STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395582	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain City Nursing & Rehabilitation Center	403 Hazle Township Boulevard Hazleton, PA 18202

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 39235 Based on review clinical records, facility provided documentation, grievances lodged with the facility, and the minutes from Resident Council meetings, and resident and staff interviews it was determined that the facility failed to provide care in a manner and environment, which promotes each resident's quality of life by failing to respond timely to residents' requests for assistance as reported by 15 residents out of 33 interviewed (Residents 6, 17, 24, 27, 43, 53, 54, 58, 72, 77, 112, 113,117, 141 and 163). Findings include: A review of the minutes from the Resident Council meeting dated January 23, 2024, revealed that the residents in attendance voiced concerns that staff do not answer their requests for assistance, via the nurse the call bell system, in a timely manner. A review of grievances lodged with the facility revealed a grievance filed on January 23, 2024, on behalf of a resident, indicating that the resident's call bell was on for an extended period of time with no response from staff. A grievance was lodged with the facility on January 30, 2024, indicating that a resident's call bell was on for an extended period of time with no response from staff. A review of a grievance filed on February 2, 2024, indicating that the resident was full of (saturated) with urine and staff told the resident that the resident would have to wait, they are busy, passing trays at lunch time. A review of resident clinical records, and a facility provided BIMS (brief interview mental status - to assess cognitive status) report, and random interviews conducted on March 20, 2024, with 33 alert and oriented residents, to include seven residents residing on the 100 unit, 14 residents residing on the 200 unit in the [NAME] Building, three residents residing on the 300 unit, and two residents residing on the 400 unit in the Blue Building, revealed that 15 residents' interviewed expressed complaints regarding staff's failure to respond to their requests for assistance and provide needed care and services in a timely manner. (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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During the random interviews, the residents stated that they feel the facility is not adequately staffed because they wait extended periods of time for staff to respond to their requests for assistance, including untimely responses to their requests via the nurse call bell system. Of those residents interviewed on March 20, 2024, 3 of 7 residents residing on the 100 unit, 7 of 14 residents residing on the 200-unit, three out of four residing on the 300 unit, and two out of eight residing on the 400 unit, expressed similar complaints regarding untimely staff response to their requests for care and assistance. Interview with Resident 141 on March 20, 2024, at approximately 9:47 AM, revealed that she has waited over an hour at times for staff to answer her call bell. More recently on March 17, 2024, she stated that she was soaked with urine after being incontinent and then 2nd shift (3:00 PM - 11:00 PM) got mad that they had to change her and all her bed linens because of the urine. Interview with Resident 6 on March 20, 2024, at approximately 10:02 AM, revealed that he feels that short staffing is a problem in the facility because he waits 20 -30 minutes, 2 or 3 times a week, for staff to answer his call bell. The resident stated that these waits occur mostly on 1st (day shift) of nursing duty, during lunch time. Interview with Resident 17 on March 20, 2024, at approximately 10:09 AM, revealed she waits long time, greater than 30 minutes, for staff to answer her call bell, and that there have been times she has soiled herself while waiting for the call bell to be answered. Resident 17 indicated the extended wait time is daily, and occurs at any time (day, evening, or night shift). Interview with Resident 163 on March 20, 2024, at approximately 10:15 AM, revealed she has waited over for staff to answer her call bell waiting for as needed medication. Resident 163 states I become very frustrated when it gets to an hour, because I am in pain. I know the staff are busy with other patients, but I am a patient too. Interview with Resident 24 on March 20, 2024, at approximately 10:17 AM, revealed that she feels the building needs more help, because she has waited greater than 1 hour for assistance. The resident stated that these waits occur weekly, mostly on 1st (day shift) of nursing duty. Interview with Resident 112 on March 20, 2024, at approximately 10:40 AM, revealed that he has waited as recent as last week for 30 minutes to get some water. Interview with Resident 113 on March 20, 2024, at approximately 10:42 AM, revealed that he waits up to an hour for someone to answer his call bell. The resident states I would do things myself, but I need staff to help me, that is why I am here. Interview with Resident 117 on March 20, 2024, at approximately 10:46 AM, revealed that she waits a minimum of 30 minutes on 2nd shift and 3rd shift (11:00 PM - 7:00 AM) on a regular basis. About a month ago she waited over an hour for staff to assist her. This resident requires extensive assistance with transfers, repositioning, toileting, and activities of daily living (ADLs). Interview with Resident 27 on March 20, 2024, at approximately 1:15 PM, revealed that he waits 30 - 45 minutes, weekly, for staff to answer his call bell. The resident stated that these waits occur mostly on 2nd (evening shift) of nursing duty. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with Resident 43 on March 20, 2024, at approximately 10:38 AM, revealed that she feels that short staffing is a problem in the facility because they are slow to answer the call bell. Resident 43 stated she waits up to 1 hour, daily, for staff to answer her call bell. The resident stated that these waits occur mostly on 1st (day shift) of nursing duty, and that there have been times she has soiled herself while waiting for the call bell to be answered. Interview with Resident 53 on March 20, 2024, at approximately 11:06 AM, revealed that she waits 30 - 40 minutes, once in a while, for staff to answer her call bell. The resident stated that these waits occur mostly on 3rd (night shift) of nursing duty. Interview with Resident 54 on March 20, 2024, at approximately 11:11 AM, revealed that she can wait greater than 1 hour, daily, for staff to answer her call bell. The resident stated that these waits occur mostly on 3rd (night shift) of nursing duty. Interview with Resident 58 on March 20, 2024, at approximately 11:24 AM, stated you can wait till your dead, hours, for staff to answer the call bell. According to Resident 58, this occurs 1 or 2 times a week. The resident stated that these waits occur mostly on 1st (day shift) of nursing duty, morning, after breakfast. Interview with Resident 72 on March 20, 2024, at approximately 10:55 AM, revealed that he waits greater than 30 minutes, 2 or 3 times a week, for staff to answer his call bell. The resident stated that these waits occur mostly on 1st (day shift) of nursing duty, during lunch time. Interview with Resident 77 on March 20, 2024, at approximately 10:49 AM, revealed that she waits 30 - 45 minutes, twice weekly, for staff to answer her call bell. The resident stated that these waits occur mostly on 2nd (evening shift) of nursing duty. Interview on March 20, 2024, at approximately 3:15 PM with the Nursing Home Administrator (NHA) verified that it is her expectation that all residents be treated with dignity and respect. The NHA was unable to explain why multiple residents are reporting untimely staff response times to their requests for care and assistance, resulting in the residents' feelings that the facility is not adequately staffed, which was negatively affecting the residents' quality of life in the facility. 28 Pa. Code 201.18 (e)(1) Management. 28 Pa. Code 201.29 (a) Resident rights. 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 39235 Based on observations and staff interviews, it was determined that the facility failed to provide housekeeping and maintenance services to maintain a clean and orderly environment in resident areas on four of five nursing units (Blue Building Unit 200, 300, [NAME] Building Unit 100 and 200). Findings included: An observation of resident lounge area on the third floor of the Blue Building on March 20, 2024, at 12:51 PM, revealed a dried brown fecal-like substance on the seat cushion of a teal-colored dining chair, that had a foul odor. An observation of resident dining area on the second floor of the Blue Building on March 20, 2024, at 12:55 PM, revealed a large soiled area from an unknown substance on the seat cushion of a teal-colored dining chair. An observation of resident sitting area on the second floor of the Blue Building on March 20, 2024, at 12:56 PM, revealed multiple brown and white stained areas of from an unknown substance on the seat cushion of a teal-colored chair. An observation of resident sitting area on the second floor of the [NAME] Building on March 20, 2024, at 1:07 PM, revealed a worn armrest of a cushioned sofa chair. An observation of resident dining area on the second floor of the [NAME] Building on March 20, 2024, at 1:09 PM, revealed multiple brown stains from an unknown substance on the seat cushions of two beige colored dining chairs. An observation of resident dining area on the first floor of the [NAME] Building on March 20, 2024, at 1:11 PM, revealed multiple brown and white stained areas of from an unknown substance on the seat cushion of a teal-colored dining chair. An observation of resident sitting area on the first floor of the [NAME] Building on March 20, 2024, at 1:13 PM, revealed a cushioned fabric recliner to have multiple stained areas on the seat and the fabric was worn. A sofa couch was observed to be worn and torn on the left and right side of the armrests exposing the underlying cushion of the couch. An interview with the DON on March 19, 2024 at approximately 1:20 PM in the third floor resident lounge in the Blue Building confirmed the brown fecal-like substance on the seat cushion of a chair and stated she would inform maintenance staff to have it cleaned immediately. During an interview on March 19, 2024, at approximately 2:45 PM, the Nursing Home Administrator (NHA) and Director of Nursing (DON) confirmed that the facility's environment should be kept in good repair and maintained in a clean and homelike manner. 28 Pa Code 201.18 (e)(2.1) Management