STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395603	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring Heights Community Care & Rehab Ctr	234 Coraopolis Road Coraopolis, PA 15108

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, review of clinical record, observation and staff interview, it was determined that the facility failed to ensure that care was provided in a manner which maintained resident dignity for one of four residents (Resident R87). Findings include: Review of facility policy Indwelling Urinary Catheter dated 8/1/25, indicated that clinical staff may provide urinary catheter care. Such care will help to prevent catheter association urinary tract infections. Check drainage tubing and bag to ensure that the catheter is draining properly, and no kinks are present. The urinary drainage bag must be placed below the bladder level but not on the floor. Ensure drainage bag is covered with privacy/dignity bag. Review of the clinical record indicated Resident R87 was admitted to the facility on [DATE]. Review of Resident R87's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/20/25, indicated diagnoses of high blood pressure, heart failure (a progressive heart disease that affects pumping action of the heart muscles), and obstructive uropathy (a blockage in the urinary system that prevents urine from draining normally). Review of Resident R87's care plan revised on 8/26/25, indicated the resident has an indwelling urinary catheter related to obstructive uropathy. During an observation on 9/2/25, at 11:37 a.m. Resident R87's catheter draining bag was observed lying on the floor beside the bed without a privacy cover applied. During an interview on 9/2/25, at 11:51 a.m. Licensed Practical Nurse Employee E1 confirmed Resident R87's catheter draining bag did not have a privacy cover and that the facility failed to ensure that care was provided in a way that maintained Resident R87's dignity. Pa. Code: 211.10(d) Resident care policies. Pa. Code: 211.12(d)(1)(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

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F 0575 Level of Harm - Potential for minimal harm Residents Affected - Many	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. Based on observations and staff interview it was determined that the facility failed to have required postings for the facility in areas that are accessible to all residents for Adult Protective Service information, and complete contact information for State Agency and State Long-Term Care Ombudsman program posted at the facility.Findings include:During an observation on 9/5/25, at 11:20 a.m. in the Main Entrance Hallway there was a variety of information posted for residents. This information failed to include information for Adult Protective Services, and failed to include address, and email address for State Agency as well as an email address for the Ombudsman as required.During an interview on 9/5/25, at 11:28 a.m. the Nursing Home Administrator confirmed that the facility failed to have required postings in areas that are accessible to all residents for Adult Protective Services information, and complete contact information for State Agency, and State Long-Term Care Ombudsman program.28 Pa. Code: 201.14(a)Responsibility of licensee.28 Pa. Code: 201.18(b)(3) Management.

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F 0579 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide information about how to apply for and use Medicare and Medicaid benefits. Based on observations and staff interviews, it was determined, the facility failed to display written information on applying for Medicare and Medicaid benefits and receiving refunds for previous payments covered by Medicare and Medicaid as required, on two of two nursing floors (West Wing and East Wing). Findings include:During an observation on 9/5/25, at 11:20 a.m. in the Main Entrance Hallway there was a variety of information posted for residents. This information failed to include information on applying for Medicare and Medicaid benefits, and receiving refunds for previous payments covered by Medicare, and Medicaid.During an interview on 9/5/25, at 11:28 a.m., the Nursing Home Administrator confirmed that the facility failed to display written information on applying for Medicare and Medicaid benefits and receiving refunds for previous payments covered by Medicare and Medicaid as required, on two of two nursing floors (West Wing, and East Wing). 28 Pa. Code: 201.14(a)Responsibility of licensee.28 Pa. Code: 201.18(e) Management.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, and staff interview it was determined that the facility failed to maintain the confidentiality of residents' medical information on one of five medication carts (West Wing Medication Cart).Findings include:During an observation on 9/2/25, at 12:29 p.m. the [NAME] Wing Medication Cart outside of room [ROOM NUMBER] was left unattended with the computer screen open with identifiable information any passerby could see resident personal and confidential information.During an interview on 9/2/25, at 12:29 p.m. Registered Nurse Employee E8 confirmed the above observation and that the facility failed to maintain the confidentiality of residents' medical information as required.28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.29(c.3) Resident Rights.28 Pa. code: 211.5(b) Medical records.28 Pa. Code: 211.12(d)(1)(3) Nursing services.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on a review of facility documents, observations, and staff interview, it was determined that the facility failed to ensure that the grievance forms were available and that residents had the right to file an anonymous grievance for two of two nursing units (West Wing, and East Wing). Findings include:A review of facility document titled Concern Resolution and Grievance Procedure posted on the Main Entrance Hallway Bulletin Board, indicated that a resident has the right to file grievances orally or in writing, and the right to file grievances anonymously. Contact the Social Worker, Administrator and /or Grievance Official of the facility should a resident have any concerns regarding care, treatment, or right. If choosing to report anonymously, fill out Concern/Grievance Form located near the front desk in the front lobby. Once form is completed, you can place it in the suggestion box located in the front lobby carpeted area, on the windowsill. Review of the facility Grievance Log provided at survey entrance revealed that no grievances were filed during July and August 2025.During an observation on 9/5/25, at in the Front Lobby, and the Front Desk, no Concern/Grievance forms were located.During an interview on 9/5/25, at 11:28 a.m. the Nursing Home Administrator (NHA) stated that if a resident wants to file a grievance, they can just ask a nurse or any of the Department Heads for a Grievance Form. When asked how this allows a resident to file anonymously, she stated They can just write it on a blank piece of paper. NHA then gestured to a box in the Front Lobby marked Anonymous Concern and Suggestion and handed State Agency an index card size form that was located on the outside of this box, that was marked Impact and stated We believe in recognizing the good work that our dedicated health care professionals do each and every day! If you see a staff member making and IMPACT, please take a moment to fill out this card. This card did not include any information about filing a grievance but was to nominate employees for a job well done. NHA stated that residents could also use this card. NHA confirmed that the Impact card did not include information regarding filing a grievance, and that grievance forms were not readily available therefore residents could not file an anonymous grievance. 28 Pa. Code 201.14(a)Responsibility of licensee28 Pa. Code 201.18(b)(3) Management28 Pa. Code 201. 29(a)Resident rights

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, clinical records, facility documents, and staff interviews it was determined that the facility failed to identify a bolster (a long, thick cushion) as a possible restraint, and failed to assess the functional status of the individual resident to determine if the use of a bolster is a restraint for two of four residents (Residents R6 and R7).Findings include:Review of facility policy Restraint Policy dated 8/1/25, last dated 7/1/24, indicated physical and/or chemical restraints will be initiated only after a comprehensive review determines that they are necessary to treat the resident's medical symptoms that warrant their use. Use the Enabler Restraint Observation to determine if the device restricts the resident's freedom of movement.Before proceeding with the device identified as a restraint, the interdisciplinary team evaluates factors leading to the consideration of the device, determines that all the resident's needs are being met and the need to restraint is not due to unmet needs, determines that all alternative measures have been attempted and found to be unsuccessful, weighs the risks versus benefits of the restraints being considered, involves resident and family in decision making and educates them regarding risks and benefits, analyzes all information and decides which devices is most appropriate, and develops measures to minimize risk and resident decline as a result of use.Physical Restraint is defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.Review of the clinical record indicated Resident R6 was admitted to the facility on [DATE].Review of Resident R6's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/7/25, indicated diagnoses of high blood pressure, Friedreich ataxia (rare genetic condition that causes progress damage to the nervous system, affecting movement, balance, and coordination), and malnutrition (lack of sufficient nutrients in the body).During an observation on 9/2/25, at 10:30 a.m. Resident R6 was observed lying in bed with bolsters between their body on both sides of the bed.Review of Resident R6's active physician orders failed to include an order for bilateral bolsters to their bed.Review of Resident R6's care plan dated 4/16/24, indicated the resident has a history of falling. Interventions include bolsters to bed.Review of Resident R6's clinical record failed to identify any assessments or ongoing evaluations for the use of bolsters.Review of the clinical record indicated Resident R7 was admitted to the facility on [DATE].Review of Resident R7's MDS dated [DATE], indicated diagnoses of high blood pressure, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and arthritis (inflammation of one or more joints, causing pain and stiffness).During an observation on 9/2/25, at 12:08 p.m. bolsters were observed on both sides of Resident R7's bed.Review of a physician order dated 7/3/25, indicated to ensure bed bolsters are on and secure.Review of Resident R7's care plan dated 7/7/25, indicated the resident is at risk for falling related to weakness, pain, poor safety awareness, psychotropic medication use. Interventions include bolsters related to fall on 7/3/25.Review of Resident R7's clinical record failed to identify any assessments or ongoing evaluations for the use of bolsters.During an interview on 9/4/25, at 10:51 a.m. the Director of Nursing confirmed that the facility failed to identify a bolster as a possible restraint and failed to assess the functional status of the individual resident to determine if the use of a bolster is a restraint for two of four residents (Residents R6 and R7).28 Pa. Code: 211.8(e) Use of restraints.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(5) Nursing services.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility policy, and staff interview, it was determined that the facility failed to ensure that residents medication regime was free from unnecessary psychotropic (a mind-altering medication) medication for one of three residents (Resident R50). Findings include: Review of facility Psychopharmacological Medication Use dated 8/1/25, indicated the facility should comply with the Psychopharmacologic Dosage Guidelines created by the Centers for Medicare and Medicaid Services, the State Operations Manual, and all other applicable law relating to the use of psychopharmacologic medications. Facility staff should monitor the residents' behaviors. Review of the clinical record indicated Resident R50 was admitted to the facility on [DATE]. Review of Resident R50's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/14/25, indicated diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), anxiety, and respiratory failure (a condition where the lungs are unable to adequately exchange oxygen and carbon dioxide, leading to insufficient oxygenation of the body's tissues). Review of Resident R50's physician order dated 8/14/25, indicated to administer Hydroxyzine (a psychotropic medication used to treat anxiety) 25 milligrams orally twice a day, as needed (PRN) for anxiety. Review of Resident R50's physician order failed to include a 14 day stop date and there was no documented rationale by the physician for the medication to extend past 14 days for Resident R50's Hydroxyzine. Review of Resident R50's Medication Administration Record dated August 2025, indicated that resident received Hydroxyzine PRN four times. Review of Resident R50's Progress Notes dated August 2025, failed to indicate any behaviors and any non-pharmacological interventions used to prior to administering Resident R50's Hydroxyzine. During an interview on 9/3/25, at 2:45 p.m. Director of Nursing confirmed that the facility failed to ensure that residents medication regime was free from unnecessary psychotropic medication for one of three residents (Resident R50). 28 Pa. Code 211.2(d)(3) Medical director 28 Pa. Code 211.10(a) Resident care policies

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Minimum Data Set (MDS-periodic assessment of resident care needs) User's Manual, clinical record, and staff interview, it was determined that the facility failed to complete a comprehensive assessment after a significant change in condition for one of three residents reviewed receiving hospice services (Resident R25).Findings include: Review of the MDS User's Manual revealed that a significant change in status assessment is required to be performed when a terminally ill resident enrolls in a hospice program and remains a resident at the nursing home. The Assessment Reference Date (ARD) must be within 14-days from effective date of the hospice election. Review of the admission record indicated Resident R25 was admitted to the facility on [DATE]. Review of Resident R25's MDS dated [DATE], indicated the diagnoses of hypothyroidism (condition where the thyroid gland doesn't produce enough thyroid hormone, leading to a slowdown in metabolism), congestive heart failure (syndrome caused by an impairment in the heart's ability to fill with and pump blood), and high blood pressure. Review of the clinical record for Resident R25 revealed a physician's order to consult hospice services on 7/30/25. Review of Resident R25's plan on care revealed a Problem Start Date: 8/1/25, Category: Hospice; Resident is on hospice services for unspecified congestive heart failure. Further review of Resident R25's clinical record revealed a physician's order to admit to hospice on 8/12/25. Review of Resident R25's MDS's lacked evidence that a significant change MDS with an ARD completed within 14-days from when Resident R25 was admitted to hospice care was completed. During an interview on 9/3/25, at 11:12 a.m., the Registered Nurse Assessment Coordinator (RNAC) Employee E6 confirmed that the facility failed to complete a significant change MDS for Resident R25 when admitted to hospice services. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 211.12(d)(2) Nursing services

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, Resident Assessment Instrument (RAI) User's Manual, clinical records, and staff interviews, it was determined that the facility failed to ensure Minimum Data Set (MDS - a periodic assessment of care needs) assessments accurately reflected the resident's status for two of three residents (Residents R7 and R79). Findings include: The Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated the following instructions: Section N0415: High-Risk Drug Classes: Use and Indication, Question N0415E1 - Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin): check if an anticoagulant medication was taken by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 day). Do not code antiplatelet medications such as aspirin/extended release, dipyridamole, or clopidogrel as N0415E, Anticoagulant. Review of the clinical record indicated Resident R7 was admitted to the facility on [DATE]. Review of Resident R7's MDS dated [DATE], indicated diagnoses of high blood pressure, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and arthritis (inflammation of one or more joints, causing pain and stiffness). Question N0415E1 indicated the resident received an anticoagulant during the 7-day look-back period. Review of Resident R7's clinical record failed to include a physician order for an anticoagulant medication. Review of Resident R7's physician order dated 6/24/25, indicated to administer Aspirin (an antiplatelet medication) 81 milligrams (mg) once a day for CAD (coronary artery disease - damage or disease in the heart's major blood vessels). Review of the clinical record indicated Resident R79 was admitted to the facility on [DATE]. Review of Resident R79's clinical record failed to include a physician order for an anticoagulant medication. Review of Resident R79's physician order dated 8/20/25, indicated to administer Aspirin 325 mg once a day for DVT (Deep Vein Thrombosis - when a blood clot forms in a deep vein) prevention. During an interview on 9/4/25, at 11:25 a.m. Registered Nurse Assessment Coordinator (RNAC) Employee E6 stated, We were told to count Aspirin as an anticoagulant when given for DVT (deep vein thrombosis) prophylaxis. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/4/25, at 11:29 a.m. RNAC Employee E6 confirmed Resident R7's MDS dated [DATE], was incorrectly coded for anticoagulant use. During an interview on 9/4/25, at 2:22 p.m. RNAC Employee E6 confirmed that Resident R79's MDS dated [DATE], was incorrectly coded for anticoagulant use. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 211.5(f) Medical records.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation, and staff interviews, it was determined that the facility failed to develop a comprehensive care plan for anxiety for one of three residents (Resident R8).Findings include:Review of facility policy Comprehensive Care Planning Policy dated 8/1/25, and previously dated 7/1/24, indicated that the facility will develop a comprehensive person-centered care plan for each resident that includes measurable goals and timetables to meet the resident's medical, nursing, mental and psychosocial needs identified in the comprehensive assessments. These plan s will be focused on resident choices, abilities with the intent of maintaining or improving resident functional abilities and quality of life. Review of the clinical record indicated Resident R8 was admitted to the facility on [DATE].Review of Resident R8's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/10/25, indicated diagnoses of high blood pressure, atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat), and chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness).Review of Resident R8's clinical record revealed a physician's order dated 8/4/25, to provide buspirone (a medication used to treat anxiety) 5 milligram three times a day for anxiety.Review of Resident R8's plan of care failed to reveal any interventions or care plan for anxiety.During an interview on 9/4/25, at 11:22 a.m. Registered Nurse Assessment Coordinator Employee E6 confirmed that the facility failed to develop a comprehensive care plan for anxiety for Resident R8.28 Pa. Code 211.10(c)(d) Resident care policies.28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to make certain that residents were provided appropriate treatment and care by failing to implement the facility's hypoglycemia (low blood sugar) protocol and failing to notify the physician timely of a change in condition for one of three residents reviewed (Resident R132).Findings include: Review of facility policy Hypoglycemia dated 8/1/25, indicated nursing personnel are responsible for recognizing signs and symptoms of hypoglycemia and responding accordingly. In the absence of specific treatment orders for hypoglycemia, this protocol will be followed. Monitor for symptoms of hypoglycemia. Symptoms may include: - Weakness or dizziness - Tremor, Palpitations, Sweating - Hunger, Altered Mental Status - Facial Pallor, Hunger - Numbness, Tingling, Drowsiness - Anxiety, AgitationA blood glucose of 70 mg/dL or less may indicate the need for intervention. If there are no provider orders for specific treatment, do the following: - Resident is drowsy or unconscious or is unable to or unwilling to consume anything orally, administer glucagon 1 mg subcutaneously (a medication administered into the skin). Monitor resident every 15 minutes after treatment. - Once acute hypoglycemia has been resolved, notify the provider and document in resident's medical record. Review of the clinical record indicated Resident R132 was admitted to the facility on [DATE]. Review of Resident R132's Minimum Data Set (MDS - a periodic assessment of care needs) dated 9/1/25, indicated diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), high blood pressure, and cerebral infarction (necrotic tissue in the brain resulting loss of blood and oxygen to the brain). During a review of Resident R132's blood glucose log dated August 2025, revealed that on 8/31/25, Resident R132's blood glucose level was 45 mg/dL. Review of Resident R132's physician orders dated 8/28/25, indicated to notify the physician if blood glucose is less than 60 mg/dL and that resident is NPO (nothing allowed by mouth). Review of Resident R132's progress notes failed to reveal any documentation of resident's blood glucose of 45 mg/dL. In further review, the facility failed to document an assessment of the hypoglycemic episode, failed to notify the physician, and failed to document interventions used to improve the hypoglycemic episode. During an interview on 9/4/25, at 9:30 a.m. the Director of Nursing (DON) stated the facility did not have any documentation concerning the low blood glucose level for Resident R132. During an interview on 9/4/25, at 9:33 a.m. the DON confirmed that the facility failed to make certain that residents were provided appropriate treatment and care by failing to implement the facility's hypoglycemia protocol and failing to notify the physician timely of a change in condition as required. 28 Pa. Code 201.18 (b)(1) Management. 28 Pa. Code 211.10 (c)(d) Resident Care policies. 28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, observations, and staff interviews, it was determined that the facility failed to develop and implement a comprehensive resident-specific plan of care for a resident with limited mobility requiring equipment and assistance to maintain or improve mobility for two of three residents (Resident R93 and R103).Findings include: Review of facility policy Comprehensive Care Planning dated 8/1/25, previously dated 7/1/25, indicated the facility will develop a comprehensive person-centered care plan for each resident that includes measurable goals and timetables to meet the resident's medical, nursing, mental, and psychosocial needs identified in the comprehensive assessment. These plans will be focused on resident choices and abilities with the intent of maintaining or improving resident functional abilities and quality of life. Review of the clinical record revealed that Resident R93 was admitted to the facility on [DATE]. Review of Resident 93's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 8/6/25, indicated diagnoses of chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness), dementia (neuro-cognitive disorder impacting reasoning, judgment, and memory), and malnutrition (lack of proper nutrition). Review of Resident R93's clinical record revealed a physician's order dated 2/21/25, to wear right ankle brace on right lower extremity when out of bed. Review of Resident R93's care plan failed to include the development of goals and interventions related to Resident R93's right ankle brace usage. Review of the clinical record indicated Resident R103 was admitted to the facility on [DATE]. Review of Resident R103's MDS dated [DATE], indicated diagnoses of high blood pressure, anxiety, and bipolar disorder (a mental condition marked by alternating periods of elation and depression). Review of a physician order dated 7/22/25, indicated bilateral (both sides) resting hand splints to be worn (remove for skin checks and hygiene and range of motion). Review of Resident R103's care plan failed to include the development of goals and interventions related to Resident R103's bilateral resting hand splint usage. During an interview on 9/4/25, at 11:22 a.m. Registered Nurse Assessment Coordinator (RNAC) Employee E6 stated, I think therapy enters care plans for splints. During this interview, RNAC Employee E6 confirmed that the facility failed to develop and implement a comprehensive resident-specific care plan for Resident R103's bilateral resting hand split usage. During an interview on 9/4/25, at 2:06 p.m. Rehabilitation Director Employee E9 stated, The therapy department does not develop care plans for braces or splints. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/4/25, at 2:14 p.m. RNAC Employee E6 confirmed that facility failed to develop and implement a comprehensive resident-specific care plan for Resident R93's ankle brace. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, staff interviews, and clinical record review, it was determined that the facility failed to provide appropriate respiratory care for one of four residents (Resident R50). Findings include: Review of facility policy Oxygen Administration dated 8/1/25, indicated licensed clinicians with demonstrated competence will administer oxygen via the specified route as ordered. Cleaning: Change tubing, mask, cannula weekly and document. Review of the clinical record indicated Resident R50 was admitted to the facility on [DATE]. Review of Resident R50's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/14/25, indicated diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), anxiety, and respiratory failure (a condition where the lungs are unable to adequately exchange oxygen and carbon dioxide, leading to insufficient oxygenation of the body's tissues). MDS Section O-Special treatments, procedures and program C1 is marked, indicating oxygen therapy. Review of a physician's active orders dated 8/8/25, indicated to administer ipratropium-albuterol solution (a medication used to treat tightening of airways) for shortness of breath/wheezing (an abnormal lung sound) four times a day. Review of a physician's active orders dated 8/9/25, indicated to administer two liters of oxygen via a nasal cannula (a thin flexible plastic tube with two prongs used to deliver oxygen into a person's nostrils) as needed. During an observation on 9/2/25, at 10:30 a.m. Resident R50 was lying in her bed receiving two liters per minute of oxygen via nasal cannula. The oxygen tubing was dated 8/19/25. During an observation on 9/2/25, at 10:35 a.m. a nebulizer machine (used to deliver medication) was sitting on Resident R50's bedside table. The nebulizer tubing was dated 8/19/25. During an interview on 9/2/25, at 11:52 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed the dates on the oxygen and nebulizer tubing and stated they should have been changed. During an interview on 9/2/25, at 2:45 p.m. the Director of Nursing confirmed that the facility failed to provide appropriate respiratory care for one of four residents (Resident R50). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, resident record review, and staff interviews, it was determined that the facility failed to provide a trauma survivor with trauma informed care to eliminate or mitigate triggers that may cause re-traumatization of the resident for one of two residents (Resident R15). Findings include: Review of the facility policy Social Services dated 8/1/25, indicated the facility provides social services to assure that each resident can attain or maintain his/her highest practical be physical, mental and psychosocial well-being. Social Services will assist in implementing interventions for the resident's needs by developing and maintaining care plans which are individualized, realistic, with measurable goals, including Trauma and PTSD. Review of the clinical record indicated Resident R15 was admitted to the facility on [DATE]. Review of Resident R15's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/3/25, indicated diagnoses of Post Traumatic Stress Disorder (PTSD- a disorder that develops when a person has experienced or witnessed a scary, shocking, terrifying, or dangerous event), depression, and high blood pressure. Review of Resident R15's care plan indicated that resident had PTSD but failed to identify what the triggers were and how to avoid them. During an interview on 9/4/25, at 1:02 p.m. Social Service Director Employee E7 stated that there is no documented ongoing assessment for PTSD for Resident R15 and failed to identify any triggers in the care plan. During an interview on 9/4/25, at 2:26 p.m. Director of Nursing confirmed that the facility failed to identify PTSD triggers for Resident R15 in order to eliminate or mitigate any triggers that may cause re-traumatization for the resident. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1) Management.

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to maintain accurate resident care plans and conduct ongoing accurate assessments to ensure that bedrails were used to meet residents' needs and the risks associated with bedrail usage for four of four residents (Residents R5, R6, R92, and R103).Findings include:Review of the clinical record indicated Resident R5 was admitted to the facility on [DATE].Review of Resident R5's Minimum Data Set (MDS - a periodic assessment of care needs) dated 6/15/25, indicated diagnoses of hyponatremia (low levels of sodium in the blood), cancer (a disease in which abnormal cells divide uncontrollably and destroy body tissue), and malnutrition (lack of sufficient nutrients in the body).During an observation on 9/2/25, at 10:35 a.m. two top enabler bars were present on Resident R5's bed.Review of Resident R5's clinical record on 9/3/25, failed to include an ongoing assessment for the resident's enabler bar usage, and failed to include the development of goals and interventions related to the resident's enable bar usage in the care plan. Review of the clinical record indicated Resident R6 was admitted to the facility on [DATE].Review of Resident R6's MDS dated [DATE], indicated diagnoses of high blood pressure, Friedreich ataxia (rare genetic condition that causes progress damage to the nervous system, affecting movement, balance, and coordination), and malnutrition (lack of sufficient nutrients in the body). During an observation on 9/2/25, at 10:30 a.m. two top enabler bars were present on Resident R6's bed.Review of a physician order dated 11/13/24, indicated mobility bars to aid in movement.Review of Resident R6's care plan on 9/3/25, failed to include the development of goals and interventions related to the resident's enabler bar usage.Review of the clinical record indicated Resident R92 was admitted to the facility on [DATE].Review of Resident R92's MDS dated [DATE], indicated diagnoses of high blood pressure, hyperkalemia (high levels of potassium in the blood), and need for assistance with personal care.During an observation on 9/2/25, at 11:05 a.m. two top enabler bars were present on Resident R92's bed.Review of Resident R92's clinical record on 9/3/25, failed to include an ongoing assessment for the resident's enabler bar usage, and failed to include the development of goals and interventions related to the resident's enable bar usage in the care plan.Review of the clinical record indicated Resident R103 was admitted to the facility on [DATE].Review of Resident R103's MDS dated [DATE], indicated diagnoses of high blood pressure, anxiety, and bipolar disorder (a mental condition marked by alternating periods of elation and depression).During an observation on 9/2/25, at 10:08 a.m. two top enabler bars were present on Resident R103's bed.Review of Resident R103's clinical record on 9/3/25, failed to include an ongoing assessment for the resident's enabler bar usage, and failed to include the development of goals and interventions related to the resident's enable bar usage in the care plan.During an interview on 9/4/25, at 10:51 a.m. the Director of Nursing confirmed that the facility failed to maintain accurate resident care plans and conduct ongoing accurate assessments to ensure that bedrails were used to meet residents' needs and the risks associated with bedrail usage for three of three residents as required. 28 Pa. Code: 201.14 (a) Responsibility of licensee.28 Pa. Code 211.10 (d) Resident care policies.28 Pa. Code: 211.12 (d)(1)(5) Nursing services.

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F 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to develop and implement individualized person-centered care plans to address dementia and cognitive loss displayed by one of four residents reviewed (Resident R7).Findings include:Review of facility policy Dementia Care Services dated 8/1/25, previously dated 7/1/24, indicated our nursing home residents who are diagnosed with Alzheimer's/other forms of dementia or who display such symptoms will receive the appropriate treatment and services to attain or maintain his/her highest practicable physical/mental/psychosocial wellbeing. Staff will be familiar with dementia care approaches and each resident's person-centered care plan. Review of the Resident Assessment Instrument 3.0 User's Manual, effective October 2024, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:13-15: cognitively intact8-12: moderately impaired0-7: severe impairmentReview of the clinical record indicated Resident R7 was admitted to the facility on [DATE].Review of Resident R7's Minimum Data Set (MDS - a periodic assessment of care needs) dated 6/30/25, indicated diagnoses of high blood pressure, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and arthritis (inflammation of one or more joints, causing pain and stiffness). Question C0500 BIMS Summary Score indicated the resident scored a 3, severe impairment.Review of Resident R7's care plan on 9/3/25, failed to indicate the facility had developed and implemented a person-centered care plan to address Resident R7's dementia and cognitive loss.During an interview on 9/4/25, at 11:34 a.m. Registered Nurse Assessment Coordinator (RNAC) Employee E6 stated, Social Services is responsible for developing dementia care plans.During an interview on 9/4/25, at 11:42 a.m. Social Worker Employee E7 stated, I wasn't aware that we're responsible for developing dementia care plans, I think that is the RNACs.During an interview on 9/4/25, at 11:42 a.m. Social Worker E7 confirmed that the facility failed to develop and implement individualized person-centered care plans to address dementia and cognitive loss displayed by one of four residents reviewed (Resident R7).28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.10(c)(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of facility policy, observations, and staff interviews, it was determined that the facility failed to properly store medical supplies in one of two medication rooms (East Wing Medication Room). Findings:Review of facility Storage and Expiration Dating of Medications, Biologicals, Syringes and Needles policy dated 8/1/25, indicated the policy sets for the procedures relating to the storage and expiration dates of medications, biologicals, syringes, and needles. The facility personnel should inspect nursing station storage areas for proper storage compliance on a regularly scheduled basis. During a medication storage room review on 9/3/25, at 1:27 p.m. the following were observed:- - Five 21-gauge needles with an expiration date of 4/30/25During an interview on 9/3/25, at 1:32 p.m. Licensed Practical Nurse (LPN) Employee E2 confirmed the above findings. During an interview on 9/3/25, at 2:45 p.m. the Director of Nursing confirmed that the facility failed to properly store medical supplies in one of two medication rooms (East Wing Medication Room).28 Pa Code: 211.9 (a)(1) Pharmacy services. 28 Pa code: 211.12 (d) (1) (5) Nursing services.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, observation, and staff interviews, it was determined that the facility failed to provide drinks in a form to meet individuals' needs in one of two residents (Resident R10).Findings include: Review of the facility policy Physician/Provider Orders dated 8/1/25, indicated that the charge nurse shall transcribe and review all physician or provider orders. Orders shall include diet, including nutritional supplements. Review of the clinical record revealed that Resident R10 was admitted to the facility on [DATE]. Review of Resident R10's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 7/22/25, indicated diagnoses of high blood pressure, diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Section K Swallowing Nutritional Status K0520 C indicated mechanical altered diet and was check marked -while a resident. Review of Resident R10's physician's orders on 9/2/25, indicated that resident was ordered thickened liquids, honey consistency. Review of Resident R10's care plan dated 8/26/25, indicated to provide diet as ordered. Requires thickened liquids. During an observation on 9/2/25, at 10:45 a.m. Resident R10 was observed laying in his bed with a white Styrofoam cup with clear thin liquids on his bedside table, within reach. During an interview on 9/2/25, at 11:11 a.m. Licensed Practical Nurse Employee E1 stated the clear liquid looked like thickener was added but staff failed to mix it and ensure it was the correct consistency. During an interview on 9/2/25, at 2:35 p.m. the Director of Nursing confirmed that the facility failed to provide drinks in a form to meet individuals' needs in one of two residents (Resident R10). 28 Pa. Code: 201.18(b)(3) Management 28 Pa Code: 211.10(c) Resident Care Policies

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, resident clinical records, and staff interview, it was determined the facility failed to ensure the coordination of hospice services with facility services to meet the needs of each resident for end-of-life care for two of four residents (Resident R16, and R22).Findings include: Review of facility policy Hospice Care Policy dated 8/1/25, and previously dated 7/1/24, indicated that hospice services and those providing them will meet professional standards and be provided timely. The facility will ensure that the resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial wellbeing. The facility will designate a team member with a clinical background to work with hospice representative(s) to coordinate the care provided to the community's residents by the hospice staff and the community staff. The coordinator will be responsible for the following: Obtaining the following information from the hospice: The most recent hospice plan of care specific to each patient. Hospice Election Form. Physician certification and recertification of the terminal illness specific to each patient. Review of the clinical record indicated Resident R16 was admitted to the facility on [DATE]. Review of Resident R16's MDS (MDS-Minimum Data Set assessment: periodic assessment of resident care needs) dated 8/27/25, indicated diagnoses of aphasia (language disorder that affects communication), anemia (too little iron in the body causing fatigue), and CVA (cerebrovascular accident - sudden interruption to blood flow of the brain, leading to brain cell death, and potential damage.) Section O-0110 Special treatments indicated that hospice services were provided while a resident. Review of Resident R16's plan of care indicated that resident was receiving hospice services from 5/28/24. Review of Resident R16's hospice records revealed that the last documentation that a hospice nurse was in the facility and provided services was on 10/16/24. The last documentation that hospice nurse aides were in the facility and provided services was on 10/22/24. During an interview on 9/4/25, at 9:59 a.m. Social Worker Employee E10 confirmed the above findings and that the facility failed to ensure the coordination of hospice services with facility services to meet the needs of each resident for end-of-life care for Resident R16. Review of clinical record indicated Resident R22 was admitted to the facility 7/9/2024. (continued on next page)

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R22's MDS dated [DATE], indicated diagnoses of congestive heart failure (syndrome caused by an impairment in the heart's ability to fill with and pump blood), palliative care, and atherosclerotic heart disease. Section O-0110 Special treatments indicated that hospice services were provided while a resident. Review of the clinical record revealed a physician's order to admit Resident R22 to hospice on 4/23/25. Review of clinical progress note dated 4/22/25, revealed confirmation that Resident R22 will be admitted for hospice service start date of 4/23/25. Review of Resident R22's hospice records failed to reveal documentation that a Physician Certification of the Terminal Illness was completed specific to this resident. During an interview of 9/5/25, at 10:00 a.m., Social Worker Employee E10 confirmed the above findings and that the facility failed to ensure the coordination of hospice services with facility services to meet the needs of each resident for end-of-life care for Resident R22. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.10(d) Resident care policies 28 Pa. Code: 211.12(d)(3)(5) Nursing services.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, review of clinical record, observations, and staff interviews, it was determined that the facility failed to maintain proper infection control practices related to the care of indwelling urinary catheters (tube inserted in the bladder to drain urine) for one of four residents (Resident R87), and failed to use Personal Protective Equipment (PPE) appropriately in Enhanced Barrier Precautions (EBP-a type of isolation), which created the potential for the cross-contamination and the spread of diseases and infections for one of three residents (R87). Findings include: Review of facility policy Indwelling Urinary Catheter dated 8/1/25, indicated that clinical staff may provide urinary catheter care. Such care will help to prevent catheter association urinary tract infections. Check drainage tubing and bag to ensure that the catheter is draining properly, and no kinks are present. The urinary drainage bag must be placed below the bladder level but not on the floor. Ensure drainage bag is covered with privacy/dignity bag. Review of facility policy Infection Prevention and Control Program dated 8/1/25, indicated the policy is to maintain an organized, effective facility - wide program designed to prevent, identify, control and reduce the risk of acquiring and transmitting infections. Review of the clinical record indicated Resident R87 was admitted to the facility on [DATE]. Review of Resident R87's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/20/25, indicated diagnoses of high blood pressure, heart failure (a progressive heart disease that affects pumping action of the heart muscles), and obstructive uropathy (a blockage in the urinary system that prevents urine from draining normally). During a tour of the facility on 9/2/25, at 10:03 a.m. included EBP signage on Resident R87's door with PPE stored in a bin prior to entering resident's room. Review of Resident R87's care plan revised on 8/26/25, indicated the resident has an indwelling urinary catheter related to obstructive uropathy and has the need for EBP related to potential for infectious disease as evidenced by indwelling foley catheter. Review of Resident R87's current physician orders indicated EBP for foley catheter. During an observation on 9/2/25, at 11:37 a.m. Resident R87's catheter draining bag was observed lying directly on the floor beside the bed without a privacy cover applied. During an observation on 9/2/25, at 11:45 a.m. Nursing Assistant (NA) Employee E11 emptied Resident R87's foley catheter and failed to wear PPE, as required. During an interview on 9/2/25, at 11:52 a.m. NA Employee E11 was asked, What does this EBP sign mean? NA replied, I should have worn PPE when I emptied the residents foley catheter. We are educated in EBP and should wear at least gloves and gowns when we do special procedures and confirmed that the foley drainage bag was on the floor and that he did not wear PPE while emptying Resident R87's foley. During an interview on 9/2/25, at 2:45 p.m. the Director of Nursing confirmed that the facility failed to maintain proper infection control practices related to the care of indwelling urinary catheters for one of four residents (Resident R87), and failed to use PPE appropriately in Enhanced Barrier Precautions, which created the potential for the cross-contamination and the spread of diseases and infections for one of three residents (Resident R87). 28 Pa. code: 201.14 (a) Responsibility of licensee. 28 Pa. Code: 201.18 (b) (1) (e) (1) Management. 28 Pa. Code: 211.10 (d) Resident care policies. 28 Pa. Code: 211.12 (d) (1) (2) (5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395603	A. Building B. Wing	09/05/2025

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F 0941 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members. Based on review of job description, facility documents and staff interviews, it was determined that the facility failed to provide Communication training to one of five direct care facility staff reviewed (Employee E4). Findings include: Review of the facility Nursing Assistant Job Description indicated the primary purpose of your job role is to provide a safe environment, give emotional and social support and attend to the resident's physical needs and comfort. Complete or attend all training and education as assigned and as otherwise required by applicable law, rule, or regulations. During an interview on 9/3/2025, at 10:15 a.m. Director of Nursing stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2024 revealed the following concerns: Review of Nurse Aide (NA) Employee E4's facility provided information did not include training on effective communication. During an interview on 9/3/25, at 1:15 p.m. the Director of Nursing confirmed that the facility failed to provide Communication training to one of five direct care facility staff reviewed (Employee E4). 28 Pa. Code: 201. 14(a) Responsibility of Licensee 28 Pa. Code: 201.20(a) Staff Development

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F 0942 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents. Based on review of job description, facility documents and staff interviews, it was determined that the facility failed to provide Resident Rights training to two of five direct care facility staff reviewed (Employee E4 and E5). Findings include: Review of the facility Nursing Assistant Job Description indicated the primary purpose of your job role is to provide a safe environment, give emotional and social support and attend to the resident's physical needs and comfort. Complete or attend all training and education as assigned and as otherwise required by applicable law, rule, or regulations. During an interview on 9/3/2025, at 10:15 a.m. Director of Nursing stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2024 revealed the following concerns: Review of Nurse Aide (NA) Employee E4's facility provided information did not include training on Resident Rights. Review of NA Employee E5's facility provided information did not include training on Resident Rights. During an interview on 9/3/25, at 1:15 p.m. the Director of Nursing confirmed that the facility failed to provide Resident Rights training to two of five direct care facility staff reviewed (Employee E4 and E5). 28 Pa. Code: 201.14(a) Responsibility of Licensee 28 Pa. Code: 201.20(a) Staff Development

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F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. Based on review of job description, facility documents and staff interviews, it was determined that the facility failed to provide Abuse, Neglect, and Exploitation training to one of five direct care facility staff reviewed (Employee E4). Findings include: Review of the facility Nursing Assistant Job Description indicated the primary purpose of your job role is to provide a safe environment, give emotional and social support and attend to the resident's physical needs and comfort. Complete or attend all training and education as assigned and as otherwise required by applicable law, rule, or regulations. During an interview on 9/3/2025, at 10:15 a.m. Director of Nursing stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2024 revealed the following concerns: Review of Nurse Aide (NA) Employee E4's facility provided information did not include training on Abuse. Neglect, and Exploitation. During an interview on 9/3/25, at 1:15 p.m. the Director of Nursing confirmed that the facility failed to provide Abuse. Neglect, and Exploitation training to one of five direct care facility staff reviewed (Employee E4). 28 Pa. Code: 201.14(a) Responsibility of Licensee 28 Pa. Code: 201. 20(a) Staff Development

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program. Based on review of job description, facility documents and staff interviews, it was determined that the facility failed to provide Quality Assurance and Performance Improvement (QAPI) training to two of five direct care facility staff reviewed (Employee E3 and E4). Findings include: Review of the facility Nursing Assistant Job Description indicated the primary purpose of your job role is to provide a safe environment, give emotional and social support and attend to the resident's physical needs and comfort. Complete or attend all training and education as assigned and as otherwise required by applicable law, rule, or regulations. During an interview on 9/3/2025, at 10:15 a.m. Director of Nursing stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2024 revealed the following concerns: Review of Nurse Aide (NA) Employee E3's facility provided information did not include training on QAPI. Review of Nurse Aide (NA) Employee E4's facility provided information did not include training on QAPI. During an interview on 9/3/25, at 1:15 p.m. the Director of Nursing confirmed that the facility failed to provide QAPI training to two of five direct care facility staff reviewed (Employee E3 and E4). 28 Pa. Code: 201.14(a) Responsibility of Licensee 28 Pa. Code: 201.20(a) Staff Development

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F 0945 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program. Based on review of job description, facility documents and staff interviews, it was determined that the facility failed to provide Infection Control training to one of five direct care facility staff reviewed (Employee E4). Findings include: Review of the facility Nursing Assistant Job Description indicated the primary purpose of your job role is to provide a safe environment, give emotional and social support and attend to the resident's physical needs and comfort. Complete or attend all training and education as assigned and as otherwise required by applicable law, rule, or regulations. During an interview on 9/3/2025, at 10:15 a.m. Director of Nursing stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2024 revealed the following concerns: Review of Nurse Aide (NA) Employee E4's facility provided information did not include training on Infection Control. During an interview on 9/3/25, at 1:15 p.m. the Director of Nursing confirmed that the facility failed to provide Infection Control training to one of five direct care facility staff reviewed (Employee E4). 28 Pa. Code: 201.14(a) Responsibility of Licensee 28 Pa. Code: 201.20(a) Staff Development

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F 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide training in compliance and ethics. Based on review of job description, facility documents and staff interviews, it was determined that the facility failed to provide Compliance and Ethics training to two of five direct care facility staff reviewed (Employee E4 and E5). Findings include: Review of the facility Nursing Assistant Job Description indicated the primary purpose of your job role is to provide a safe environment, give emotional and social support and attend to the resident's physical needs and comfort. Complete or attend all training and education as assigned and as otherwise required by applicable law, rule, or regulations. During an interview on 9/3/2025, at 10:15 a.m. Director of Nursing stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2024 revealed the following concerns: Review of Nurse Aide (NA) Employee E4's facility provided information did not include training on Compliance and Ethics. Review of NA Employee E5's facility provided information did not include training on Compliance and Ethics. During an interview on 9/3/25, at 1:15 p.m. the Director of Nursing confirmed that the facility failed to provide Compliance and Ethics training to two of five direct care facility staff reviewed (Employee E4 and E5). 28 Pa. Code: 201.14(a) Responsibility of Licensee 28 Pa. Code: 201.20(a) Staff Development

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on review of job description, facility documents and staff interviews, it was determined that the facility failed to conduct the minimum 12 hours of nurse aide (NA) training per year for one of five direct care facility staff reviewed (NA Employee E4). Findings include: Review of the facility Nursing Assistant Job Description indicated the primary purpose of your job role is to provide a safe environment, give emotional and social support and attend to the resident's physical needs and comfort. Complete or attend all training and education as assigned and as otherwise required by applicable law, rule, or regulations. During an interview on 9/3/2025, at 10:15 a.m. Director of Nursing stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2024 revealed the following concerns: Review of NA Employee E4's facility provided information included a total of 0.21 hours of annual training. Review of NA Employee E4's facility provided information did not include the minimum 12-hour NA training. During an interview on 9/3/25, at 1:15 p.m. the Director of Nursing confirmed that the facility failed to provide a minimum of 12-hour NA training to one of five direct care facility staff reviewed (Employee E4). 28 Pa. Code: 201.14(a) Responsibility of Licensee 28 Pa. Code: 201.20(a) Staff Development

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F 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide behavior health training consistent with the requirements and as determined by a facility assessment. Based on review of job description, facility documents and staff interviews, it was determined that the facility failed to provide Behavioral Health training to one of five direct care facility staff reviewed (Employee E4). Findings include: Review of the facility Nursing Assistant Job Description indicated the primary purpose of your job role is to provide a safe environment, give emotional and social support and attend to the resident's physical needs and comfort. Complete or attend all training and education as assigned and as otherwise required by applicable law, rule, or regulations. During an interview on 9/3/2025, at 10:15 a.m. Director of Nursing stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2024 revealed the following concerns: Review of Nurse Aide (NA) Employee E4's facility provided information did not include training on Behavioral Health. During an interview on 9/3/25, at 1:15 p.m. the Director of Nursing confirmed that the facility failed to provide Behavioral Health training to one of five direct care facility staff reviewed (Employee E4). 28 Pa. Code: 201.14(a) Responsibility of Licensee 28 Pa. Code: 201.20(a) Staff Development