STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395538	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Cheswick	3876 Saxonburg Boulevard Cheswick, PA 15024

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 0699 Level of Harm - Actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, Resident Assessment Instrument (RAI) User's Manual, clinical record review, and resident and staff interviews, it was determined that the facility failed to provide a trauma survivor with trauma informed care to eliminate or mitigate triggers that may cause re-traumatization and failed to develop and implement an individualized person-centered care plan for a resident who was at risk for re-traumatization resulting in psychosocial harm for one of three residents (Resident R1).Findings include: Review of facility policy Trauma Informed Care dated 4/28/26, indicated the facility will provide individualized and personalized care to the residents. Understanding and adapting care to those with known trauma is an important part of the care provided. This care will be personalized to each resident based on the situation and past experiences of each resident. This policy takes into consideration that events in one's past play an important role in current functioning. Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. An individualized care plan will be initiated as appropriate to address trauma related issues. Review of facility policy Documentation dated 4/28/26, indicated the purpose is to communicate resident's status and provide accurate accounting of care and monitoring provided.Review of the Resident Assessment Instrument 3.0 User's Manual, effective October 2025, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:13-15: cognitively intact8-12: moderately impaired0-7: severe impairment Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/1/26, indicated diagnoses of high blood pressure, chronic pain, and personal history of traumatic brain injury (a disruption in the normal function of the brain). Question C0500 BIMS Summary Score indicated the resident scored a 15, cognitively intact. Review of a nursing progress note dated 5/3/26, stated, Resident was in the hallway when an active shooter fired a gun. He was whisked away to safety. He had a skin assessment done. No bruises, no shots fired at him. Called a family member to inform of his safety. Policeman called to report what happened. Review of a nursing progress note dated 5/3/26, stated, Clarification - Resident R1 stated that he heard a loud noise which he believed sounded like a gunshot. He reported getting out of bed into his wheelchair to investigate. Resident stated that he observed an unfamiliar female individual near the elevator. He reported that the individual walked back from the elevator, and, at that time, he observed what appeared to be a pistol secured at her waist. He stated that the individual then returned to the elevator and left the area. Resident was never around when the occurred. POA (Power of Attorney), MD (physician) was notified just due to the fact he got out of bed to investigate and observed after the fact. Review of a Social Services progress note dated 5/6/26, stated, Resident reports ongoing distress related to the incident on the 3rd floor. States he now flinches when approached, experiences intrusive images of the person with a weapon, and is unable to sleep. Reports symptoms have worsened over time despite psychiatry visits and (continued on next page)

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

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F 0699 Level of Harm - Actual harm Residents Affected - Few	medication/sleep aid adjustments. Resident appears anxious, hypervigilant, and on edge. Affect congruent with reported distress. Thought process coherent but preoccupied with the event. Resident shows signs of acute stress reaction/possible PTSD (Post Traumatic Stress Disorder, a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event and may have triggers that can bring back memories of trauma accompanied by intense emotional and physical reactions) with persistent hypervigilance, intrusive thoughts, and sleep disturbance. Symptoms continue to impact daily functioning. Continue supportive counseling, teach grounding/relaxation techniques, monitor sleep and coping, coordinate with psychiatry regarding ongoing symptoms, consider trauma-focused therapy referral, follow-up regularly. Review of a Follow Up note dated 5/19/26, completed by Certified Registered Nurse Practitioner (CRNP) Employee E6 stated, Patient notes he has been shook up lately since recent incident at facility earlier this month. Patient notes he has followed with psych and medication adjusted; noted below. Emotional support provided and discussed what has been going on with him. Patient states he cannot understand why this has him so bothered lately and I provided patient with the fact he is currently more vulnerable than when he was out in the community. Patient now missing a right foot and has been wheelchair bound waiting for his prosthesis to arrive. Patient notes he's never thought of it like that and states that makes sense to him. Depression/anxiety: worse due to recent incident at facility earlier this month. Psych following for medication management. Increase duloxetine (Cymbalta - a medication used to treat depression) to 90 mg (milligrams) daily. Monitor mood and behaviors. Conditional labile (easily or frequently changed). Review of a 1-Month progress note dated 5/27/26, completed by CRNP Employee E6 stated, Patient acutely seen for depression/anxiety/insomnia. Patient states he continues to have trouble sleeping due to loud noises affecting him since the recent incident at the facility. Depression/anxiety: worse due to recent incident at facility earlier this month. Psych following for medication management. Continue recently increased duloxetine 90 mg daily. Increase melatonin (a medication given to improve sleep patterns) to 10 mg qHS (every night). Monitor mood and behaviors. Condition labile. Review of a resident concern dated 5/28/26, completed by Resident R1, stated, On May 3rd someone brought a gun and shot it outside of my room. I saw the person walking towards me messing with the gun in their waistband and now I can't sleep at night, loud noises scare me and I'm scared to leave my room. Review of a Follow Up progress note dated 6/2/26, completed by CRNP Employee E6 stated, Patient notes ongoing anxiety/PTSD regarding incident at facility causing patient to feel anxious, depressed and having trouble sleeping at night due to thinking about the incident. Patient states any loud noise causes increased anxiety and fear. Psych following patient as well as with recent increase in medications noted below. Depression/anxiety: worse due to recent incident at facility earlier this month - ongoing insomnia. Psych following for medication management. Continue duloxetine 90 mg daily. Add trazodone (a medication used to treat depression) 50 mg qHS with plan to reduce melatonin 10 mg qHS. Not much improvement noted with recent increase in melatonin. Monitor moods and behaviors. Condition labile. Review of a Palliative Care Note dated 6/10/26, completed by CRNP Employee E9 stated, Insomnia: labile. Patient attributes to PTSD and recent trigger of fearful memories - Psych as indicated. Monitor for increase of daytime fatigue/irritability. Provide calm, noise-reduced environment. Continue melatonin 10 mg QHS, trazodone 50 mg QHS - both recently added by Medical, full benefit not yet known. Implement non-pharmacologic strategies such as sleep hygiene education and relaxation techniques, addressing reversible causes like pain or anxiety. Review of Resident R1's care plan dated 5/4/26, indicated resident is at risk for alteration in mood related to: hearing recent firearm discharged in facility on 5/3. Interventions include nursing to monitor resident, will notify MD if has any mood alteration and psych consult. Resident R1's care plan failed to include identified triggers and how to avoid them. During an interview on 6/10/26, at 10:12 a.m. Resident R1 stated, This place sucks. After that incident they gave me melatonin to sleep, it wasn't working. Last week I saw the doctor and CRNP Employee E6. I told the doctor I was still having trouble sleeping, he says, oh we'll change the (continued on next page)

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F 0699 Level of Harm - Actual harm Residents Affected - Few	melatonin dose, and left. I asked CRNP Employee E6, does he know about the incident? She said, Oh yeah but he doesn't know about you being involved. A couple of days later, I saw CRNP Employee E6 in the hallway, she said she talked to the doctor and told him about my involvement in the incident. She said they were going to put me on another medication to help sleep, Trazodone. I talked to psychiatry, I'm on Cymbalta for my leg issue and depression, they changed that dose. Every loud noise scares the shit out of me. I was sitting in the hallway waiting for the elevator the other day, someone dropped a tray lid on the floor and it sounded like the gun shot, I about shit my pants. I kind of got shitty with the aide who dropped it, I later apologized. This place is trying to sweep the incident and myself under the fucking rug. This place wants you to fail. They just throw fucking pills at you. I've had no counseling sessions offered to me. All they've done is added and increased medications. It's a damn shame. The van driver was supposed to take me to the park down the street and let me get out of here for a while. It went from planned to it would have to be an activity and more people would have to go to we don't know if the van can accommodate everyone. All I wanted was to get out of this building for a moment. Staff have not implemented any interventions to avoid loud noises. They act like it never happened. The nurses and aides working today know me and I don't have an issue with them, it's more at nighttime. It's like Def Jam Comedy Hour (a stand-up comedy television series) out there, slamming doors, that's why I can't sleep at night. I used to go out of my room, now I don't as much. Even therapy staff noticed, the one therapist said, you haven't been the same since then. I don't want to leave this room. This is my home and I do not feel safe and comfortable. The only silver lining is that I'm going to be gone soon. During an interview on 6/11/26, at 10:47 a.m. Licensed Practical Nurse (LPN) Employee E1 stated, Resident R1's triggers have not been communicated to me. I only know because the resident told me. It should probably be in his care plan. During an interview on 6/11/26, at 10:48 a.m. LPN Employee E2 stated, The facility hasn't communicated his triggers to me, I know because he's told me. It should be in the care plan. During an interview on 6/11/26, at 11:05 a.m. Nurse Aide (NA) Employee E3 stated, The resident has been telling me sometimes loud noises are triggers for him. Usually that information gets passed on in report, but I don't recall getting education about him specifically. I would hope to see triggers in the care plan. He'll sometimes come out of his room. He was a little jumpy when I walked in his room this morning. During an interview on 6/11/26, at 11:34 a.m. Physical Therapy Assistant Employee E4 stated, He did mention he doesn't feel comfortable coming out of his room. He was definitely rattled when it happened. I don't recall being informed by anyone other than the resident himself that loud noises are a trigger for him. Review of Resident R1's clinical record revealed an imported Psychiatry progress note dated 5/17/26. The progress note stated, Collateral information obtained from interdisciplinary team and EHR (electronic health record) review, including progress notes and medication review. Nursing staff report no concerns regarding mood or behaviors and indicate resident remains psychiatrically stable at this time. No new psychiatric concerns identified in recent progress notes. Assessment and plan: Resident stable with mood and behaviors. At baseline. No acute psychiatric concerns. No medication changes. Recommendations: continue Cymbalta 90 mg daily for diagnosis of adjustment with depressed mood/sexual behaviors. Continue melatonin 5 mg qhs for sleep. Monitor and document any changes in mood such as increased signs and symptoms of depression or anxiety, mood lability, or generalized psychiatric decline. Encourage social interactions/participation in group activities in facility to prevent feelings of isolation. Review of Resident R1's clinical record failed to include any additional documentation from Psychiatry or Psychology services. During an interview on 6/11/26, at 12:00 p.m. Social Worker Employee E5 stated, He was referred to both Psychology and Psychiatry. I would expect to see counseling and the incident discussed by Psychiatry in the 5/17 note. I'm surprised there isn't a note from Psychology. During an interview on 6/11/26, at 12:43 p.m. CRNP Employee E6 stated, The physician was not previously made aware of the resident's involvement with the shooting, he just thought the resident was having trouble sleeping because people are loud at night, he said, get some earplugs. I've only seen the Psychiatry note from 5/17 in (continued on next page)

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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 0699 Level of Harm - Actual harm Residents Affected - Few	Resident R1's chart. I'm surprised the event is not referenced in that note. I'm also not sure why it's documented that the resident is receiving duloxetine (Cymbalta) for sexual inappropriateness. We have someone from Psychology who does talk therapy, I'm not sure why there isn't a note from Psychology. I do think Resident R1 meets the appropriate criteria for a PTSD diagnosis, he had this traumatic event happen and now he has experiences that he references back to that event. During an interview on 6/11/26, at 12:52 p.m. Social Worker Employee E5 provided physical copies of two progress notes dated 5/5/26 from Psychology services and 5/6/26 from Psychiatry services. Review of the provided Psychology note dated 5/5/26, stated, Resident referred to psychology per facility request after an incident in the facility over the weekend in which a firearm was discharged . Resident reportedly heard the gunshot and witnessed the person leaving. Resident reports feeling fine. Resident states that he is unaffected. Resident shared that he has been shot at previously, so this was nothing. Processed and discussed safety precautions such as closing the door and barricading in the unlikely event that this should happen again. Resident again declined future psychology services. Resident was encouraged to let staff know should he need services in the future. Assessment and plan: Resident politely declined psychological services at this time. Resident informed he could request services in the future. Discharge from psychology. Review of the provided Psychiatry note dated 5/6/26, stated, Resident seen in his room, sitting up in bed. He was pleasant, cooperative, and able to answer questions appropriately, with bright affect. He reports witnessing aspects of a recent active shooter incident at the facility, including seeing the individual at the elevator and hearing a pop consistent with a gunshot. He stated he is fine overall but notes increased sensitivity to loud noises since the event. Medication adjustment was discussed, including increasing Cymbalta; resident was agreeable and stated, I really think that may help me not feel as anxious. Education was provided regarding expected time to benefit, and he verbalized understanding. He reports good sleep and appetite but asked if he could have melatonin to help sleep better. He appears calm and in no acute distress. Assessment and Plan: Resident stable with mood and behaviors. Active shooter incident is making him more anxious. At baseline. No acute psychiatric concerns. Recommendations: increase Cymbalta to 90 mg daily for diagnosis of adjustment with depressed mood/sexual behaviors. Start melatonin 5 mg q hs for sleep. Monitor and document any changes in mood such as increased signs and symptoms of depression or anxiety, mood lability, or generalized psychiatric decline. Encourage social interactions/participation in group activities in facility to prevent feelings of isolation. During an interview on 6/11/26, at 1:32 p.m. CRNP Employee E6 stated, I have never seen the Psychology note from 5/5 or the Psychiatry note from 5/6 because they were not uploaded into the resident's chart, that's how I see them. I thought the resident was still receiving talk therapy from Psychology. I would have written a consult for Psychology. During an interview on 6/11/26, at 1:44 p.m. Social Worker Employee E5 stated, The Psychology note from 5/5 and the Psychiatry note from 5/6 were sent to us through an email and were supposed to have been uploaded into the clinical record. They used to be automatically uploaded but lately we've had to manually upload them. They should have been given to Medical Records to upload into the clinical record. We dropped the ball. During an interview on 6/11/26, at 2:01 p.m. the Director of Nursing (DON) confirmed that the facility failed to provide a trauma survivor with trauma informed care to eliminate or mitigate triggers that may cause re-traumatization and failed to develop and implement an individualized person-centered care plan for Resident R1. During an interview on 6/11/26, at 3:02 p.m. the Nursing Home Administrator and DON confirmed that the facility failed to provide a trauma survivor with trauma informed care to eliminate or mitigate triggers that may cause re-traumatization and failed to develop and implement an individualized person-centered care plan for a resident who was at risk for re-traumatization resulting in psychosocial harm for Resident R1. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1)(2)(3) Management.28 Pa. Code: 211.5(f) Medical records.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(d)(3)(5) Nursing services.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to maintain complete and accurate documentation for one of three residents (Resident R1).Findings include: Review of facility policy Documentation dated 4/28/26, indicated the purpose is to communicate resident's status and provide accurate accounting of care and monitoring provided. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/1/26, indicated diagnoses of high blood pressure, chronic pain, and personal history of traumatic brain injury (a disruption in the normal function of the brain). Review of a nursing progress note dated 5/3/26, stated, Resident was in the hallway when an active shooter fired a gun. He was whisked away to safety. He had a skin assessment done. No bruises, no shots fired at him. Called a family member to inform of his safety. Policeman called to report what happened. Review of a nursing progress note dated 5/3/26, stated, Clarification - Resident R1 stated that he heard a loud noise which he believed sounded like a gunshot. He reported getting out of bed into his wheelchair to investigate. Resident stated that he observed an unfamiliar female individual near the elevator. He reported that the individual walked back from the elevator, and, at that time, he observed what appeared to be a pistol secured at her waist. He stated that the individual then returned to the elevator and left the area. Resident was never around when the occurred. POA (Power of Attorney), MD (physician) was notified just due to the fact he got out of bed to investigate and observed after the fact. Review of a Social Services progress note dated 5/6/26, stated, Resident reports ongoing distress related to the incident on the 3rd floor. States he now flinches when approached, experiences intrusive images of the person with a weapon, and is unable to sleep. Reports symptoms have worsened over time despite psychiatry visits and medication/sleep aid adjustments. Resident appears anxious, hypervigilant, and on edge. Affect congruent with reported distress. Thought process coherent but preoccupied with the event. Resident shows signs of acute stress reaction/possible PTSD (Post Traumatic Stress Disorder, a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event and may have triggers that can bring back memories of trauma accompanied by intense emotional and physical reactions) with persistent hypervigilance, intrusive thoughts, and sleep disturbance. Symptoms continue to impact daily functioning. Continue supportive counseling, teach grounding/relaxation techniques, monitor sleep and coping, coordinate with psychiatry regarding ongoing symptoms, consider trauma-focused therapy referral, follow-up regularly. Review of a Follow Up note dated 5/19/26, completed by Certified Registered Nurse Practitioner (CRNP) Employee E6 stated, Patient notes he has been shook up lately since recent incident at facility earlier this month. Patient notes he has followed with psych and medication adjusted; noted below. Emotional support provided and discussed what has been going on with him. Patient states he cannot understand why this has him so bothered lately and I provided patient with the fact he is currently more vulnerable than when he was out in the community. Patient now missing a right foot and has been wheelchair bound waiting for his prosthesis to arrive. Patient notes he's never thought of it like that and states that makes sense to him. Depression/anxiety: worse due to recent incident at facility earlier this month. Psych following for medication management. Increase duloxetine (Cymbalta - a medication used to treat depression) to 90 mg (milligrams) daily. Monitor mood and behaviors. Conditional labile (easy or frequently changed). Review of a 1-Month progress note dated 5/27/26, completed by CRNP Employee E6 stated, Patient acutely seen for depression/anxiety/insomnia. Patient states he continues to have trouble sleeping due to loud noises affecting him since the recent incident at the facility. Depression/anxiety: worse due to recent incident at facility earlier this month. Psych following for medication management. Continue recently increased duloxetine 90 mg daily. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Increase melatonin (a medication given to improve sleep patterns) to 10 mg qHS (every night). Monitor mood and behaviors. Condition labile. Review of a Follow Up progress note dated 6/2/26, completed by CRNP Employee E6 stated, Patient notes ongoing anxiety/PTSD regarding incident at facility causing patient to feel anxious, depressed and having trouble sleeping at night due to thinking about the incident. Patient states any loud noise causes increased anxiety and fear. Psych following patient as well as with recent increase in medications noted below. Depression/anxiety: worse due to recent incident at facility earlier this month - ongoing insomnia. Psych following for medication management. Continue duloxetine 90 mg daily. Add trazadone (a medication used to treat depression) 50 mg qHS with plan to reduce melatonin 10 mg qHS. Not much improvement noted with recent increase in melatonin. Monitor moods and behaviors. Condition labile. Review of Resident R1's clinical record revealed an imported Psychiatry progress note dated 5/17/26. The progress note stated, Collateral information obtained from interdisciplinary team and EHR (electronic health record) review, including progress notes and medication review. Nursing staff report no concerns regarding mood or behaviors and indicate resident remains psychiatrically stable at this time. No new psychiatric concerns identified in recent progress notes. Assessment and plan: Resident stable with mood and behaviors. At baseline. No acute psychiatric concerns. No medication changes. Recommendations: continue Cymbalta 90 mg daily for diagnosis of adjustment with depressed mood/sexual behaviors. Continue melatonin 5 mg q hs for sleep. Monitor and document any changes in mood such as increased signs and symptoms of depression or anxiety, mood lability, or generalized psychiatric decline. Encourage social interactions/participation in group activities in facility to prevent feelings of isolation. Review of Resident R1's clinical record failed to include any additional documentation from Psychiatry or Psychology services. During an interview on 6/11/26, at 12:00 p.m. Social Worker Employee E5 stated, He was referred to both Psychology and Psychiatry. I would expect to see counseling and the incident discussed by Psychiatry in the 5/17 note. I'm surprised there isn't a note from Psychology. During an interview on 6/11/26, at 12:43 p.m. CRNP Employee E6 stated, I've only seen the Psychiatry note from 5/17 in Resident R1's chart. I'm surprised the event is not referenced in that note. I'm also not sure why it's documented that the resident is receiving duloxetine for sexual inappropriateness. We have someone from Psychology who does talk therapy, I'm not sure why there isn't a note from Psychology. I do think Resident R1 meets the appropriate criteria for a PTSD diagnosis, he had this traumatic event happen and now he has experiences that he references back to that event. During an interview on 6/11/26, at 12:52 p.m. Social Worker Employee E5 provided physical copies of two progress notes dated 5/5/26 from Psychology services and 5/6/26 from Psychiatry services. Review of the provided Psychology note dated 5/5/26, stated, Resident referred to psychology per facility request after an incident in the facility over the weekend in which a firearm was discharged . Resident reportedly heard the gunshot and witnessed the person leaving. Resident reports feeling fine. Resident states that he is unaffected. Resident shared that he has been shot at previously, so this was nothing. Processed and discussed safety precautions such as closing the door and barricading in the unlikely event that this should happen again. Resident again declined future psychology services. Resident was encouraged to let staff know should he need services in the future. Assessment and plan: Resident politely declined psychological services at this time. Resident informed he could request services in the future. Discharge from psychology. Review of the provided Psychiatry note dated 5/6/26, stated, Resident seen in his room, sitting up in bed. He was pleasant, cooperative, and able to answer questions appropriately, with bright affect. He reports witnessing aspects of a recent active shooter incident at the facility, including seeing the individual at the elevator and hearing a pop consistent with a gunshot. He stated he is fine overall but notes increased sensitivity to loud noises since the event. Medication adjustment was discussed, including increasing Cymbalta; resident was agreeable and stated, I really think that may help me not feel as anxious. Education was provided regarding expected time to benefit, and he verbalized understanding. He reports good sleep and appetite but asked if he could have melatonin to help sleep better. He appears (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	calm and in no acute distress. Assessment and Plan: Resident stable with mood and behaviors. Active shooter incident is making him more anxious. At baseline. No acute psychiatric concerns. Recommendations: increase Cymbalta to 90 mg daily for diagnosis of adjustment with depressed mood/sexual behaviors. Start melatonin 5 mg qhs for sleep. Monitor and document any changes in mood such as increased signs and symptoms of depression or anxiety, mood lability, or generalized psychiatric decline. Encourage social interactions/participation in group activities in facility to prevent feelings of isolation. During an interview on 6/11/26, at 1:32 p.m. CRNP Employee E6 stated, I have never seen the Psychology note from 5/5 or the Psychiatry note from 5/6 because they were not uploaded into the resident's chart, that's how I see them. I thought the resident was still receiving talk therapy from Psychology. I would have written a consult for Psychology. During an interview on 6/11/26, at 1:44 p.m. Social Worker Employee E5 stated, The Psychology note from 5/5 and the Psychiatry note from 5/6 were sent to us through an email and were supposed to have been uploaded into the clinical record. They used to be automatically uploaded but lately we've had to manually upload them. They should have been given to Medical Records to upload into the clinical record. We dropped the ball. During this interview, Social Worker Employee E5 confirmed that the facility failed to maintain complete and accurate documentation for Resident R1. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.5(f) Medical records.28 Pa. Code: 211.12(d)(3)(5) Nursing services.