STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395602	A. Building B. Wing	02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wesley Village	209 Roberts Road Pittston, PA 18640

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and staff interview, it was determined the facility failed to maintain acceptable practices for the storage and service of food to prevent the potential for contamination and microbial growth in food, which increased the risk of foodborne illness in the food and nutrition services department.Findings include: Food safety and inspection standards for safe food handling indicate that everything that comes in contact with food must be kept clean and food that is mishandled can lead to foodborne illness. Safe steps in food handling, cooking, and storage are essential in preventing foodborne illness. You cannot always see, smell, or taste harmful bacteria that may cause illness according to the USDA (The United States Department of Agriculture, also known as the Agriculture Department, is the U.S. federal executive department responsible for developing and executing federal laws related to food). Observations during the initial tour of the kitchen conducted with the facility's Food and Nutrition Services Director on February 10, 2026, at 8:50 AM revealed the following unsanitary practices with the potential to introduce contaminants into food and increase the potential for foodborne illness: The handwashing sink was visibly soiled and there were four small chunks of canned fruit cocktail in the basin of the sink. There was a thick layer of dust on the fins of the hood vent panels located above the stove. There were two broken wall tiles which created a two inch gap located above the floor molding in the food cart storage area. The kitchen floor perimeter had an accumulation of dirt and debris, creating an unsanitary condition which could harbor pests and bacteria. Interview with the Food Service Director at the time of observations confirmed the food and nutrition services department was to be maintained in a sanitary manner. 28 Pa. Code 201.18 (e) (2.1) Management. 28 Pa. Code 211.6 (f) Dietary 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

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, grievances filed with the facility, and resident and staff interviews, it was determined the facility failed to ensure residents are afforded the opportunity to make informed treatment decisions and choose preferred alternatives for one out of four residents sampled for a closed record review (Resident 128).Findings include: Clinical record review revealed Resident 128 was admitted to the facility on [DATE] with diagnoses that included acute respiratory failure (a condition where the lungs fail to adequately oxygenate the blood or remove carbon dioxide, leading to insufficient oxygen to meet the body's needs). A review of an admission Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated December 21, 2025, revealed Resident 128 was cognitively intact with a BIMS score of 15 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13 to 15 indicates cognition is intact). A physician's order for Bisacodyl Laxative Suppository 10 mg with direction to insert one suppository rectally as needed for bowel management protocol was initiated on December 15, 2025. A medication administration record dated December 2025 revealed Resident 128 was administered Bisacodyl Laxative Suppository 10 mg on December 20, 2025, at 6:59 AM. A progress note dated December 20, 2025, at 8:29 PM revealed Resident 128 was upset after she was administered a suppository even though she said no. Resident 128 indicated she had the right to say no to something she did not want. A review of a grievance filed with the facility dated December 20, 2025, at 5:30 PM revealed Resident 128 stated she was sleeping and the nurse supervisor came into her room and said, Wake up, wake up, and proceeded to insert a suppository into her rectum, which she was not ready for nor awake enough to realize what was happening. The grievance indicated Resident 128 had a problem with not being given the opportunity to wake up and fully understand what they wanted to do because she was sleeping before they entered the room. A witness statement provided by Employee 1, Registered Nurse (RN), revealed that Employee 1, RN, entered Resident 128's room on December 20, 2025, at 6:50 AM. Employee 1, RN, explained to the resident that they would be giving her a suppository. Employee 2, Nurse Aide, assisted in turning the resident, and the suppository was given, and the resident tolerated it well. Employee 1, RN, indicated at no time did the resident decline the suppository. A witness statement provided by Employee 2, Nurse Aide, indicated that she remembered entering Resident 128's room with Employee 1, RN, on December 20, 2025. Employee 2, NA, indicated that she did not remember anything out of the normal. Employee 2, NA, indicated that she does not rush residents and is very gentle. During a phone interview on February 13, 2025, at 9:24 AM, Resident 128 indicated she was upset because she was not afforded an opportunity to decline a suppository. She explained that she filed a grievance after nursing staff administered a suppository without providing her an opportunity to decline the medication. During an interview on February 13, 2025, at 11:15 AM, the above information was reviewed with the nursing home administrator (NHA) and director of nursing (DON). The DON and NHA confirmed that residents are to be afforded the opportunity to choose, accept, or refuse care, including medication and treatments. The facility failed to ensure the resident's right to fully participate in care and treatment when Resident 128 was not afforded the opportunity to refuse a suppository on December 20, 2025. 28 Pa. Code 201.29 (a) Resident rights. 28 Pa. Code 211.2 (d)(7) Medical director. 28 Pa. Code 211.12 (d)(3)(5) Nursing services.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on clinical record and select policy review, staff and resident interviews, it was determined the facility failed to timely assess and implement interventions to address one of 25 residents' pain (Resident 2).Findings include:A review of the facility's pain management policy dated March 19, 2025, revealed that it was the goal of the facility to promote the highest practicable level of physical, mental, and psychological well-being, in accordance with the comprehensive assessment and care plan, current professional standards of practice, and the resident's goals and preferences. The pain management policy also indicated the resident will have pain identified and assessed. The type of pain will be identified for appropriate management approaches to alleviate/eliminate the resident's pain. A review of Resident 2's clinical record revealed the resident had a diagnosis of muscle weakness and diabetes (a chronic condition causing high blood sugar due to insufficient insulin production). An admission Minimum Data Set Assessment (MDS, a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated January 22, 2026, revealed a BIMS score of 15 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13 to 15 indicates cognition is intact). Nursing documentation dated January 21, 2026, at 4:41 AM, revealed the resident was up most of the night asking for Tylenol, a mild pain reliever. The note further indicated the facility had no physician orders for the requested Tylenol and staff on the 3 pm-11 pm shift informed the resident there were no orders to administer her Tylenol. A review of the pain assessments completed for January 2026 indicated that on the evening of January 20, 2026, a pain assessment was completed at 5:35 PM which indicated the resident was pain-free. There was no indication that a pain assessment was completed in conjunction with the nurse's note on January 21, 2026, at 4:41 AM, in which the resident requested Tylenol, or that an assessment was completed to further determine why the Tylenol was specifically requested. A nurse's note dated January 22, 2026, at 12:05 PM, indicated the resident had complaints of overnight pain and that the physician assistant ordered the resident Tylenol 650 milligrams every 24 hours as needed. There was no indication the facility attempted to contact the physician for further direction to attempt to manage the resident's discomfort either during the evening or night shift hours. An interview with Resident 2 on February 11, 2026, at 11:55 AM, revealed she was very uncomfortable in the bed and stated the bed mattress is shot. The resident indicated that lying in bed was very uncomfortable, her entire body hurt, and that she wanted medication/intervention to relieve the pain so she could sleep. The resident indicated her pain was a nine out of ten on a ten-point scale, where 1 would indicate mild pain and 10 would indicate severe pain. The resident indicated she was neither given any medication nor non-pharmacologic intervention to relieve/alleviate her pain. Interview with the director of nursing on February 12, 2026, at 1:00 PM was unable to provide evidence the facility accurately and timely assessed this resident's pain, implemented interventions to alleviate pain, and/or documented the effectiveness/outcome of the interventions. 28 Pa. Code 211.12 (c)(d)(3) (5) Nursing services28 Pa. Code 211.10(d)Resident care policies

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, select facility policy, and staff interviews, it was determined the facility failed to ensure that a resident's drug regimen was free of unnecessary antibiotics for one out of 25 residents sampled (Resident 83).Findings include: A review of the facility policy titled Antibiotic Stewardship, last reviewed by the facility on March 19, 2025, revealed it is facility policy to maintain an antibiotic stewardship program that promotes the appropriate use of antibiotics and includes a system of monitoring to improve resident outcomes and reduce antibiotic resistance. The policy indicates that diagnostic tests should be used wisely to avoid unnecessary antibiotic therapy or therapy that is unnecessarily broad-spectrum, with consideration to healthcare value. Bacterial cultures with susceptibility testing should be collected, handled, and processed promptly and appropriately to identify specific bacteria causing infection and facilitate the use of narrow-spectrum antibiotics whenever possible. A clinical record review revealed that Resident 83 was admitted to the facility on [DATE], with diagnoses that include chronic heart failure (a condition that develops when the heart doesn't pump enough blood to meet the body's needs). A progress note dated January 4, 2026, at 4:19 PM indicated the resident had a 101.9 F temperature but was resolved. The resident denied abdominal pain, dysuria (pain, burning, or discomfort during urination), and confusion. The note indicated if clinical infection is suspected, then initiate antibiotics after urine cultures were obtained. A urine culture and sensitivity report (C and S report, which detects, identifies, and determines the best treatment for bacterial or fungal infections in the urinary tract) dated January 4, 2026, and reported on January 7, 2026, at 3:09 PM revealed Resident 83's urine was positive for the organism pseudomonas aeruginosa (a bacterium found in soil and water that thrives in moist environments, frequently causing infections in hospitalized or immunocompromised individuals). The results indicated the organism was resistant (medication type not effective in treating the specific bacteria) to ciprofloxacin (an antibiotic medication). A progress note dated January 7, 2026, at 8:36 PM revealed as a result of the urine culture and sensitivity a new physician order for ciprofloxacin 500 mg twice a day for five days was ordered. A physician's order for ciprofloxacin HCl oral tablet 500 mg with directions to give 1 tablet by mouth two times a day for a culture and sensitivity result was initiated on January 7, 2026. A Medication Administration Record dated January 2026 revealed Resident 83 was administered 1 dose of ciprofloxacin 500 mg on January 7, 2026, at 9:00 PM. A progress note dated January 8, 2026, at 9:00 AM revealed ciprofloxacin 500 mg was discontinued. During an interview on February 11, 2026, at 1:15 PM, the Infection Preventionist (IP) confirmed that Resident 83 was administered ciprofloxacin 500 mg on January 7, 2026, following a culture and sensitivity. The IP confirmed the culture and sensitivity reported on January 7, 2026, indicated the organism identified in Resident 83's urine was resistant to ciprofloxacin. The facility failed to ensure Resident 83's drug regimen was free of an unnecessary antibiotic when the resident received one dose of ciprofloxacin 500 mg on January 7, 2026.28 Pa. Code 211.2(d)(3)(5) Medical Director 28 Pa. Code 211.10(c)(d) Resident care policies. 28 Pa. Code 211.12(d)(3)(5) Nursing services

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of clinical records, resident and staff interviews, and meal test tray results, it was determined the facility failed to serve meals that were palatable and at safe and appetizing temperatures for a test tray completed on the [NAME] Unit during the breakfast meal and for experiences of five of 25 residents sampled (Residents 82, 83, 20, 44, and 105).Findings included: According to the federal regulatory guidance at 483.60(i)-(2) Food safety requirements - the definition of Danger Zone, found under the Definitions section, specifies that food temperatures between 41 F and 135 F allow rapid growth of pathogenic microorganisms that can cause foodborne illness. Hot foods must be maintained at or above 135 F and cold foods at or below 41 F. A review of a facility evaluation form titled Resident Tray Assessment revealed that hot food items were assessed based on being greater than or equal to 135 degrees Fahrenheit and on palatability. Palatable means acceptable to taste, including appropriate temperature, texture, and flavor. A clinical record review revealed Resident 82 was admitted to the facility on [DATE], with diagnoses that include chronic respiratory failure with hypoxia (a condition where the respiratory system is unable to remove carbon dioxide from or provide oxygen to the body). A review of a quarterly Minimum Data Set Assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated February 5, 2026, revealed that Resident 82 was cognitively intact with a BIMS (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information) score of 15 (a score of 13 to 15 indicates cognition is intact). During an interview on February 10, 2026, at 10:42 AM, Resident 82 explained that the food temperatures are often cold because the meal trays sit for 30 to 45 minutes before staff are able to pass them on to residents. A clinical record review revealed that Resident 83 was admitted to the facility on [DATE], with diagnoses that include chronic heart failure (a condition that develops when the heart doesn't pump enough blood to meet the body's needs). A review of a quarterly MDS assessment dated [DATE], revealed that Resident 83 was cognitively intact with a BIMS score of 15. During an interview on February 10, 2026, at 11:05 AM, Resident 83 indicated that he was frustrated because the food is often cold. He explained that the soup is too cold for him to enjoy. A clinical record review revealed Resident 20 was admitted to the facility on [DATE], with diagnoses that include heart failure (a condition that develops when the heart doesn't pump enough blood to meet the body's needs). A review of a quarterly Minimum Data Set assessment dated [DATE], revealed that Resident 20 was cognitively intact with a BIMS score of 15. During an interview on February 10, 2026, at 11:24 AM, Resident 20 stated that he had concerns about food temperatures. He reported that staff frequently served his eggs cold and that he needed to request reheating. During a resident group interview on February 11, 2026, at 10:00 AM, Residents 44 and 105 reported concerns regarding cold food temperatures. Resident 105 stated that staff frequently delivered her meals cold and that she needed to request reheating. Resident 44 stated that she felt upset because staff continued to deliver her meals cold and that she had reported this concern to staff multiple times over the previous weeks. Resident 44 reported that meal trays remain on carts for at least 20 minutes before staff deliver them to residents. She stated that breakfast presents the most frequent problem and that staff regularly serve her eggs cold. Survey staff conducted a test tray evaluation on the [NAME] Unit on February 12, 2026, during the breakfast meal. Dietary staff placed the test tray in the meal delivery cart with resident trays at 7:50 AM. Unit staff began distributing trays from the cart at 8:20 AM, resulting in a 30-minute delay. At 8:30 AM, after the last resident was served, food temperatures were recorded and revealed the following temperatures. The oatmeal was 121 degrees Fahrenheit, the omelet was 115 degrees Fahrenheit, the Canadian bacon was 110 degrees Fahrenheit, and the wheat toast cold and rubbery. The food tasted only lukewarm and was not palatable at the temperature served. Interview with the Nursing Home Administrator (NHA) on (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	February 12, 2026, at 11:00 AM confirmed that food served is to be palatable and served at safe and appetizing temperatures. The NHA confirmed that residents' food trays were to be timely served to residents upon arrival to each nursing unit to help ensure palatable temperatures. 28 Pa. Code 201.14(a)(b) Responsibility of licensee. 28 Pa. Code 201.18 (b)(1) Management.

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F 0577 Level of Harm - Potential for minimal harm Residents Affected - Some	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation and resident and staff interviews, it was determined the facility failed to post the most recent survey results which include any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility and experiences reported by 5 out of 5 residents interviewed during a group interview (Residents 8, 44, 51, 55, and 105). Findings include: During a resident council interview on February 11, 2026, at 10:00 AM, five alert and oriented residents in attendance (Residents 8, 44, 51, 55, and 105) indicated they did not know where the facility posted the Department of Health survey results. Observation of the facility reception area on February 11, 2026, at 11:19 AM revealed there was state survey inspection results available in a binder in the lobby of the facility. Review of the binder revealed the most recent recertification results were not available in the binder. Recertification survey results from the survey of May 9, 2025, were not available. During an interview on February 11, 2026, at 11:30 AM, the Director of Nursing (DON) and Nursing Home Administrator (NHA) acknowledged the Department of Health survey results were not updated to include the most recent recertification survey results. 28 Pa. Code 201.14(a) Responsibility of licensee.