

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395629	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER MT Macrina Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 520 West Main Street Uniontown, PA 15401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, observation, and staff interview, it was determined that the facility failed to ensure an environment free from the potential spread of infection for seven of seven residents (Resident R1, R2, R3, R4, R5, R6, and R7) and two of three employees (Employee E1 and E2). Findings include: Review of the Pennsylvania Department of Health Respiratory Virus Outbreak Toolkit dated 11/24/25, indicated:-Respiratory Virus Outbreaks: All respiratory virus outbreaks are reportable to PA DOH [NAME] (Pennsylvania Department of Health Bureau of Epidemiology) within 24 hours. -LTCF (long-term care facility) Outbreak Definitions: (1) confirmed case of respiratory virus and (1) acute respiratory illness symptomatic resident -or- (2) confirmed cases of respiratory virus. -Outbreak Checklist: Implement daily active surveillance for respiratory illness among residents and healthcare personnel (HCP) using the case line list. Include anyone with symptoms AND/OR positive tests. -Staffing: Restrict from work until at least 3 days have passed since symptom onset (or since first positive test if asymptomatic) and at least 24 hours have passed with no fever (without the use of fever reducing medicines), symptoms are improving, and HCP feel well enough to return to work. The first possible day for HCP to return to work is day 4. Day 0 is the first day that symptoms develop. If no symptoms are experienced, the first day of positive test should be used as day 0. Review of the facility policy, Infection Control - Nursing updated 12/20/25, indicated, Any HCP (healthcare personnel) who develops a fever or symptoms consistent with COVID-19 should immediately direct supervisor, and be restricted from work until at least 3 days has passed from onset of symptoms or positive COVID-19 test and 24 hours without fever. HCP is to wear a mask a minimum of 7 days after onset. If symptoms continue including fever, HCP should continue to be restricted from work until afebrile (as per PA DOH Respiratory Virus Outbreak Toolkit 11/2025). Review of a facility provided list indicated:-Resident R1 tested positive for Covid-19 on 12/29/25.-Resident R2 tested positive for Covid-19 on 01/02/26.-Resident R3 tested positive for Covid-19 on 01/03/26.-Resident R4 tested positive for Covid-19 on 01/03/26.-Resident R5 tested positive for Covid-19 on 01/04/26.-Resident R6 tested positive for Covid-19 on 01/07/26.-Resident R7 tested positive for Covid-19 on 01/10/26. Review of information submitted to the Pennsylvania Department of Health failed to include reporting of the facility outbreak of Covid-19 on 1/3/26 (two confirmed residents within 72 hours). Review of a facility provided list indicated: Registered Nurse (RN) Employee E1 tested positive for Covid-19 on 1/3/26 (Day 0). Review of facility provided staffing documents revealed RN Employee E1 returned to work on 1/5/26 (Day 2). RN Employee E1's return to work date per PA DOH guideline was 1/7/26. RN Employee E2 tested positive for Covid-19 on 1/12/26 (Day 0). Review of facility provided staffing documents revealed RN Employee E2 returned to work on 1/15/26 (Day 3). RN Employee E2's return to work date per PA DOH guideline was 1/16/26. During an interview on 01/29/26, at approximately 10:00 a.m. the Director of Nursing confirmed the facility did not maintain a line list to with information regarding positive test dates, symptoms, and length of precautions, confirmed</p> <p>(continued on next page)</p>

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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>that the facility did not report the Covid-19 outbreak beginning on 1/2/26, and confirmed RN Employees E1 and E2 returned to work prior to the return to work date specified by PA DOH guideline. During an interview on 1/29/26, at approximately 10:15 a.m. the Director of Nursing confirmed the facility failed to ensure an environment free from the potential spread of infection for seven of seven residents (Resident R1, R2, R3, R4, R5, R6, and R7) and two of three employees. 28 Pa. code: 201.14(a) Responsibility of Licensee.28 Pa. Code: 201.18 (b)(1)(e)(1) Management.28 Pa. Code: 211.10(a)(d) Resident Care Policies.28 Pa. Code: 211.12 (d)(1)(2)(5) Nursing Services.</p>		