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	06/08/2026

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed clinical record review and staff interview it was determined that the facility failed to implement interventions to promote pressure ulcer healing for one of two residents reviewed (Resident CR1). Findings include: Closed clinical record review for Resident CR1 revealed that the facility admitted her from the hospital on May 14, 2026. Review of nursing documentation from hospital staff dated May 13, 2026, at 12:42 PM indicated that Resident CR1 had a skin wound on her coccyx (last bone at the base of the spine) that, looks like a skin tear to coccyx. Resident CR1 discharged from the hospital on May 14, 2026, at 1:46 PM. Hospital discharge summary documentation dated May 14, 2026, did not include an assessment of the coccyx wound (e.g., size, color, drainage) or physician orders for treatment. Nursing documentation dated May 14, 2026, at 3:59 PM revealed that Resident CR1 arrived at the facility with a, wound on the sacrum (triangular bone at the base of the spine above the coccyx) that has been ongoing, per resident. There was no description of the wound or indication of treatment interventions. A facility electronic Admission/re-admission Evaluation assessment dated [DATE], noted that Resident CR1 had a Sacrum wound, however, there was no description of the site (e.g., stage, size, color, drainage). A facility electronic Skin Observation/check assessment dated [DATE], noted an area of skin integrity alteration on the coccyx; however, included no other description. A physician's order dated May 15, 2026, at 1:52 PM (almost 24 hours after Resident CR1's admission to the facility) instructed staff to, Cleanse coccyx wound with normal saline, pat dry. Apply medical grade honey to base of wound, zinc oxide (a mineral compound used to protect and support skin recovery; acts as a physical shield, soothing irritated skin and allowing underlying damage to heal naturally) to peri wound (area around wound). Cover with bordered gauze one time only for wound care for one day and every day shift for wound care and as needed for if dressing becomes wet, soiled or dislodged. Review of Resident CR1's TAR (treatment administration record, electronic documentation completed by licensed staff for the completion of treatments) dated May 2026 revealed that staff initialed completion of the coccyx treatment for the first time on May 15, 2026, at 4:22 PM. Review of documentation by the facility's contracted wound consultant provider for a service date of May 18, 2026, noted Resident CR1 had a pre-existing ulcer of the sacrum for less than 30 days, the previous treatment included barrier cream, and the previous care for the wound was provided by a hospitalist. The assessment of the wound on Resident CR1's sacrum was described as a stage III (stage III pressure ulcers involve full-thickness tissue loss where the epidermis and dermis (top two layers of skin) are completely lost, and the wound extends into the fat layer), 3 cm (centimeters) by 1.5 cm by 0.2 cm, with exposed subcutaneous tissue (the deepest layer of skin, composed primarily of fat and connective tissue), 100 percent slough (unhealthy, non-viable, tissue), and the peri wound area was intact, with erythema (redness) and fragile. The planned wound treatment was changed to hydrogel (water-rich, gel-based dressings that maintain a moist environment to promote healing, relieve pain, and support tissue repair) with zinc oxide to peri wound and secured with bordered gauze daily. Review of Resident CR1's TAR dated May 2026 revealed that staff did not implement the new wound treatment orders; but continued to treat Resident CR1's sacral wound with the medical grade honey until her transfer to the hospital on May 21, 2026. The surveyor (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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	confirmed the above findings regarding Resident CR1's pressure ulcer treatment with the Nursing Home Administrator and the Director of Nursing on June 8, 2026, at 3:15 PM. 483.25(b)(1)(i)(ii) Treatment/svcs to Prevent/heal Pressure UlcerPreviously cited deficiency 12/12/25 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services