| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395534 | A. Building<br>B. Wing | 08/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Quality Life Services - Sarver | 126 Iron Bridge Road<br>Sarver, PA 16055 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336<br><br>Based on review of facility policy and clinical records and staff interview, it was determined that the facility failed to update a care plan for one of four residents (Resident R1) to accurately reflect the current status of the resident.<br><br>Findings include:<br><br>Review of the facility policy Comprehensive Care Plan dated 12/1/23, indicated an interdisciplinary plan of care will be established for every resident and updated in accordance with state and federal regulatory requirements and on as needed basis with changes.<br><br>Review of the facility policy Elopement Prevention dated 12/1/23, indicated should the resident's behavior warrant elopement (resident exits to an unsupervised or unauthorized area without the facility's knowledge) prevention measures, a comprehensive elopement prevention plan will be documented as part of the care plan. Staff observations will be noted during the resident's stay and modifications will be made to the care plan and prevention techniques.<br><br>Review of the admission record indicated Resident R1 was admitted to the facility on [DATE].<br><br>Review of the Minimum Data Set (MDS- a periodic assessment of care needs) dated 7/8/24, indicated the diagnoses of Non-Alzheimer's Dementia (dementia caused by other diseases with symptoms forgetfulness, limited social skills, and impaired thinking abilities that interfere with daily functioning), renal insufficiency (condition where the kidneys lose the ability to remove waste and balance fluids), high blood pressure, and anxiety. Section C0500 indicated a Brief Interview for Mental Status (BIMS - is a screening test that aides in detecting cognitive impairment) as a three - severe cognitive impairment.<br><br>Review of Resident R1's physician order dated 4/1/24, indicated safety device - Wanderguard (right wrist - a bracelet that alarms when resident goes beyond supervised area) check placement and function every shift.<br><br>Review of Resident R1's Nursing Review short form dated 4/1/24, indicated Elopement - resident is at risk and requires a wanderguard bracelet.<br><br>(continued on next page) |

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

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395534 | A. Building<br>B. Wing | 08/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Quality Life Services - Sarver | 126 Iron Bridge Road<br>Sarver, PA 16055 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of Resident R1's care plan dated 4/1/24, indicated I am an elopement risk. Distract me from wandering by offering me pleasant diversions, structured activities, food, conversation, television, books etc., and to issue me a wanderguard.<br><br>Review of Resident R1's progress notes dated 7/14/24, at 9:21 p.m. indicated Resident R1 was ramming his wheelchair into the baseboard heater repeatedly and refused to stop when asked.<br><br>Review of Resident R1's progress notes dated 7/15/24, at 6:44 a.m. indicated Resident R1 woke at 3:30 a. m. and has been wandering. Found in another resident's room, went off to Personal Care unit twice, finding his wife and woke her up. [NAME] around threatening to burn the place down. He was given Ativan (anxiety medication) 1 mg (milligram).<br><br>Review of Resident R1's progress notes dated 7/21/24, at 1:31 p.m. indicated Resident R1 was talking about how he's in the military and he wants to escape here and steal a car but if he goes outside, he's going to get shot. Proceeded to say it's easy to steal a car wander guard on and functioning. Registered Nurse (RN) Supervisor notified.<br><br>Review of Resident R1's progress notes dated 7/22/24, at 3:11 a.m. indicated physician on call called for an order of intramuscular injection (IM) Haldol (antipsychotic medication) due to resident becoming violent after waking up agitated while looking for his wife and children. Resident was reminded his wife was sleeping and his children were at home. He was asked to go back to his room then he began threatening staff and attempting to punch nursing staff.<br><br>Review of Resident R1's progress notes dated 7/22/24, at 11:46 a.m. indicated social services spoke with family regarding Dementia Unit placement.<br><br>Review of Resident R1's progress notes dated 7/22/24, at 9:06 p.m. indicated resident opened front doors, wanderguard alarm sounding. Redirected. Then went up ramp in Personal Care, alarm sounding again, made it all the way up the ramp and opened fire tower doors as staff was approaching. Resident was walking without walker or wheelchair. When asked what he was looking for he stated, I'm sorry.<br><br>Review of Resident R1's Psychiatric Provider note dated 7/23/24 at 1:00 a.m. indicated short term memory poor, concentration/attention poor- distracted. Insight - poor, lack of insight concerning matters of self. Judgement poor, lacks judgement regarding everyday activities. The patient misses his wife, and he often wanders through the facility looking for her. He is easily agitated and can be hard to redirect. Becomes anxious when told that this wife and truck are not here. Often awake at night.<br><br>Review of Resident R1's progress notes dated 7/24/24, at 3:30 p.m. indicated resident up in his wheelchair self-propelling looking for the place that you eat - dining area and at 8:09 p.m. nurse aide reported observing Resident R1 urinating in the shower stall of shower room.<br><br>Review of Resident R1's progress notes dated 7/25/24, at 6:03 a.m. indicated resident was exit seeking and opened the front doors, activating the wanderguard alarm. He was walking without a walker or wheelchair. Every 15-minute checks were ordered.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395534 | A. Building<br>B. Wing | 08/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Quality Life Services - Sarver | 126 Iron Bridge Road<br>Sarver, PA 16055 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of Resident R1's progress notes dated 7/26/24, at 12:56 a.m. Indicated resident was verbally aggressive and yelling at staff. Staff were able to calm resident, get him to his room and into bed.<br><br>Review of Resident R1's progress notes dated 7/27/24, at 1:28 p.m. indicated staff notified the family and physician about the elopement.<br><br>Review of Resident R1's progress notes dated 7/27/24, at 1:57 p.m. Staff heard the wanderguard alarm going off. Noted it was for the [NAME] Hall and went down to the Personal Care to investigate. I found the Personal Care Aide who stated she didn't see anyone, and I could not locate anyone. When I went back upstairs, I saw Resident R1 upstairs eating lunch. Staff informed me somehow, he got downstairs.<br><br>Review of Resident R1's care plan failed to include new interventions or revisions aftre each behavior displayed above to prevent elopement despite multiple behaviors of exit seeking, confusion, agitation, and wandering.<br><br>Interview on 8/5/24, at 2:00 p.m. the Nursing Home Administrator confirmed the facility failed to update the care plan for one of four residents reviewed to accurately reflect the current status of the resident.<br><br>28 Pa. Code 201.18(e)(1) Management.<br><br>28 Pa. Code: 201.29(b)(d)(j) Resident rights.<br><br>28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing Services. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395534 | A. Building<br>B. Wing | 08/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Quality Life Services - Sarver | 126 Iron Bridge Road<br>Sarver, PA 16055 |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336<br><br>Based on review of facility policy, clinical records, observations, and staff interviews it was determined that the facility failed to make certain each resident received adequate supervision that resulted in one elopement (resident exits to an unsupervised or unauthorized area without the facility's knowledge) for one of four residents (Resident R1).<br><br>Findings include:<br><br>Review of the facility's policy Elopement Prevention dated 12/1/23, indicated the receptionist will maintain the list of all residents at risk for elopement, including name and room number. This list will be distributed to the management team of the care community with staff members who may be in contact with those residents. Departments include nursing, therapeutic recreation, housekeeping, and maintenance.<br><br>Review of the facility's policy Accidents and Incidents dated 12/1/23, indicated the purpose of the policy is to promote a safe environment for all residents.<br><br>Review of the admission record indicated Resident R1 was admitted to the facility on [DATE].<br><br>Review of the Minimum Data Set (MDS- a periodic assessment of care needs) dated 7/8/24, indicated the diagnoses of Non-Alzheimer ' s Dementia (dementia caused by other diseases with symptoms forgetfulness, limited social skills, and impaired thinking abilities that interfere with daily functioning), renal insufficiency (condition where the kidneys lose the ability to remove waste and balance fluids), high blood pressure, and anxiety. Section C0500 indicated a Brief Interview for Mental Status (BIMS - is a screening test that aides in detecting cognitive impairment) as a three - severe cognitive impairment.<br><br>Review of Resident R1's physician order dated 4/1/24, indicated safety device - Wanderguard (right wrist - a bracelet that alarms when resident goes beyond supervised area) check placement and function every shift.<br><br>Review of Resident R1's care plan dated 4/1/24, indicated distract me from wandering by offering me pleasant diversions, structured activities, food, conversation, television, books etc.<br><br>Further review of Resident R1's care plan dated 4/3/24, indicated I enjoy one on one visitation with my wife in PC (personal care - the PC wife's room is the last room in the skilled nursing hallway) I ambulate independently to her personal care home.<br><br>Review of Resident R1's Nursing Review short form dated 4/1/24, indicated Elopement - resident is at risk and requires a wanderguard bracelet.<br><br>Review of Resident R1's progress notes dated 7/14/24, at 9:21 p.m. indicated Resident R1 was ramming his wheelchair into the baseboard heater repeatedly and refused to stop when asked.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395534 | A. Building<br>B. Wing | 08/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Quality Life Services - Sarver | 126 Iron Bridge Road<br>Sarver, PA 16055 |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of Resident R1's progress notes dated 7/15/24, at 6:44 a.m. indicated Resident R1 woke at 3:30 a. m. and has been wandering. Found in another resident's room, went off to Personal Care unit twice, finding his wife and woke her up. [NAME] around threatening to burn the place down. He was given Ativan (anxiety medication) 1 mg (milligram).<br><br>Review of Resident R1's progress notes dated 7/21/24, at 1:31 p.m. indicated Resident R1 was talking about how he's in the military and he wants to escape here and steal a car but if he goes outside, he's going to get shot. Proceeded to say it's easy to steal a car wander guard on and functioning. Registered Nurse (RN) supervisor notified.<br><br>Review of Resident R1's progress notes dated 7/22/24, at 3:11 a.m. indicated physician on call called for an order of intramuscular injection (IM) Haldol (antipsychotic medication) due to resident becoming violent after waking up agitated while looking for his wife and children. Resident was reminded his wife was sleeping and his children were at home. He was asked to go back to his room then he began threatening staff and attempting to punch nursing staff.<br><br>Review of Resident R1's progress notes dated 7/22/24, at 11:46 a.m. indicated social services spoke with family regarding Dementia Unit placement.<br><br>Review of Resident R1's progress notes dated 7/22/24, at 9:06 p.m. indicated resident opened front doors, wanderguard alarm sounding. Redirected. Then went up ramp in Personal Care, alarm sounding again, made it all the way up the ramp and opened fire tower doors as staff was approaching. Resident was walking without walker or wheelchair . When asked what he was looking for he stated, I'm sorry.<br><br>Review of Resident R1' Psychiatric Provider note dated 7/23/24 at 1:00 a.m. indicated short term memory poor, concentration/attention poor- distracted. Insight - poor, lack of insight concerning matters of self. Judgement poor, lacks judgement regarding everyday activities. The patient misses his wife, and he often wanders through the facility looking for her. He is easily agitated and can be hard to redirect. Becomes anxious when told that this wife and truck are not here. Often awake at night.<br><br>Review of Resident R1's progress notes dated 7/24/24, at 3:30 p.m. indicated resident up in his wheelchair self-propelling looking for the place that you eat - dining area and at 8:09 p.m. nurse aide reported observing Resident R1 urinating in the shower stall of shower room.<br><br>Review of Resident R1's progress notes dated 7/25/24, at 6:03 a.m. indicated resident was exit seeking and opened the front doors, activating the wanderguard alarm. He was walking without a walker or wheelchair. Every 15-minute checks were ordered.<br><br>Review of Resident R1's progress notes dated 7/26/24, at 12:56 a.m. Indicated resident was verbally aggressive and yelling at staff. Staff were able to calm resident, get him to his room and into bed.<br><br>Review of Resident R1's progress notes dated 7/27/24, at 1:28 p.m. indicated staff notified the family and physician about the elopement.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395534 | A. Building<br>B. Wing | 08/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Quality Life Services - Sarver | 126 Iron Bridge Road<br>Sarver, PA 16055 |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of Resident R1's progress notes dated 7/27/24, at 1:57 p.m. Staff heard the wanderguard alarm going off. Noted it was for the [NAME] Hall and went down to the Personal Care to investigate. I found the Personal Care Aide who stated she didn't see anyone, and I could not locate anyone. When I went back upstairs, I saw Resident R1 upstairs eating lunch. Staff informed me somehow, he got downstairs.<br><br>Review of the facility provided investigation dated 7/27/24, indicated that Maintenance Employee E1's witness statement I went to get on the elevator and another one of the residents was also waiting. I got on, as well as Resident R1 did. Went down one floor and we both got off.<br><br>Review of the Nursing Home Administrators interview with Maintenance Employee E1's witness statement dated 7/29/24, indicated Maintenance Employee E1 indicated he was not paying attention to alarms, but did accompany resident down elevator, unaware that he wasn't supposed to be on it.<br><br>Interview on 8/5/24, at 2:00 p.m. the Nursing Home Administrator confirmed the facility failed to make certain each resident received adequate supervision that resulted in one elopement for one of four residents (Resident R1).<br><br>28 Pa. Code 201.18(e)(1) Management.<br><br>28 Pa. Code: 201.29(b)(d)(j) Resident rights.<br><br>28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing Services. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395534 | A. Building<br>B. Wing | 08/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Quality Life Services - Sarver | 126 Iron Bridge Road<br>Sarver, PA 16055 |

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 0836<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some<br><br>Note: The nursing home is disputing this citation. | Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.<br><br>46336<br><br>Based on review of facility provided documents it was determined that the facility failed to ensure sufficient nursing staff to comply with state laws regarding mandated minimum staffing requirements (Time Period 7/15/24 -8/5/24).<br><br>Findings include:<br><br>Review of 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations, S211.12, dated 7/1/24, indicated the following subsections:<br><br>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.<br><br>(2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.<br><br>Review of facility provided documents it was determined that the facility failed to provide the State required minimum of one Nurse Aide (NA) per 10 residents on the daylight shift for 21 out of 21 days.<br><br>-Daylight shift:<br><br>7/15/24 Census 55 Needed 5.4 Had 4.5<br><br>7/16/24 Census 55 Needed 5.5 Had 5.0<br><br>7/17/24 Census 55 Needed 5.5 Had 5.0<br><br>7/18/24 Census 56 Needed 5.6 Had 5.0<br><br>7/19/24 Census 55 Needed 5.5 Had 4.66<br><br>7/20/24 Census 54 Needed 5.4 Had 5.0<br><br>7/21/24 Census 54 Needed 5.4 Had 5.0<br><br>7/22/24 Census 54 Needed 5.4 Had 5.03<br><br>7/23/24 Census 56 Needed 5.6 Had 5.0<br><br>7/24/24 Census 57 Needed 5.7 Had 5.0<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395534 | A. Building<br>B. Wing | 08/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Quality Life Services - Sarver | 126 Iron Bridge Road<br>Sarver, PA 16055 |

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 0836<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some<br><br>Note: The nursing home is disputing this citation. | 7/25/24 Census 57 Needed 5.7 Had 5.0<br><br>7/26/24 Census 57 Needed 5.7 Had 5.0<br><br>7/27/24 Census 58 Needed 5.8 Had 4.84<br><br>7/28/24 Census 57 Needed 5.7 Had 5.66<br><br>7/29/24 Census 57 Needed 5.7 Had 4.84<br><br>7/30/24 Census 57 Needed 5.7 Had 5.0<br><br>7/31/24 Census 57 Needed 5.7 Had 5.0<br><br>8/1/24 Census 57 Needed 5.7 Had 5.0<br><br>8/2/24 Census 57 Needed 5.7 Had 4.97<br><br>8/3/24 Census 57 Needed 5.7 Had 5.0<br><br>8/4/24 Census 57 Needed 5.7 Had 5.0<br><br>Failed to provide the State required minimum of one NA per 11 residents on 18 out of 21 evening shifts.<br><br>-Evening shift:<br><br>7/15/24 Census 54 Needed 4.91 Had 4.84<br><br>7/16/24 Census 55 Needed 5.0 Had 4.66<br><br>7/17/24 Census 55 Needed 5.0 Had 4.63<br><br>7/18/24 Census 56 Needed 5.09 Had 4.75<br><br>7/19/24 Census 55 Needed 5.0 Had 4.50<br><br>7/22/24 Census 54 Needed 4.91 Had 4.63<br><br>7/23/24 Census 56 Needed 5.09 Had 4.72<br><br>7/24/24 Census 57 Needed 5.18 Had 5.06<br><br>7/25/24 Census 57 Needed 5.18 Had 4.75<br><br>7/26/24 Census 57 Needed 5.18 Had 4.78<br><br>7/27/24 Census 58 Needed 5.27 Had 4.31<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395534 | A. Building<br>B. Wing | 08/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Quality Life Services - Sarver | 126 Iron Bridge Road<br>Sarver, PA 16055 |

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 0836<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some<br><br>Note: The nursing home is disputing this citation. | 7/28/24 Census 57 Needed 5.18 Had 5.03<br><br>7/29/24 Census 57 Needed 5.18 Had 4.84<br><br>7/30/24 Census 57 Needed 5.18 Had 4.94<br><br>7/31/24 Census 57 Needed 5.18 Had 5.0<br><br>8/1/24 Census 57 Needed 5.18 Had 4.97<br><br>8/2/24 Census 57 Needed 5.18 Had 5.03<br><br>8/3/24 Census 57 Needed 5.18 Had 5.03<br><br>Failed to provide the State required minimum of one NA per 15 residents on 20 of 21 midnight shifts.<br><br>-Night Shift:<br><br>7/16/24 Census 55 Needed 3.67 Had 3.03<br><br>7/17/24 Census 55 Needed 3.67 Had 2.94<br><br>7/18/24 Census 56 Needed 3.73 Had 2.97<br><br>7/19/24 Census 55 Needed 3.67 Had 3.0<br><br>7/20/24 Census 54 Needed 3.6 Had 3.0<br><br>7/21/24 Census 54 Needed 3.6 Had 3.0<br><br>7/22/24 Census 54 Needed 3.6 Had 3.16<br><br>7/23/24 Census 56 Needed 3.73 Had 3.0<br><br>7/24/24 Census 57 Needed 3.80 Had 3.0<br><br>7/25/24 Census 57 Needed 3.8 Had 3.0<br><br>7/26/24 Census 57 Needed 3.8 Had 3.06<br><br>7/27/24 Census 58 Needed 3.87 Had 3.0<br><br>7/28/24 Census 57 Needed 3.8 Had 3.0<br><br>7/29/24 Census 57 Needed 3.8 Had 3.0<br><br>7/30/24 Census 57 Needed 3.8 Had 3.0<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395534 | A. Building<br>B. Wing | 08/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Quality Life Services - Sarver | 126 Iron Bridge Road<br>Sarver, PA 16055 |

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 0836<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some<br><br>Note: The nursing home is disputing this citation. | 7/31/24 Census 57 Needed 3.8 Had 3.0<br><br>8/1/24 Census 57 Needed 3.8 Had 3.09<br><br>8/2/24 Census 57 Needed 3.8 Had 3.06<br><br>8/3/24 Census 57 Needed 3.8 Had 3.0<br><br>8/4/24 Census 57 Needed 3.8 Had 3.09<br><br>Failed to provide a minimum of 3.20 PPD (per patient daily) hours of direct care for each resident for 11 out of 21 days reviewed.<br><br>7/16/24 - PPD 3.1<br><br>7/19/24 - PPD 3.07<br><br>7/25/24 - PPD 3.13<br><br>7/26/24 - PPD 3.11<br><br>7/27/24 - PPD 2.84<br><br>7/30/24 - PPD 3.15<br><br>7/31/24 - PPD 3.09<br><br>8/1/24 - PPD 3.13<br><br>8/2/24 - PPD 3.17<br><br>8/3/24 - PPD 3.17<br><br>8/4/24 - PPD 3.18<br><br>Telephonic interview on 8/6/24, at 11:10 a.m. the Nursing Home Administrator confirmed the facility failed to ensure sufficient nursing staff to comply with state laws regarding mandated minimum staffing requirements (Time Period 7/15/24 -8/5/24).<br><br>28 Pa. Code: 201.14(a) Responsibility of licensee.<br><br>28 Pa. Code 201.18(e)(1) Management.<br><br>28 Pa. Code: 201.29(b)(d)(j) Resident rights. |