

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395605                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>02/06/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>St Barnabas Nursing Home                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5827 Meridian Road<br>Gibsonia, PA 15044 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                 |
| F 0602<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Protect each resident from the wrongful use of the resident's belongings or money.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, facility documents, clinical records, incident investigations, and staff interviews, it was determined that the facility failed to ensure that residents are free from misappropriation of property for one of five residents (Resident R46). Findings include: Review of the facility policy Prohibition and Prevention of Resident Abuse, Neglect, Exploitations, Mistreatment, or Misappropriation of Resident Property dated 12/9/25, indicated residents are protected and to ensure the safety and security of residents who are involved in misappropriation of resident property. Review of the facility policy Narcotic Count Education dated 12/9/25, indicated if a discrepancy if found, recheck the numbers, check the resident's order sheers and chart to see if a narcotic has been administered and not recorded., Check previous recording on the control sheets for mistakes in arithmetic. If the causes of the discrepancy cannot be located and/or the found does no balance, report the matter to the Director of Nursing. Review of Licensed Practical Nurse (LPN), Employee E5's signed job description dated 7/18/24, indicated the LPN will carry out nursing care actions which promote, maintain, and restore the well-being of residents. Review of the clinical record revealed that Resident R46 was admitted to the facility on [DATE]. Review of Resident 46's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 10/26/25, indicated diagnoses of high blood pressure, paraplegia, and pain disorder with related psychological factors. Review of report submitted on 1/6/26, revealed Resident R46's 30-count card of 5 milligram (mg) oxycodone was missing an unaccounted for. The nurse on duty, during her medication pass, discovered and recognized the discrepancy based on her prior verification and signature acknowledging receipt of three 30-count cards of oxycodone at the time of pharmacy delivery on a previous night that she was on duty. The nurse subsequently checked the cards again and observed that only two of the three cards, were present in narcotic drawer on 1.6.26. Upon review the physical narcotic count on remaining cards was accurate and consistent with the medication present in card, however the absence of the third card could not be explained. Review of a written statement dated 1/8/26, revealed that Licensed Practical Nurse (RN), Employee E6 wasted another resident's medication on 1/2/26, and then counted at 7 a.m. and both narcotic boxes were the correct count in both medication carts. Review of a written statement dated 1/7/26, revealed RN, Employee E7 counted the narcotics with LPN, Employee E6 on 1/2/26. The narcotic count sheet was present in the narcotic book. On Monday, I noticed that Resident R46's number two of three oxycodone card was not in the narcotic drawer. I went to look at narcotic count sheet and it was missing. There was a blank narcotic sheet in the book with 23 written at the top. Review of a written statement dated 1/9/26, revealed that Registered Nurse (RN), Employee E4 was charge nurse on 1/4/26, from 7 a.m. to 7:30 p.m. The overnight nurse, Licensed Practical Nurse (LPN), Employee E5 was at the nursing station with her head on the desk. Asked her several times if she was ok. She woke up groggy and said Yes, I'm ok. There was only one narcotic sheet in the book that didn't have a date at the top of the page, just a number count for narcotics that matched number in chart. Asked nurse where the prior Narcotic Sheets were and was told she placed them in Assistant Director of Nursing's office. Mentioned to nurse that there should always be prior Narcotic Count Sheets in book readily to see what (continued on next page) |                                                                                       |                                                 |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0602<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>medications were added and subtracted. During an interview on 2/6/25, at 11:37 a.m. RN, Employee E7 stated I entered in Resident R46's three cards of oxycodone when it was delivered. Then at beginning of January, changeover month, I noticed when I was counting, the count appeared right, but Resident R46's number two of three oxycodone card was missing. I tried to look for signature pages, and the page prior was missing, and it was a blank sheet. I knew the sheet prior was there Friday since me and another nurse wasted a resident's medication. It was indicated the narcotic sheets should never be taken or destroyed. During a phone interview on 2/6/25, at 11:31 a.m. LPN, Employee E6 was not available. During a phone interview on 2/6/25, at 11:45 a.m. LPN, Employee E5 was not available. During an interview on 2/5/26, at 10:35 a.m. the Nursing Home Administrator stated LPN, Employee E5 refused to return to facility for witness statement or drug test and was terminated. During an interview on 2/5/26, at 12:04 p.m. the NHA and Director of nursing confirmed the facility failed to ensure that residents are free from misappropriation of medication for one of five residents (Resident R46). 28 Pa. Code: 201.29(a) Resident rights.</p> |                                                                                       |                                                 |

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| F 0610<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Respond appropriately to all alleged violations.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility documents, facility policy, clinical records, and staff interview, it was determined that the facility failed to conduct a thorough investigation of three allegations of abuse for one of five residents (Resident R46). Findings include: Review of the facility policy Prohibition and Prevention of Resident Abuse, Neglect, Exploitations, Mistreatment, or Misappropriation of Resident Property dated 12/9/25, indicated residents are protected and to ensure the safety and security of residents who are involved in misappropriation of resident property. Assure a timely, thorough, and objective investigation of all allegations of misappropriation of resident property is completed. Review of the facility policy Narcotic Count Education dated 12/9/25, indicated if a discrepancy if found, recheck the numbers, check the resident's order sheers and chart to see if a narcotic has been administered and not recorded., Check previous recording on the control sheets for mistakes in arithmetic. If the causes of the discrepancy cannot be located and/or the found does no balance, report the matter to the Director of Nursing. Review of the clinical record revealed that Resident R46 was admitted to the facility on [DATE]. Review of Resident 46's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 10/26/25, indicated diagnoses of high blood pressure, paraplegia, and pain disorder with related psychological factors. Review of report submitted on 1/6/26, revealed Resident R46's 30-count card of 5 milligram (mg) oxycodone was missing an unaccounted for. The nurse on duty, during her medication pass, discovered and recognized the discrepancy based on her prior verification and signature acknowledging receipt of three 30-count cards of oxycodone at the time of pharmacy delivery on a previous night that she was on duty. The nurse subsequently checked the cards again and observed that only two of the three cards, were present in narcotic drawer on 1.6.26. Upon review the physical narcotic count on remaining cards was accurate and consistent with the medication present in card, however the absence of the third card could not be explained. During a review of the facility's investigation, it was revealed Licensed Practical Nurse, Employee E8 signed out Resident R46's 5 milligram (mg) oxycodone a total of 11 times in December 2025 without documenting the medication was administered in the resident's Medication Administration Record (MAR). A further review of the facility's investigation failed to include a witness statement from LPN, Employee E8. During an interview on 2/5/26, at 12:04 p.m. the NHA and Director of nursing confirmed that the facility failed to conduct a thorough investigation and obtain all witness statements for one of five residents (Resident R46). 28 Pa Code: 201.18 (e)(1)(2) Management. 28 Pa Code: 201.29 (a)(c) Resident Rights. 28 Pa Code: 211.12 (a)(c)(d)(1)(3)(5) Nursing services. |                                                                                       |                                                 |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on a review of the 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) accurately reflected the resident's status for two of five residents (Resident R50 and R51).</p> <p>Findings include:</p> <p>Review of Resident R50's admission record indicated she was admitted on [DATE].</p> <p>Review of Resident R50's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 11/21/25, indicated that she had diagnoses included left humerus fracture, hypertension (a condition impacting blood circulation through the heart related to poor pressure), Alzheimer's dementia (a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning), anxiety disorder (a medical condition creating a sense of acute fear, restlessness, and worry) and hypothyroidism (a decrease in production of thyroid hormone).</p> <p>Review of Resident R50's MDS assessment completed 11/21/25, Section N0415-High risk drug classes Part A indicated an X meaning that Resident R50 was using an antipsychotic medication within the last seven days.</p> <p>Review of Resident R50's care plan dated 11/7/25, indicated she will remain free of depression symptoms, anxiety symptoms, and to administer medications as ordered. The care plan gave no mention of Resident R50 receiving antipsychotic medications.</p> <p>Review of Resident R50's medications and physician orders dated 11/7/25 to 2/4/26, did not include an anti-psychotic medication.</p> <p>Review of Resident R50 Medication Administration Record (MAR) for November 2025 did not include the use of anti-psychotic medication.</p> <p>During an interview on 2/4/26, at 10:56 a.m. Registered Nurse Assessment Coordinator (RNAC) Employee E1 confirmed that the facility failed to ensure Minimum Data Set assessment (MDS) accurately reflected the Resident R50's status as required.</p> <p>The Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set (MDS) assessments (periodic assessments of care needs), dated October 2025, indicated the following instructions:</p> <p>-Section J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent. Coding instructions code 0, no: if the resident has not had any fall since the last assessment. Code 1, yes: if the resident has fallen since the last assessment.</p> <p>Review of the clinical record indicated Resident R51 was admitted to the facility on [DATE].</p> <p>Review of Resident R51's MDS dated [DATE], indicated diagnoses of high blood pressure, anemia (continued on next page)</p> |                                                                                       |                                                 |

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| F 0641<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>(the blood doesn't have enough healthy red blood cells), and blindness in the left eye. Section J180 indicated a zero for no falls since Admission/Entry or Reentry or prior assessment.</p> <p>Review of Resident R51's progress note dated 12/12/25, at 3:38 p.m. indicated resident was receiving a shower this morning around 9:00 a.m. Resident was transferring from shower chair to wheelchair and was holding on to the grab bar when she stated her grip was weak and then her knees gave out. The aids lowered her to the ground in a sitting position while the other aid went to get help. Resident was transferred to wheelchair. VSS. No injuries or pain noted. After NA's had another staff member help assist stand resident and transfer into wheelchair.</p> <p>Review of facility provided documentation dated 12/12/25, indicated nurse was informed that after Nurse Aide (NA) gave resident a shower two aides were transferring the resident from shower chair to wheelchair, resident's knees buckled and the NA's had to lower the resident to the floor.</p> <p>Interview on 2/5/26, at 1:49 p.m. Registered Nurse Assessment Coordinator (RNAC) Employee E1 confirmed Resident R51 had a falling episode on 12/12/25, and that the MDS dated [DATE] was inaccurately coded as no fall occurring since last assessment.</p> <p>Interview on 2/5/26, at 2:00 p.m. the Director of Nursing confirmed the facility failed to ensure Minimum Data Set (MDS - a periodic assessment of care needs) accurately reflected the resident's status for two of five residents (Resident R50 and R51).</p> <p>28 Pa. Code 211.12(c)(d)(5) Nursing services.</p> |                                                                                       |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395605                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>02/06/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>St Barnabas Nursing Home                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5827 Meridian Road<br>Gibsonia, PA 15044 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                 |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility provided documents, clinical record review, and staff interviews, it was determined that the facility failed to develop a comprehensive care plan for pressure ulcers for two of five residents (Resident R35 and R79). Findings include: Review of the clinical record indicated Resident R35 was originally admitted to the facility on [DATE], then readmitted [DATE]. Review of Resident R35's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/29/26, indicated diagnoses of fracture of left femur (thigh bone), secondary parkinsonism (refers to movement disorders that mimic Parkinson's disease but arise from different underlying causes, such as medications, brain injuries, or other health conditions), and chronic kidney disease. Review of Section M: Skin Conditions indicated the presence of a Stage II (partial thickness skin loss) pressure ulcer. Review of facility provided document Pressure Sore List, dated 1/27/26, indicated that Resident R35 has a Stage II pressure ulcer on their left heel. Review of Resident R35's clinical record revealed a physician's order dated 2/3/26, to cleanse left heel with warm soap and water, pat dry, apply xeroform [sterile, non-adherent occlusive dressing] (cut to fit, cover with ABD (gauze pad) and wrap with kling as needed for displacement/soilage. Review of Resident R35's clinical record revealed a physician's order dated 2/3/26, to cleanse left heel with warm soap and water, pat dry, apply xeroform [sterile, non-adherent occlusive dressing] (cut to fit), cover with ABD (gauze pad) and wrap with kling every evening shift every Tuesday, Thursday, and Saturday for skin alteration. Review of Resident R35's clinical record revealed a Skin/Wound progress note date 2/3/26, indicating left heel is a Stage II pressure ulcer; status not healed. The wound is improving. Review of Resident R35's care plan initiated 1/18/26, revealed a plan of care developed for the risk that Resident R35 may develop skin breakdown, but with no plan of care developed with goals and interventions related to Resident R35 having an actual pressure ulcer. Review of the clinical record indicated Resident R79 was admitted to the facility on [DATE]. Review of Resident R79's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/30/26, indicated diagnoses of enterocolitis due to clostridium difficile (inflammation of the digestive tract), diabetes mellitus (chronic condition that occurs when the body cannot properly use blood sugar (glucose), leading to high blood sugar levels) and high blood pressure. Review of Section M: Skin Conditions indicated the presence of a Stage I (intact skin with non-blanchable redness) pressure injury and a Stage II (partial thickness skin loss) pressure ulcer. Review of facility provided document Pressure Sore List, dated 1/27/26, indicated that Resident R79 has a Stage I pressure ulcer on their left heel and an Unstageable (wound bed covered by slough and/or eschar) pressure ulcer on their sacrum. Review of Resident R79's clinical record revealed a physician's order dated 1/23/26, to apply triad (topical treatment for managing wounds) to coccyx open area and cover with allevyn (hydrocellular foam dressing) daily after cleansing with NSS (sterile water) and patting dry every night shift for open area. Review of Resident R79's clinical record revealed a Skin/Wound progress note date 2/3/26, indicated left heel is a Stage I pressure ulcer acquired 1/27/26; the wound is resolved. Review of Resident R79's clinical record revealed a Skin/Wound progress note date 2/3/26, indicated sacral is a deep tissue pressure injury acquired 1/27/26; the wound is resolved. Review of Resident R79's care plan initiated 1/23/26, revealed a plan of care developed for the risk that Resident R79 may develop skin breakdown, but with no plan of care developed with goals and interventions related to Resident R35 having an actual pressure ulcer. During to interview on 2/4/26, at 1:18 p.m., Registered Nurse Assessment Coordinator (RNAC) Employee E1 confirmed that the facility failed to develop a comprehensive care plan for pressure ulcers for two of five residents (Resident R35 and R79). 28 Pa. Code 211.10(c)(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p> |                                                                                       |                                                 |

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| F 0685<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Assist a resident in gaining access to vision and hearing services.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and resident and staff interviews, it was determined that the facility failed to make certain that residents receive proper treatment and assistive devices to maintain hearing ability for one of two residents (Resident R30). Findings include: Interview on 2/4/26, at 2:30 p.m. the Nursing Home Administrator indicated the facility did not have a policy for treatment and assistive devices to maintain hearing ability. Review of the clinical record indicated Resident R30 was admitted to the facility on [DATE]. Review of Resident R30's Minimum Data Set (MDS - a periodic assessment of care needs) dated 12/14/25, indicated the diagnoses of heart failure (heart doesn't pump blood as well as it should), high blood pressure, and anxiety. Section B0200 indicated ability to hear as highly impaired. Review of Resident R30's physician orders failed to include use and management of an amplifier. Review of Resident R30's care plan indicated the resident has a potential for communication problem related to hearing deficit. Interventions included speaking on an adult level, speaking clearly and slower than normal. Amplifier use and management failed to be addressed in the care plan. Observation on 2/2/26, at 9:30 a.m. Resident R30 was noted to be awake and lying in the bed. Interview on 2/2/26, at 9:30 a.m. Resident R30 motioned with hands to the bedside dresser's top drawer and said, Get my headphones out of the drawer for me. Observation and interview of Resident R30 placing the headphones on the head over the ears and turning on the box wired to the headphones. Stated, I can hear you now. Interview on 2/4/26, at 10:51 a.m. Nurse Aide (NA) Employee E2 indicated I just speak loudly and slowly with Resident R30 when asked how staff communicate with resident. Interview on 2/4/26, at 2:00 p.m. the Nursing Home Administrator confirmed the facility failed to make certain that residents receive proper treatment and assistive devices to maintain hearing ability for one of two residents (Resident R30). 28 Pa. Code: 211.10(a)(c)(d) Resident care policies.28 Pa. Code: 211.12(d)(3)(5) Nursing services. |                                                                                       |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policies, documents, clinical records, and staff and resident interviews it was determined that the facility failed to ensure residents were transported safely in wheelchairs for one of three residents (Residents R49) and failed to ensure residents were assessed by a Registered Nurse (RN) prior to moving the resident after a fall for one of three residents (Resident R51). Findings include:</p> <p>Review of the clinical record revealed that Resident R49 was admitted to the facility on [DATE].</p> <p>Review of Resident 49's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 1/4/26, indicated diagnoses of non-Alzheimer's dementia (the significant loss of memory and cognitive abilities, impacting personal, social, or occupational functions), seizure disorder (characterized by abnormal electrical activity in the brain, leading to changes in awareness and muscle control.), and multiple sclerosis (a chronic autoimmune disorder that affects the central nervous system, specifically the brain and spinal cord).</p> <p>During an observation on 2/5/26, at 10:22 a.m. Resident R49 was observed being pushed down the hallway in a wheelchair without leg rests by Recreation Director, Employee E10.</p> <p>During an interview on 2/5/26, at 10:24 a.m. Recreation Direction, Employee E10 confirmed she was pushing resident R49 in a wheelchair without leg rests.</p> <p>During an interview on 2/5/26, at 12:04 p.m. the Nursing Home Administrator and Director of Nursing confirmed the facility failed to provide a safe environment for one of four residents (Resident R49).</p> <p>Review of the facility policy Events dated 12/9/25, indicated all injuries or events will be assessed by trained staff.</p> <p>Review of the clinical record indicated Resident R51 was admitted to the facility on [DATE].</p> <p>Review of Resident R51's MDS dated [DATE], indicated diagnoses of high blood pressure, anemia (the blood doesn't have enough healthy red blood cells), and blindness in the left eye.</p> <p>Review of Resident R51's progress note dated 12/12/25, at 3:38 p.m. indicated resident was receiving a shower this morning around 9:00 a.m. Resident was transferring from shower chair to wheelchair and was holding on to the grab bar when she stated her grip was weak and then her knees gave out. The aids lowered her to the ground in a sitting position while the other aid went to get help. Resident was transferred to wheelchair. No injuries or pain noted. After NA's had another staff member to help assist stand resident and transfer into wheelchair.</p> <p>Review of Licensed Practical Nurse (LPN) Employee E3's witness statement indicated they were informed by NA that after the shower the resident stood up holding the bar and the knees gave out. NA lowered resident to the ground sitting on the coccyx. The NA went and got help from another NA to stand the resident to put resident in the chair.</p> <p>Interview with the Director of Nursing on 2/5/26, at 2:00 p.m. indicated the facility could not provide (continued on next page)</p> |                                                                                       |                                                 |



Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>documented evidence that Resident R51 was assessed by a Registered Nurse prior to the NA's moving the residents' position after a fall.</p> <p>Interview on 2/5/26, at 2:00 p.m. the Director of Nursing confirmed that the facility failed to ensure residents were transported safely in wheelchairs for one of three residents (Residents R49) and failed to ensure residents were assessed by a Registered Nurse (RN) prior to moving the resident after a fall for one of three residents (Resident R51).</p> <p>28 Pa. Code 211.10(d) Resident care policies.28 Pa. Code 211.12(d)(5) Nursing Services.</p> |                                                                                       |                                                 |

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| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to store medications properly in one of three medication room (First Floor Medication Room). Findings include: Review of the facility policy Medication Storage in the Facility dated [DATE], indicated outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled or without secured closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy, if a current order exists. During an observation on [DATE], at 1:33 p.m. the First floor Medication Room had following expired supplies:-(3) 500 milliliter (ml) 0.9% Normal Saline Solution expired [DATE]-(16) IV Start Kit expired [DATE] During an interview on [DATE], at 1:41 p.m. Registered Nurse, Employee E11 confirmed that the supplies were expired. Interview on [DATE], at 1:49 p.m., the Nursing Home Administrator confirmed that the facility failed to properly store supplies in one of two medication rooms (First Floor Medication Room). 28 Pa. Code: 211.10(c) Resident care policies. 28 Pa. Code: 211.12(d)(2)(3) Nursing services.</p> |                                                                                       |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>St Barnabas Nursing Home                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5827 Meridian Road<br>Gibsonia, PA 15044 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                                                 |
| F 0842<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, resident records and staff interview, it was determined that the facility failed to make certain that medical records on each resident were complete and accurately documented for one of five residents (Resident R46). Findings include: Review of the facility Medication Administration policy dated 12/9/25, revealed medications shall be administered by the same licensed nurse who prepared the dose for administration and will give as soon as possible after being prepared. Refer to electronic record for Medication Administration. Nurse is responsible for noting any changes on Medication Administration Record. If a resident refuses medication, indicated on Medication Administration Record. Once removed from the package or container, unused doses should be discarded. Review of the clinical record revealed that Resident R46 was admitted to the facility on [DATE]. Review of Resident 46's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 10/26/25, indicated diagnoses of high blood pressure, paraplegia, and pain disorder with related psychological factors. Review of Resident R46's clinical record revealed physician order dated 7/21/25, to administer 5 milligram, (mg) oxycodone every six hours as needed for pain disorder with related psychological factors, one tablet by mouth every six hours for moderate to severe pain 5-10. A review of Resident R46's Controlled Drug Record revealed LPN, Employee E8 signed out the resident's 5 mg oxycodone on the following days:-12/4/25, at 9:00 a.m. -12/5/25, at 10:00 a.m.-12/10/25, at 9:50 a.m.-12/13/25, at 9:00 a.m.-12/19/25, at 9:00 a.m.-12/20/25, at 10:15 a.m.-12/24/25, at 8:15 p.m.-12/26/25, at 8:00 p.m.-12/27/25, at 9:00 a.m.-12/28/25, at 9:00 a.m.-12/29/25, at 8:00 a.m. A review of Resident R46's December 2025 Medication Administration Record failed to reveal evidence Resident R46's 5 mg oxycodone was administered for the following days:-12/4/25, at 9:00 a.m. -12/5/25, at 10:00 a.m.-12/10/25, at 9:50 a.m.-12/13/25, at 9:00 a.m.-12/19/25, at 9:00 a.m.-12/20/25, at 10:15 a.m.-12/24/25, at 8:15 p.m.-12/26/25, at 8:00 p.m.-12/27/25, at 9:00 a.m.-12/28/25, at 9:00 a.m.-12/29/25, at 8:00 a.m. During an interview on 2/5/26, at 10:56 a.m. Registered Nurse Staff Development, Employee E9 stated That's nursing 101, you don't sign off until you give it. During an interview on 2/5/26, at 11:08 a.m. the Director of Nursing confirmed the facility failed to make certain that medical records on each resident were complete and accurately documented for one of five residents (Resident R46). 28 Pa. Code: 211.5(f) Clinical records.</p> |                                                                                       |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395605                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>02/06/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>St Barnabas Nursing Home                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5827 Meridian Road<br>Gibsonia, PA 15044 |                                                 |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy, clinical record review, observation, and staff interviews, it was determined that the facility failed to prevent cross contamination during a dressing change (Resident R6) and failed to implement Enhanced Barrier Precautions for two of three residents (R6 and R35). Findings include: A review of facility policy Infection Prevention and Control Programs dated 12/9/24, indicated the facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Review of facility policy Enhanced Barrier Precautions dated 12/9/25, indicated the facility will adhere to CDC guideline recommendations for the use of Enhanced Barrier Precautions (EBP) when providing care to residents identified as at risk for multi-drug-resistant organisms (MDRO) or to those residents identified as having a MDRO infection. Appropriate PPE will be obtained for EBP. Care Plan will be updated to include EBP. Review of the clinical record revealed that Resident R6 was admitted to the facility on [DATE]. Review of Resident R6's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 11/23/25, indicated diagnoses of adult failure to thrive, dehydration, and non-Alzheimer's dementia (the significant loss of memory and cognitive abilities, impacting personal, social, or occupational functions). Section M: Skin Conditions revealed the resident had one unstageable pressure ulcer. Review of Resident R6's progress note dated 2/3/25, revealed the resident had a left heel unstageable pressure injury. During an observation on 2/4/26, at 11:25 a.m. no Enhanced Barrier Precaution signage was posted at the entrance of Resident R6's door. A review of Resident R6's physician orders on 2/4/26, failed to include an order or care plan for EBP. During an observation of Resident R6's dressings change on 2/4/26, at 11:27 a.m. the following was observed: Registered Nurse (RN), Employee E12 failed to clean and disinfect the bedside table. RN, Employee E12 placed all items including gloves and the dressing on the bedside table. RN, Employee E12 failed to apply a barrier to the table and prevent cross contamination. During an interview on 2/4/26, at 11:35 a.m. RN, Employee E12 confirmed the bedside table was not cleaned or disinfected and a barrier was not applied. RN, Employee E12 confirmed the facility failed to maintain proper infection control practices and prevent cross contamination. RN, Employee E12 confirmed Resident R6 was not ordered EBP. Review of the clinical record revealed Resident R35 was readmitted to the facility on [DATE], and readmitted on [DATE], with diagnoses of orthopedic aftercare, chronic kidney disease, and constipation. During an observation on 2/2/26, at 12:43 p.m. no Enhanced Barrier Precaution signage was posted at the entrance of Resident R6's door. Review of Resident R35's progress note dated 2/3/25, revealed the resident had a stage two left heel pressure injury. Review of Resident R35's physician orders on 2/3/25, failed to include an order or care plan for EBP. During an interview on 2/4/26, at 2:02 p.m. Infection Preventionist, Employee E13 confirmed the facility failed to implement EBP for Resident R6 and Resident R35's pressure ulcers. During an interview on 2/4/26, at 2:05 p.m. the Director of Nursing confirmed that the facility failed to prevent cross contamination during a dressing change (Resident R6) and failed to implement Enhanced Barrier Precautions for two of three residents (R6 and R35). 28 Pa. Code: 211.10(d) Resident Care Policies. 28 Pa. Code: 211.12(d)(1)(5) Nursing Services.</p> |                                                                                       |                                                 |