in designated secure areas under proper storage conditions according to manufacturer recommendations and facility procedures. Observation of the first floor A Unit medication storage room on May 21, 2026, at 8:53 AM revealed a multi-dose vial of Tuberculin (solution used for tuberculosis screening) stored in the medication refrigerator that had been opened, was available for use, and was not dated when opened. Review of the manufacturer dosage and administration for Tuberculin revealed that multidose vials opened and in use for more than 30 days should be discarded. Continued observation of the medication storage room revealed seven expired medications and supplements available for use, including:2 bottles of Oyster Shell Calcium 500 mg (calcium supplement) with an expiration date of July 20251 bottle of Zinc 50 mg (zinc supplement) with an expiration date of January 20262 bottles of Vitamin B-6 100 mg with an expiration date of January 20262 bottles of Melatonin 1 mg (dietary supplement to aid in sleep) with an expiration date of February 2026 During an interview on May 21, 2026, at 9:15 AM, Employee 3 (Registered Nurse Supervisor) confirmed the Tuberculin vial had been opened and was not dated and confirmed the presence of the expired medications and supplements in the first floor A Unit medication storage room. 28 Pa. Code 211.9 (a)(1)(k) Pharmacy Services. 28 Pa. Code 211.10 (c) Resident care policies. 28 Pa. Code 211.12 (d)(3)(5) Nursing 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, and staff interview, it was determined that the facility failed to ensure the coordination of hospice services with facility services to meet the resident's needs on a daily basis for one out of 29 residents reviewed (Resident 119).Findings include: A clinical record review revealed that Resident 119 was admitted to the facility on [DATE], with diagnoses that include dementia (a condition characterized by the loss of cognitive functioning, such as thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities) and end-stage renal disease (the final stage of kidney decline where the kidneys are no longer able to function to meet the body's needs). Resident 119 was admitted to hospice services (care and support provided to a resident with a terminal illness that focuses on comfort and symptom management) on April 22, 2026, related to dementia and suspected osteomyelitis (bone infection). A clinical record review revealed Resident 119's plan of care was not integrated with hospice services or measures planned to assure that nursing facility staffing coordinates and monitors the delivery of resident care in conjunction with the hospice provider's services to meet the resident's needs. A review of the comprehensive plan of care revealed the facility failed to integrate hospice services care and interventions in the following areas for Resident 119: (1) Potential for pain-related behavioral health symptoms related to end-stage renal disease, (2) risk for adverse effects related to antipsychotic medication use, (3) risk for respiratory impairment related to chronic obstructive pulmonary disease (COPD is a condition caused by damage to the airways or other parts of the lung that blocks airflow and makes it hard to breathe), (4) actual skin breakdown related to impaired mobility, moisture, and refusals for care, (5) neurological deficiencies related to metabolic encephalopathy (inflammation of the brain), (6) sleep cycle issues related to medications and sleeplessness, (7) altered cognition and impairment related to dementia, or (8) activities of daily life deficiencies related to dementia and physical limitations. During an observation on May 21, 2026, at 11:00 AM, Resident 119's hospice communication tool was reviewed in the facility nursing station. The communication tool did not contain or account for the abovementioned care areas or corresponding interventions hospice staff perform when providing care to Resident 119. During an interview on May 21, 2026, at 1:15 PM, the above information was reviewed with the nursing home administrator (NHA) and director of nursing (DON). The NHA and DON were unable to provide documented evidence the facility integrated hospice care services into a comprehensive care plan for Resident 119. The facility failed to ensure the coordination of hospice services with facility services to meet the resident's needs. 28 Pa Code 211.12(d) (3) Nursing services.