

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

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Form Approved OMB
No. 0938-0391

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 07/30/2026
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)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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, clinical records, observations, and staff interviews, it was determined that the facility failed to provide appropriate respiratory care and maintain oxygen equipment for five of eight sampled residents (Residents R17, R20, R38, R58, and R90). Findings include: Review of the facility policy Oxygen Equipment reviewed on 1/3/26, with a prior review date of 1/4/25. The policy indicates, Tubing/cannula is to be replaced weekly, C shift every Sunday . Date and initial all tubing, humidifiers and water when changed. Review of Resident R17's admission record indicated an original admission date of 9/16/22. Review of Resident R17's Minimum Data Set (MDS- a periodic assessment of care needs) dated 7/17/26, indicated the diagnoses of respiratory failure (lungs cannot provide enough oxygen or remove enough carbon dioxide), hyperlipidemia (high levels of fats in the blood), and hypertension (high blood pressure). Review of Resident R17's current physician orders dated 1/17/25, indicated continuous oxygen every shift, at 2 lpm via titrate to keep SPO2 > or = to 92%. Also to change oxygen tubing-change humidifier, tubing, and wash filter weekly on C shift every Sunday with date and initials (every night shift every Saturday). Review of Resident R20's admission record indicated an original admission date of 8/12/25. Review of Resident R20's MDS dated [DATE], indicated the diagnoses of coronary artery disease (CAD arteries become narrowed or blocked by buildup of plaque reducing blood flow to the heart), non-Alzheimer's dementia (dementia caused by vascular, Lewy body or frontotemporal dementia), and hypertension (high blood pressure). Review of Resident R20's current physician orders dated 8/13/25, indicated continuous oxygen every shift, at 2 lpm via titrate to keep SPO2 > or = to 92%. Also to change oxygen tubing-change humidifier, tubing, and wash filter weekly on C shift every Sunday with date and initials (every night shift every Saturday). Review of the clinical record indicated Resident R38 was admitted on [DATE]. Review of Resident R38's MDS dated [DATE], indicated diagnoses which included high blood pressure, Parkinson's (slow brain disorder that causes shaking, stiff muscles, and slow movement), and cirrhosis (severe, permanent scarring of the liver where hard scar tissue replaces healthy tissue, thus causing the liver to stop working). Review of Resident R38's physician's order dated 5/20/26, indicated continuous oxygen every shift, at 2 lpm via titrate to keep SPO2 > or = to 92%. Also to change oxygen tubing-change humidifier, tubing, and wash filter weekly on C shift every Sunday with date and initials (every night shift every Saturday). Review of the clinical record indicated Resident R58 was admitted on [DATE]. Review of Resident R58's MDS dated [DATE], indicated diagnoses which included high blood pressure, chronic diastolic heart failure (occurs when the heart muscle becomes stiff and cannot relax normally between beats), arthritis (conditions that cause joint pain, swelling, and stiffness). Review of Resident R58's physician's order dated 8/25/25, indicated continuous oxygen every shift, at 1 lpm via titrate to keep SPO2 > or = to 92%. Also to change oxygen tubing-change humidifier, tubing, and wash filter weekly on C shift every Sunday with date and initials (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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 395629	If continuation sheet Page 1 of 6

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(every night shift every Saturday). Review of the clinical record indicated Resident R90 was admitted on [DATE]. Review of Resident R90's MDS dated [DATE], indicated diagnoses which included high blood pressure, non-Alzheimer's dementia (umbrella term for a decline in mental ability can include vascular dementia, Lewy body dementia, and frontotemporal dementia) depression (serious mood disorder characterized by persistent sadness, loss of interest in activities, and low energy), chronic lung diseases (a long term condition that harms the respiratory system, develops slowly over time, making it hard to breathe). Review of Resident R90's physician's order dated 4/27/25, indicated oxygen prn (when necessary)-apply oxygen cannula at 2 lpm as needed t keep oxygen saturation at or above 92%, may titrate as needed. Nebulizer mask/tubing change every night shift every Saturday and date with initials on C shift every Sunday. Interview and observations on 7/27/26, at approximately 10:30 a.m. and 2:30 p.m., Registered Nurse (RN) Employee E1, confirmed Resident's R17, R20, 38, R58, and R90 were observed, with oxygen tubing connected to their oxygen concentrator/cylinder, the tubing had not been labeled and dated. During an interview on 7/28/26, at 10:30 a.m., the Director of Nursing confirmed that the facility failed to provide appropriate respiratory care and maintain oxygen equipment. 28 Pa. Code 211.10(c)(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 review of clinical records, facility policy, and staff interview, it was determined that the facility failed to ensure that resident's medication regime was free from unnecessary psychotropic (substances that act on the brain to alter cognition, perception, and mood) medication for one of eight residents (Resident R90). Findings include: Review of the facility policy Unnecessary Drug Policy dated 1/3/26, with a previous review date of 1/4/25, indicated it is the facility's responsibility that each resident's entire drug/medication regimen is managed and monitored to promote or maintain the resident's highest practicable and psychosocial well-being free from unnecessary drugs. Review of the clinical record indicated Resident R90 was admitted on [DATE]. Review of Resident R90's Minimum Data Set (MDS- a periodic review of resident care needs) dated 6/4/26, indicated diagnoses which included high blood pressure, non-Alzheimer's dementia (an umbrella term for a decline in mental ability, different types include vascular dementia, Lewy body dementia, and frontotemporal dementia), chronic lung disease (long-term condition that harms the respiratory system, develops slowly over time making it hard to breathe), depression (serious mood disorder characterized by persistent sadness, loss of interest in activities, and low energy). Review of Resident R90's physician order dated 2/6/25, indicated to administer risperidone (an atypical antipsychotic medication used to treat schizophrenia, bipolar disorder, and irritability associated with autism, it works by changing the activity of dopamine and serotonin in the brain), 0.25mg tablet x1 at bedtime. Order states unspecified dementia, unspecified severity without behavioral disturbance, psychological disturbance, mood disturbance, and anxiety. Review of Resident R90's clinical record failed to reveal that the attending physician or prescribing practitioner evaluated the resident for the appropriateness of that medication. During an interview on 7/30/26, at approximately 10:30 a.m. the Assistant Director of Nursing confirmed that the facility failed to ensure that the residents medication regime was free from unnecessary psychotropic medication for one of eight residents. 28 Pa. Code 211.2(d)(3) Medical Director 28 Pa. Code 211.10(a) Resident care policies.		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, review of facility policy, and staff interview, it was determined the facility failed to ensure that a psychotropic (medications that affect mood, behavior, or mental processes) medication was used in accordance with regulatory requirements by failing to implement and document non-pharmacological interventions, failing to document any behaviors, and failing to ensure appropriate duration and rationale for a psychotropic medication order for one of eight residents reviewed (Resident R90). Findings include: A review of the policy entitled, Behavioral Assessment, Intervention, and Monitoring last reviewed 1/3/26, previously reviewed 1/4/25, indicated the facility ensures that it provides, and each resident receives the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. It is understood that behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. Behaviors are defined as a response of an individual to a wide variety of factors. Behaviors or psychological symptoms of dementia describes behavioral symptoms in individuals with dementia that cannot be attributed to a specific medical or psychiatric cause. Federal requirements for the use of psychotropic medications expect that these medications are used only when necessary to treat a specific, documented condition. These requirements further expect that individualized non-pharmacological interventions (approaches that do not involve medications, such as environmental adjustments, redirection, or comfort measures) are implemented and evaluated for effectiveness prior to the administration of a psychotropic medications, unless clinically contraindicated (not appropriate due to a medical reason). Review of the clinical record indicated Resident R90 was admitted on [DATE]. Review of Resident R90's MDS (Minimum Data Set- a periodic review of resident care needs) dated 6/4/26, indicated diagnoses which included high blood pressure, non-Alzheimer's dementia (an umbrella term for a decline in mental ability, different types include vascular dementia, Lewy body dementia, and frontotemporal dementia) chronic lung disease (a group of progressive lung conditions that block airflow and make it hard to breathe), and depression (a serious mood disorder characterized by persistent sadness, loss of interest in activities, and low energy). Review of Resident R90's physician order dated 2/6/25, indicated to administer risperidone (an atypical antipsychotic used to treat schizophrenia, bipolar disorder, and irritability associated with autism, it works by changing the activity of dopamine and serotonin in the brain), 0.25 mg tablet every night at bedtime. Unspecified dementia, unspecified severity without behavioral disturbance, psychological disturbance, mood disturbance, or anxiety. Review of Resident R90's clinical record failed to reveal that the attending physician or prescribing practitioner evaluated the resident for the appropriateness of that medication. Documentation revealed that Resident R90 was assessed and no symptoms reported or evidenced. A review of clinical record from 6/30/26 revealed No GDR recommended at this time, GDR Rationale: Target symptoms are controlled at the current therapeutic dose. Diagnoses noted as Major neurocognitive disorder, Mild major depressive disorder. Review of Resident R90's clinical record for task list report for a task initiated on 4/22/22, Monitor-Behavior symptoms every day at 19:00, Everyday every Shift 12hr CNA (certified nursing assistant) day. Behavior Symptoms PRNPRN Task Schedule: PRN: Day (OLD), Night (OLD), Evening (OLD), CNA Days(old), CNA Evening old, CNA Nights old, 12hDay RN, 12h Night RN, 8h RN, Day, Evening, Night, Activities 8-4, Activities 11-8, Activities 4-8. Task list reviewed on 7/29/26, for the month of July revealed they have not been completed. An (continued on next page)		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview was conducted with the Assistant Director of Nursing, on 7/30/26 at approximately 10:30 a.m., to review the above findings related to the administration of a psychotropic medication without documented non-pharmacological interventions, behaviors associated for the use of this medication, and the continuation of this medication. 28 Pa. Code 211.2(d)(3)(5) Medical Director. 28 Pa. Code 211.10 (c) Resident care policies. 28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services.		

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interviews, it was determined that the facility failed to ensure that current and accurate nurse staffing information was posted in the facility in a prominent place readily accessible to residents, staff, and visitors on four of four nursing units. Findings include: Observation and interview with the Director of Nursing (DON) conducted on 5/20/26, at approximately 10:30 a.m., revealed that nurse staffing information was only posted on the nursing unit named [NAME] Street. The posting was located inside the nursing station and was not visible to any residents or visitors. During an interview with the DON on 7/28/26, at approximately 11:00 a.m., the DON confirmed the facility failed to ensure that current and accurate nurse staffing information was posted in the facility in a prominent place readily accessible to residents, staff, and visitors. 201.18(b)(3) Management.		