STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395500	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Twin Lakes Rehabilitation and Healthcare Center	227 Sand Hill Road Greensburg, PA 15601

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on review of Pennsylvania's Nursing Practice Act and clinical records, as well as staff interviews it was determined that the facility failed to ensure that an assessment was completed by a professional (registered) nurse after an injury occurred for one of four residents reviewed (Resident 1). Findings include: The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.11 (a)(1)(2)(4) indicated that the registered nurse was to collect complete and ongoing data to determine nursing care needs, analyze the health status of individuals and compare the data with the norm when determining nursing care needs, and carry out nursing care actions that promote, maintain, and restore the well-being of individuals. A quarterly minimum data set (MDS) assessment (mandated to assess the resident abilities and care needs) for Resident 1, dated April 23, 2026, revealed that the resident was always understood and always understood others, cognitively intact, and independent in eating. The resident's care plan, dated September 24, 2025 revealed that the resident required a one-handled cup with a straw lid for beverages. A nurse's note, dated May 7, 2026 revealed that the nurse was asked to assess a new skin area on Resident 1. The nurse stated that the wound was a burn related to a coffee spill on May 6, 2026. An interview with Nurse Aide 1 on May 14, 2026 at 11:16 a.m. revealed that on May 6, 2026 she made a cup of coffee for Resident 1 and his roommate. She poured their coffee into large Styrofoam cups and served the coffee to the residents. She stated that she helped Resident 1 put sugar and cream into his coffee and then went to help his roommate with his. While opening sugar and cream for the roommate she heard Resident 1 say oh sh*t and when she turned around she noticed that he had spilled his coffee all over the front of his legs and that he did not have pants on, only a brief. She stated that she told her nurse that the spill occurred. There was no documented evidence in Resident 1 was assessed for burns related to the coffee spill. An interview with Director of Nursing on May 14, 2026 revealed that a Registered Nurse should have assessed Resident 1 for burns when he spilled his coffee on himself. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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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 and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders for wound care were followed for one of four residents reviewed (Resident 1). Findings include: The facility's wound care policy, dated April 8, 2026, indicated that staff should follow physician's orders for wound care. A quarterly minimum data set (MDS) assessment (mandated to assess the resident abilities and care needs) for Resident 1, dated April 23, 2026, revealed that the resident was always understood and always understood others, cognitively intact, and had several wounds. The resident's care plan, dated March 16, 2026 revealed that the resident's treatment's should be applied per the physician's orders. Physician's orders for Resident 1, dated May 6, 2026, included an order for the left leg wound to be cleansed with wound cleanser, pat dry, apply triamcinolone 0.1% followed by Hydrofera blue, then secured with dry dressing. Observations of wound care for Resident 1 on May 14, 2026 at 10:25 a.m. revealed that Registered Nurse 2 washed her hands, donned gloves, removed the old dressing, cleansed the wound with wound cleanser, applied Hydrofera blue, then covered the wound with secured gauze. She did not apply the triamcinolone cream. Interview with Registered Nurse 2 on May 14, 2026 at 10:32 a.m. revealed that she did not apply the triamcinolone cream as ordered. Interview with the Director of Nursing on May 14, 2026 at 12:10 p.m. revealed that Registered Nurse 2 should have applied the triamcinolone cream as ordered. 28 Pa. Code 211.12(d)(3) Nursing services. 28 Pa. Code 211.12(d)(5) Nursing services.

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on clinical record reviews, observations, and staff interviews, it was determined that the facility failed to ensure a safe environment for one of four residents reviewed (Resident 1). This deficiency is being cited as past non-compliance. Findings include: A quarterly minimum data set (MDS) assessment (mandated to assess the resident abilities and care needs) for Resident 1, dated April 23, 2026, revealed that the resident was always understood and always understood others, cognitively intact, and independent in eating. The resident's care plan, dated September 24, 2025 revealed that the resident required a one-handled cup with a straw lid for beverages. An investigation into a coffee spill for Resident 1, dated May 7, 2026, revealed that the resident spilled a cup of coffee on himself after being served a cup of coffee in a large Styrofoam cup. An interview with Nurse Aide 1 on May 14, 2026 at 11:16 a.m. revealed that on May 6, 2026 she made a cup of coffee for Resident 1 and his roommate. She poured their coffee into large Styrofoam cups and served the coffee to the residents. She stated that she helped Resident 1 put sugar and cream into his coffee and then went to help his roommate with his. While opening sugar and cream for the roommate she heard Resident 1 say oh sh*t and when she turned around she noticed that he had spilled his coffee all over the front of his legs and that he did not have pants on, only a brief. She stated that she told her nurse that the spill occurred. She also stated that she was not aware that the resident required a one handled cup with a straw lid for beverages. An interview with Director of Nursing on May 14, 2026 revealed that Resident 1 should have been served hot liquids in the adaptive equipment as he required in order to avoid any accidental spills or burns. Following the incident on May 6, 2026, the facility's corrective actions included:1. On May 7, 2026 the resident was assessed for any burns related to the coffee spill. The nurse aide that served the coffee in the Styrofoam cup was educated on the importance of serving hot liquids in the appropriate cups for residents based on their care plan needs.2. Residents were assessed to determine if they had the appropriate assistive devices necessary.3. Education records, dated May 8 and 9, 2026 revealed that all of the facility's nursing staff received education regarding the resident's needs for adaptive equipment.4. The Director of Nursing or designee will audit resident's adaptive equipment needs to ensure that their care plans are followed five days a week for one week, and then three days a week for one week and then weekly for one month. Further audits will be completed as determined by the Quality Assurance Performance Improvement (QAPI) committee. Review of the facility's corrective actions and interviews completed with staff regarding their re-education revealed that they were in compliance with F689 on May 8, 2026. 28 Pa. Code 211.12(d)(5) Nursing services.

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. Based on review of clinical records, and staff interviews, it was determined that the facility failed to ensure that staff provided assistive devices to drink in accordance with the resident's care plan for one of four residents reviewed (Resident 1). This deficiency is being cited as past non-compliance. Findings include: A quarterly minimum data set (MDS) assessment (mandated to assess the resident abilities and care needs) for Resident 1, dated April 23, 2026, revealed that the resident was always understood and always understood others, cognitively intact, and independent in eating. The resident's care plan, dated September 24, 2025 revealed that the resident required a one-handled cup with a straw lid for beverages. An investigation into a coffee spill for Resident 1, dated May 7, 2026, revealed that the resident spilled a cup of coffee on himself after being served a cup of coffee in a large Styrofoam cup. An interview with Nurse Aide 1 on May 14, 2026 at 11:16 a.m. revealed that on May 6, 2026 she made a cup of coffee for Resident 1 and his roommate. She poured their coffee into large Styrofoam cups and served the coffee to the residents. She stated that she helped Resident 1 put sugar and cream into his coffee and then went to help his roommate with his. While opening sugar and cream for the roommate she heard Resident 1 say oh sh*t and when she turned around she noticed that he had spilled his coffee all over the front of his legs and that he did not have pants on, only a brief. She stated that she told her nurse that the spill occurred. She also stated that she was not aware that the resident required a one handled cup with a straw lid for beverages. An interview with Director of Nursing on May 14, 2026 revealed that Resident 1 should have been served hot liquids in the adaptive equipment as he required. Following the incident on May 6, 2026, the facility's corrective actions included:1. On May 7, 2026 the resident was assessed for any burns related to the coffee spill. The nurse aide that served the coffee in the Styrofoam cup was educated on the importance of serving hot liquids in the appropriate cups for residents based on their care plan needs.2. Residents were assessed to determine if they had the appropriate assistive devices necessary.3. Education records, dated May 8 and 9, 2026 revealed that all of the facility's nursing staff received education regarding the resident's needs for adaptive equipment.4. The Director of Nursing or designee will audit resident's adaptive equipment needs to ensure that their care plans are followed five days a week for one week, and then three days a week for one week and then weekly for one month. Further audits will be completed as determined by the Quality Assurance Performance Improvement (QAPI) committee. Review of the facility's corrective actions and interviews completed with staff regarding their re-education revealed that they were in compliance with F810 on May 8, 2026. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on review of facility policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to use proper infection control practices during wound care for one of four residents reviewed (Resident 1).Findings include: The facility's policy for wound care, dated April 8, 2026, indicated that after removing an old wound dressing staff should remove their gloves, perform hand sanitization, and don new gloves. A quarterly minimum data set (MDS) assessment (mandated to assess the resident abilities and care needs) for Resident 1, dated April 23, 2026, revealed that the resident was always understood and always understood others, cognitively intact, and had several wounds. The resident's care plan, dated March 16, 2026 revealed that the resident's treatment's should be applied per the physician's orders. Physician's orders for Resident 1, dated May 6, 2026, included an order for the left leg wound to be cleansed with wound cleanser, pat dry, apply triamcinolone 0.1% followed by Hydrofera blue, then secured with dry dressing. Observations of wound care for Resident 1 on May 14, 2026 at 10:25 a.m. revealed that Registered Nurse 2 washed her hands, donned gloves, removed the old dressing, cleansed the wound with wound cleanser, applied Hydrofera blue, then covered the wound with secured gauze. She did not apply the triamcinolone cream. Interview with Registered Nurse 2 on May 14, 2026 at 10:32 a.m. revealed that she did not change her gloves or perform hand sanitization after removing the dirty dressing and before applying the new wound dressing and that she should have. Interview with the Director of Nursing on May 14, 2026 at 12:10 p.m. revealed that Registered Nurse 2 should have changed her gloves and performed hand sanitization between removing the dirty dressing and applying the new dressing. 28 Pa. Code 211.12(d)(1)(5) Nursing services.