STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395661	A. Building B. Wing	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casselman Healthcare and Rehabilitation Center	201 Hospital Drive Meyersdale, PA 15552

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on review of facility documents, as well as observations and staff interviews, it was determined that the facility failed to ensure that the resident and staff environment was maintained in a safe and sanitary environment in one of two medication rooms (third floor). Findings include: Observations of the third-floor medication room on June 29, 2026, at 9:47 a.m. revealed that upon entering the medication room there was a strong musty odor. The ceiling had an area approximately two feet in diameter that was discolored, water damaged and had loose plaster and tape. There was a basin on the floor that contained water. The medication room contained the Pyxis machine (medication dispensing machine) and over the counter medications stored in cabinets. An e-mail communication, dated May 26, 2026, revealed that there were several roof leaks that were coming in on the third floor. The roof was in bad shape with shingles missing, waterways cracked and open, missing caps, nails popped up, and rotted plywood. A quote was received regarding the cost of the materials required to repair the roof. An e-mail communication, dated June 8, 2026, revealed that approval was received to purchase the materials to repair the roof with a debit card and the worker wanted to start that week. An email communication, dated June 29, 2026, included a quote for the cost of the roof, however there was no documented evidence that any materials had actually been purchased to repair the leaking roof and medication room ceiling. Interview with the Director of Nursing on June 29, 2026, at 9:47 a.m. revealed that the damage to the ceiling was caused by the roof leaking. Interview with Registered Nurse Supervisor 1 on June 29, 2026, at 9:51 a.m. revealed the roof has been leaking for the past few months. Interview with the Nursing Home Administrator on June 29, 2026, at 3:35 p.m. indicated that the condition of the third-floor medication room ceiling and leaking roof was not affecting the residents, and that coming up with the money to repair the roof was not easy. 28 Pa. Code 207.2(a) Administrator's Responsibility

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