STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395586	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bradford Hills Nursing & Rehabilitation Center	15900 Route 6 Troy, PA 16947

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on clinical record review, and staff interview, it was determined that the facility failed to provide the highest practical care regarding physician ordered treatments for three of three residents reviewed (Residents 1, 2, and 3).Findings include: A review of current physician orders for Resident 1 revealed an order dated May 19, 2026, for staff to use Acetic Acid Irrigation Solution (a rinse to aid in the prevention of bacteria), one dose every night shift for wound care, and cleanse right hip wound with acetic acid, pat dry, and apply Santyl (topical ointment used to remove dead or damaged tissue from wounds to promote healing) to the base of the wound, and secure with bordered dressing. A review of Resident 1's TAR (treatment administration record, a form utilized to document the administration of resident treatments) dated May 2026, revealed the treatment was not completed per the physician order on one of the three days reviewed. May 21, 2026: no documentation on the TAR; blank A review of current physician orders for Resident 2 revealed an order dated April 7, 2026, for staff to cleanse Resident 2's left lower posterior thigh with normal saline, pat dry, apply collagen (a dressing used to promote tissue regeneration, stop bleeding, and maintain moisture) to the base of the wound, and secure with abdominal pad every night shift for wound care. A review of Resident 2's TAR dated May 2026, revealed the treatment was not completed per the physician order on three of 26 days reviewed. May 18, 2026: no documentation on the TAR; blank May 19, 2026: no documentation on the TAR; blank May 20, 2026: no documentation on the TAR; blank A physician order dated April 27, 2026, instructed staff to cleanse Resident 2's right buttock with normal saline solution, pat dry, apply calcium alginate (a protective, healing, wound dressing) to the base of the wound and zinc oxide paste to peri wound every night shift for wound care. A review of Resident 2's TAR dated May 2026, revealed the treatment was not completed per the physician order on three of 26 days reviewed. May 18, 2026: no documentation on the TAR; blank May 19, 2026: no documentation on the TAR; blank May 20, 2026: no documentation on the TAR; blank A physician order dated April 6, 2026, instructed staff to place Interdry (a moisture wicking, antimicrobial fabric designed to protect skin in folds) in Resident 2's abdominal folds to prevent skin to skin contact every day and night shift to maintain skin integrity. A review of Resident 2's TAR dated May 2026, revealed the treatment was not completed per the physician order on four of 26 days reviewed. May 18, 2026: no documentation on the TAR; blank May 19, 2026: no documentation on the TAR; blank May 20, 2026: no documentation on the TAR; blank May 21, 2026: no documentation on the TAR; blank A physician order dated March 4, 2026, instructed staff to apply Triamcinolone Acetonide Cream (topical steroid used to reduce inflammation, itching, redness, and swelling) to Resident 2's left posterior thigh topically every day and night shift for wound care. The physician order also instructed staff to cleanse Resident 2's posterior thigh with normal saline, pat dry, apply Triamcinolone cream to the base of the wound and secure with abdominal pad. A review of Resident 2's TAR dated May 2026, revealed the treatment was not completed per the physician order on three of 26 days reviewed. May 10, 2026: no documentation on the TAR; blank May 18, 2026: no documentation on the TAR; blank May 19, 2026: no documentation on the TAR; blank A physician order dated January 20, 2026, instructed staff to cleanse Resident 2's left abdomen with normal saline solution, apply zinc and nystatin, and leave open to air every day and night shift for Resident 2's abdomen wound. A review of Resident 2's TAR dated May 2026, revealed (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
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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the treatment was not completed per the physician order on two of 26 days reviewed. May 18, 2026: no documentation on the TAR; blank May 19, 2026: no documentation on the TAR; blank A physician order dated January 21, 2026, instructed staff to apply Nystatin external cream to Resident 2's abdomen topically every day and night shift for wound care. A review of Resident 2's TAR dated May 2026, revealed the treatment was not completed per the physician order on three of 26 days reviewed. May 10, 2026: no documentation on the TAR; blank May 18, 2026: no documentation on the TAR; blank May 19, 2026: no documentation on the TAR; blank A review of current physician orders for Resident 3 revealed an order initiated on April 28 and in place until it was discontinued on May 4, 2026, instructed staff to cleanse Resident 3's left ischium (the curved bone forming the base of the pelvis) with normal saline, pat dry, apply Silvasorb gel (used to treat partial and full thickness wounds) to the base of the wound, zinc oxide to peri wound, and secure with bordered gauze dressing every day shift for wound care. A review of Resident 3's TAR dated May 2026, revealed the treatment was not completed per the physician order on one of four days reviewed. May 3, 2026: no documentation on the TAR; blank A physician order dated May 4, 2026, instructed staff to cleanse Resident 3's left ischium with normal saline, pat dry apply Silvasorb gel to the base of the wound, zinc oxide to peri wound, and secure with bordered gauze dressing every day and night shift for wound care. A review of Resident 3's TAR dated May 2026, revealed the treatment was not completed per the physician order on two of 23 days reviewed. May 20, 2026: no documentation on the TAR; blank May 21, 2026: no documentation on the TAR; blank The facility failed to provide the highest practical care regarding physician ordered treatments for Residents 1, 2, and 3. The findings were reviewed with the Nursing Home Administrator and the Director of Nursing on May 27, 2026, at 2:21 PM. 483.25 Quality of CarePreviously Cited 12/12/25 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services