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	03/27/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility's abuse prohibition policy, clinical records, information submitted by the facility, and select investigative reports and staff interview, it was determined the facility failed to assure that one resident (Resident 2) out of 15 sampled were free from physical abuse perpetrated by another resident (Resident 1). Findings include: A review of facility policy titled Pennsylvania Resident Abuse: Abuse, Neglect, and Exploitation last reviewed by the facility on November 12, 2024, revealed it is the policy of the facility to not tolerate abuse, neglect, mistreatment, exploitation of residents, or misappropriation of resident property by anyone. The policy defines abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. A review of Resident 2's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses which 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 malignant neoplasm of the prostate (cancerous tumor in the prostate gland). A review of the resident's Quarterly Minimum Data Set Assessment (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated March 14, 2025, indicated the resident was moderately cognitively impaired with a BIMS score of 9 (Brief Interview for Mental Status - a tool to assess cognition, a score of 8-12 indicates moderate cognitive impairment), and was independent for ambulation. A review of Resident 1's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses which included dementia with behavioral disturbances (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change), bipolar disorder (a mental health condition that causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression), and parkinsonism (a broad term for various neurodegenerative diseases that cause motor symptoms with symptoms similar to Parkinson's disease). (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the resident's Quarterly Minimum Data Set assessment dated [DATE], indicated the resident was severely cognitively impaired with a BIMS score of 0 (a score of 0-7 indicates severe cognitive impairment), and was independent for ambulation. Review of Resident 1's plan of care dated July 11, 2024, identified issues related to wandering into other residents' rooms and various aggressive behaviors, including physical aggression toward staff and other residents. Interventions included offering activities of interest, involving family, utilizing Spanish-speaking staff for redirection, and psychiatric referrals as needed. Continued review of Resident 1's plan of care revealed a problem area identified related to restlessness, aggression, depressed mood and exhibits the following behaviors related to the same: wandering, agitation, combativeness, tearfulness, verbal outbursts, history of resident-to-resident altercations, verbal aggression directed to staff, talks loudly, physical behaviors and physical aggression directed at staff, threatening staff, machining sexually inappropriate statements, urinating on floor in hallway, inappropriate touching, bowel movements in trash can in hallway, spitting on floor, using other resident bathrooms, refusing care, activities and showers. Interventions included: administration of medications as ordered, encourage activities of interest, provide Spanish TV and music, attend activities that he enjoys, engage in simple, structured activities that avoid overly demanding tasks, and refer to psych as needed. A review of nursing documentation from January 2025 through March 2025, revealed that Resident 1 exhibited behaviors such as pacing, wandering into other residents' rooms, yelling, agitation, aggression, verbal and physical abuse toward staff, urinating in hallways, and attempted elopement. It was documented that constant redirection was provided, but the resident was difficult to redirect and would become aggressive and abusive toward staff. Nursing documentation dated March 4, 2025, at 9:08 PM revealed that Resident 1 was involved in a physical altercation with Resident 3 in the doorway of Resident 3's room, involving pushing and shoving. A Review of the Mandatory Abuse Report dated March 4, 2025, at 7:15 PM documented that Resident 1 wandered into Resident 3's room via a closed door. Resident 3 pushed Resident 1 out of his room with his hand on Resident 1's back. Resident 1 turned around and grabbed Resident 3 by the neck. Staff immediately separated the residents. Both residents were placed on every 15-minute checks. Continued review of nursing documentation dated March 12, 2025, at 10:46 AM displayed increased behaviors, including wandering without pants/briefs, urinating on the floor, aggression, and attempting to punch staff. Nursing documentation dated March 13, 2025, at 3:41 AM revealed Resident 1 stood in front of the elevators blocked elevator access, yelled, swung at staff, and wandered into peers' rooms while talking loudly that he is the boss and refused to move away from the elevator. Nursing documentation dated March 13, 2025, at 9:27 AM revealed the resident wandered into other residents' rooms, was difficult to redirect, got on the elevator triggering alarms, refused to get off, and threatened to punch staff. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nursing documentation dated March 13, 2025, at 7:00 PM (recorded as a late entry note on March 14, 2025, at 2:02 AM) staff found Resident 1 and Resident 2 lying on the floor outside Resident 2's room. A Review of the Mandatory Abuse Report dated March 13, 2025, at 6:25 PM documented that Resident 2 was the victim, and that Resident 1 was the perpetrator. The report indicated that the RN was called to the floor by staff to evaluate Resident 1 and Resident 2 noted to be lying in the hallway on the floor outside Resident 2's room. Residents were immediately separated. Both residents were evaluated, and treatment was provided. Upon interview, Resident 2 stated We got into a fight. He came into my room and was doing something with the curtain. Resident 2 stated that he punched Resident 1, and that Resident 1 punched him. Facility interventions included placing Resident 1 on one-to-one supervision, relocating Resident 2 to another wing, initiating staff education, notifying physicians and responsible parties, and reporting the incident to law enforcement. Despite documented patterns of aggressive and intrusive behaviors by Resident 1 prior to the incident, the facility failed to implement adequate supervision and monitoring measures to prevent the physical abuse of Resident 2. An interview with Nursing Home Administrator on March 27, 2025, at approximately 2:30 PM confirmed the facility failed to prevent the physical abuse of Resident 2 perpetrated by Resident 1, which resulted in a punch to the face. The facility failed to implement sufficient supervision and monitoring measures to address Resident 1's known history of aggression, resulting in physical abuse of another resident. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 201.29(a)(c) Resident Rights 28 Pa. Code 211.12(c)(d)(5) Nursing Services

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on a review of the facility's Plan of Correction from the survey ending February 7, 2025, the results of the revisit survey conducted on March 27, 2025, clinical record review, facility-submitted documentation, and staff interview, it was determined that the facility failed to implement and sustain corrective actions through its Quality Assurance and Performance Improvement (QAPI) program to prevent the recurrence of deficiencies related to abuse prevention for one resident out of 15 residents reviewed. (Resident 1) Findings include: As a result of the deficiencies cited under the requirements related to abuse prevention during the survey of February 7, 2025, the facility developed a plan of correction to serve as their allegation of compliance, which included a quality assurance monitoring component to ensure solutions were sustained. The corrective plan was to be completed and functional by March 11, 2025. However, during the survey ending March 27, 2025, continuing deficient facility practice was identified with these same requirements. According to the facility's plan of correction for the deficiency cited on February 7, 2025, relating to implementation and adherence to procedures to ensure abuse prevention and to ensure deficient practice was corrected included update activity assessments to assess possible diversional activity interest, identify other residents that have the potential to be affected, residents that exhibit aggressive behaviors will be reviewed by the IDT. Care plans will be updated, as necessary, to prevent this from reoccurring, re-education of the abuse policy and behavior interventions will be completed with facility staff by the staff educator/designee, and monitor and maintain compliance, the DON/designee will review 10 residents that exhibit aggressive behaviors to ensure that behaviors are addressed, and care plan interventions are appropriate for behaviors exhibited. The audits will be completed weekly times 4 weeks and then monthly times 3. The results of the audits will be forwarded to QAPI committee for further review and recommendations. The results of the revisit survey conducted on March 27, 2025, cited under F600, revealed that the facility's QAPI committee failed to successfully implement their plan to prevent abuse and to ensure residents in the facility are protected from residents with aggressive behaviors. The facility's QAPI monitoring process, which was intended to ensure sustainability of solutions, did not detect ongoing risk to residents nor prevent further similar deficient practice as cited during the survey ending February 7, 2025. Refer F600 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(e)(1) Management. 28 Pa. Code 211.12 (c)(d)(1)(5) Nursing services