STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395593	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quality Life Services - Grove City	400 Hillcrest Avenue Grove City, PA 16127

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. Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to comprehensively assess pressure ulcers/injuries (injury to skin and underlying tissue resulting from prolonged pressure on the skin) for one of four residents reviewed (Resident 1). Findings include: Facility policy Skin Integrity and Wound Management dated 6/20/25, revealed the implementation of an individual resident's skin integrity and wound management occurs within the care delivery process. Staff continually observes and monitors residents for changes and implements revisions to the plan of care as needed. Complete comprehensive assessment of the resident's needs prior to admission. Identify resident's skin integrity status and need for prevention intervention or treatment modalities through review of all appropriate assessment information. Perform skin inspection on admission and weekly by a licensed nurse. Document in PCC[computer program]. Perform wound assessment and complete proper forms upon initial identification of altered skin integrity weekly, and with any deterioration of wound. Resident R1's clinical record revealed an admission date of 3/11/26, with diagnoses that included spinal stenosis of the cervical region (a narrowing of the spaces within the cervical region of the spine), lack of coordination, muscle wasting and atrophy (the shrinking and loss of muscle mass), and abnormalities of gait and mobility. Resident R1's clinical record revealed assessments dated 3/11/26, for pressure ulcers to the right buttock as 5 cm. (centimeter) x 3.5 cm, slough and left buttock as 3.5 cm. x 1.5 cm. slough. On 3/27/26, a further assessment revealed Resident R1's pressure ulcer to the right buttock as 5 cm. x 3.5 cm x 0.1 cm 50% granulation (new tissue at the base of a healing wound) 50% epithelization [tissue that can form over the granulation tissue as a wound heals] and left buttock as 4 cm. x 2.5 cm x 0.1 cm. 50% granulation 50% epithelization). Resident R1's clinical record lacked weekly assessments from period of 3/12/26, through 5/13/26. During an interview on 5/15/26, at 10:20 a.m. the Nursing Home Administrator (NHA) confirmed that Resident R1's clinical record lacked evidence of weekly wound assessments of pressure ulcers to Resident R1's right and left buttocks. The NHA further confirmed that the facility failed to comprehensively assess pressure ulcers/injuries weekly to ensure proper healing and management of each wound. 28 Pa. Code 211.5 (f)(ii)(iii)(ix) Medical records 28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code 211.12(d)(1)(2)(5) Nursing services

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