STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395666	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spring Hill Rehabilitation and Nursing Center	2170 Rhine Street Pittsburgh, PA 15212

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on a review of policy, observation and staff interview, it was determined that the facility failed to properly label and date food products, maintain kitchen equipment in a sanitary condition, properly store chemicals, and properly restrain hair creating the potential for cross contamination in the Main Kitchen of the facility.Findings include: Review of facility policy Food Safety Requirements, dated 5/1/26, stated that it is the policy of the facility to procure food from sources approved or considered satisfactory by federal, state, and local authorities. Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety. Refrigerated food shall be labeled, dated, and monitored. All equipment used in the handling of food shall be cleaned and sanitized, and handled in a manner to prevent contamination. Hairnets should be worn. Review of the facility policy Food Storage Dating and Labeling dated 5/1/26, indicated that chemicals must be clearly labeled and stored away from food. Food should be dated as it is placed on the shelves. All food should be stored off the floor. During an observation on 5/17/26, at 8:47 a.m. in the walk-in cooler in the Main Kitchen the following items were found without a label or date: a metal pan of pasta salad, an opened package of lunch meat, a metal pan with cooked chicken, an opened bag of lettuce. During continued observation on 5/17/26, at 8:47 a.m. in the walk-in cooler in the Main Kitchen, the cold air condenser fan covers had a build-up of dust, grime, and dark colored debris. A metal pan of chicken covered with plastic wrap (not labeled and dated) was stored directly beneath the cold air condenser, and when this pan was removed to inspect, it was discovered that a pool of water had accumulated on the top of the plastic wrap. Further inspection revealed that the cold air condenser was dripping water onto the food products below. During an observation on 5/17/26, at 8:50 a.m. in the walk-in freezer in the Main Kitchen a Drumstick ice cream novelty and two bags of ice were stored on the freezer floor, and two angel food cakes were not labeled and dated. During an observation on 5/17/26, at 8:55 a.m. in the dry storage area in the Main Kitchen four cans of fruit cocktail were not dated with received date, an open bag of penne pasta, and an opened bag of macaroni were not labeled and dated, and an aerosol can of Flying Insect Repellant was stored next to the pasta. During an interview on 5/17/26, at 8:57 a.m. [NAME] Employee E12 confirmed that the facility failed to properly label and date food products, maintain kitchen equipment in a sanitary condition, and properly store chemicals. During an observation on 5/18/26, at 9:27 a.m. in the dish room of the Main Kitchen, Dietary Aide Employee E13 was observed with a beard net placed under his chin and not covering his beard, and a ball cap on, however three to four inches of hair hung below the cap and was not restrained. During an interview on 5/18/26, at 927 a.m. Dietary Manager Employee E14 confirmed that the facility failed to properly retrain hair. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1) Management.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on facility requirements according to Affordable Care Act (ACA) review of Payroll Based Journal (PBJ) Staffing Data Reports, and staff interviews, it was determined that the facility failed to electronically submit accurate direct care staffing information for one of the last four quarters (Quarter 1 2026).Findings include: Review of Section 6106 of the ACA requires facilities to electronically submit direct care staffing information (including agency and contract staffing) based on payroll and other auditable data to the Center for Medicare and Medicaid Services (CMS). Review of the PBJ staffing data reports revealed that the facility did not submit data for Quarter 1 (October 1 - December 31,2026). During an interview on 5/21/26, at 1:10 p.m. Nursing Home Administrator confirmed that the facility failed to submit direct care staffing information in the Payroll-Based Jornal system as required. 28 Pa. Code 201.14(a) Responsibility of licensee.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to provide accurate and timely documentation related to offering the COVID-19 vaccination for five of five residents (discharged Resident R9 and Resident's R12, R55, R56 and R57).Findings include: Review of facility policy COVID-19 Vaccine Administration last reviewed 5/1/26, indicated the facility will offer and administer COVID-19 vaccinations in accordance with state and federal guidelines. Review of the clinical record revealed discharged Resident R9 was admitted to the facility on [DATE]. Review of discharged Resident R9's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/4/26, indicated diagnoses of hypertension (high blood pressure) diabetes (high sugar in the blood) and hyperlipidemia (high fat in the blood) Question O0350 was coded no for Resident's COVID-19 vaccination is up to date. Review of discharged Resident R9's clinical record failed to include documentation that the COVID-19 vaccination was offered and administered or declined. Review of the clinical record revealed Resident R12 was admitted to the facility on [DATE]. Review of Resident R12's MDS dated [DATE], indicated diagnosis of chronic obstructive pulmonary disease (COPD-make it hard to breathe), coronary artery disease (CAD- plaque builds up in the arteries and restricts the blood flow) and orthostatic hypotension (blood pressure drops upon standing). Question O0350 was coded no for Resident's COVID-19 vaccination is up to date. Review of Resident R12's clinical record failed to include documentation that the COVID-19 vaccination was offered and administered or declined. Review of the clinical record revealed Resident R55 was admitted to the facility on [DATE]. Review of Resident R55's MDS dated [DATE], indicated diagnosis of CAD, hypertension and diabetes. Question O0350 was coded no for Resident's COVID-19 vaccination is up to date. Review of Resident R55's clinical record failed to include documentation that the COVID-19 vaccination was offered and administered or declined. Review of the clinical record revealed Resident R56 was admitted to the facility on [DATE]. Review of Resident R56's MDS dated [DATE], indicated the diagnosis of hypertension, diabetes and peripheral vascular disease (PVD-restricts blood flow). Question O0350 was coded no for Resident's COVID-19 vaccination is up to date. Review of Resident R56's clinical record failed to include documentation that the COVID-19 vaccination was offered and administered or declined. Review of the clinical record revealed Resident R57 was admitted to the facility on [DATE]. Review of Resident R57's MDS dated [DATE], indicated the diagnosis of anemia, anxiety and [NAME] syndrome (a complication of long-standing rheumatoid arthritis (auto-immune disease that causes pain, swelling and stiffness in the joint), an enlarged spleen and low white blood cell count). Question O0350 was coded no for Resident's COVID-19 vaccination is up to date. Review of Resident R57's clinical record failed to include documentation that the COVID-19 vaccination was offered and administered or declined. During an interview completed on 05/18/26, upon asking Infection Preventionist Registered Nurse (RN) Employee E8 concerning the process for offering the COVID-19 vaccine replied we did not offer it and confirmed that the facility failed to provide accurate and timely documentation related to offering the COVID-19 vaccination for five of five residents (discharged Resident R9 and Resident's R12, R55, R56 and R57). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.5(f) Medical records.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on review of facility documentation, observations, and staff interview, it was determined that the facility failed to make certain that equipment was in safe operating condition for two of two crash carts (First Floor Crash Cart and Second Floor Crash Cart).Findings include: Review of a facility document Crash Cart Management last reviewed 5/1/26, indicated the facility shall maintain fully stocked, operational and secured crash carts and emergency response equipment. Crash carts shall be checked routinely for functionality, completeness, medication integrity and emergency readiness. Daily checks verify medication expiration dates, supply integrity, oxygen pressure levels, suction functionally, and cleanliness of cart exterior. Monthly comprehensive checks performed by the licensed nurse or designee shall perform and document the full inventory, equipment testing, expiration date review, battery checks, restocking verification, infection control review of manufacturer maintenance recommendations. During an observation completed on 5/17/26, at 12:57 p.m. the First Floor Crash Cart contained an Ambu bag (manual resuscitator that forces oxygen into the lungs to maintain life sustaining ventilation) with the expiration date of 10/18/24. During an interview completed on 5/17/26, at 12:57 p.m. Registered Nurse (RN) Employee E4 confirmed the First Floor Crash Cart contained an Ambu bag that had an expiration date of 10/18/24 and confirmed the facility failed to make certain that equipment was in safe operating condition. During an observation completed on 5/17/26, at 1:03 p.m. the Second Floor Crash Cart contained an Ambu bag had an expiration date of 10/18/24. During an interview completed on 5/17/26, at 1:05 p.m. RN Employee E8 confirmed the Second Floor Crash Cart contained an Ambu bag that had an expiration date of 10/18/24, and confirmed the facility failed to make certain that equipment was in safe operating condition 28 Pa. Code: 201.14(a) Responsibility of licensee.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, resident clinical records, resident council group interviews, resident and staff interviews, it was determined that the facility failed to uphold residents right to vote for two of five sampled residents (Resident R27 and Resident R37), and failed to ensure that care was provided in a manner which maintained resident dignity for one of two residents (Resident R46). Findings include: The facility Resident right to vote policy last reviewed on 5/1/26, indicted that the facility will support residents in exercising their right to vote. All residents should have access to timely information about upcoming elections. Review of Resident R27's admission record indicated she was admitted on [DATE] and readmitted on [DATE]. Review of Resident R27's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 4/4/26, indicted she had diagnoses that included bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), muscle weakness, and epilepsy (a long-term disease that causes repeated seizures due to abnormal electrical signals produced by damaged brain cells). Review of Resident R27's clinical social services note dated 7/15/25, indicated Resident R27 met with voting services group to update her registration. Review of Resident R27's clinical record, activity documents and social services notes did not indicate Resident R27 was assisted with voting during the 2026 election cycle. Review of Resident R37's admission record indicated he was admitted on [DATE] and readmitted on [DATE]. Review of Resident R37's MDS assessment dated [DATE], indicated he had diagnoses that included diabetes (a metabolic disorder impacting organ function related to glucose levels in the human body), morbid obesity, and major depressive disorder (a state of consistent sadness and loss of interest interfering in daily life activities). Review of Resident R37's clinical record, activity documents and social services notes did not indicate Resident R27 was assisted with voting during the 2025 and 2026 election cycle. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a Resident council group interview on 5/18/26, at 1:00 p.m. three out of nine residents voiced that they received no assistance with voter registration during 2025 or 2026 elections. During an interview on 5/19/26, at 10:33 a.m. Activity Aide Employee E21 was asked about voting documentation: That is something the director of activities would have. I have helped some of the residents fill out voting documentation. During an interview on 5/19/26, at 2:23 p.m. information was disseminated to Director of Nursing (DON) and Nursing Home Administrator (NHA) that the facility failed to uphold residents' rights and assist with voter registration for Resident R27 and Resident R37 as required. Review of facility policy Catheter Care dated 5/1/26, indicated that privacy bags will be available and catheter drainage bags will be covered at all times while in use. Review of the clinical record indicated Resident R46 was admitted to the facility on [DATE]. Review of Resident R46's MDS dated [DATE], indicated diagnoses of high blood pressure, chronic pain, and muscle weakness. Review of Resident R46's care plan revised on 2/1/25, indicated the resident has an indwelling urinary catheter related to neuromuscular dysfunction of bladder (when nerves are damaged that disrupts the signals between the bladder and the brain). During an observation on 5/17/26, at 10:38 a.m. Resident R46's catheter draining bag was observed beside the bed without a privacy cover applied. During an interview on 5/17/26, at 10:54 a.m. Nurse Aide Employee E24 confirmed Resident R46's catheter draining bag did not have a privacy cover to ensure dignity 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 201.29(a)Resident Rights.

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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, resident trust account balances, closed resident records, and staff interviews it was determined that the facility to obtain an authorization to open a resident fund account for one four closed resident records (Closed resident record CR66) and failed to ensure residents have access to their funds for one of three sampled resident records (Resident R18).Findings include: The facility Resident personal funds policy last reviewed 5/1/26, indicated that the resident has a right to manage his or her financial affairs to include the right to know, in advance, what charges a facility may impose against a resident's personal funds. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds. Review of Closed resident record CR66's admission record indicated he was admitted on [DATE]. Review of Closed resident record CR66's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 1/15/26, indicated he had diagnoses that included lumbar fracture (fracture to back area), hypertension (a condition impacting blood circulation through the heart related to poor pressure), and alcohol dependence. Review of Closed resident record CR66's clinical nurse notes dated 2/6/26, indicated that Closed Resident CR66 was discharged from the facility, all personal belongings taken with him. All available medications taken and reviewed with Closed Resident CR66 and home nurse. Current scripts were called to pharmacy by social services. Review of Closed resident record CR66's record did not include an authorization to open a resident trust fund account. Review of the facility trust fund account dated 5/20/26, indicated Closed resident record CR66 had a balance of $35.04. Review of Resident R18's admission record indicated she was admitted on [DATE]. Review of Resident R18's MDS assessment dated [DATE], indicated she had medical diagnoses included diabetes (a metabolic disorder impacting organ function related to glucose levels in the human body), chronic kidney disease (a loss of kidney function resulting in the swelling of feet, fatigue, high blood pressure and changes in urination), and hypertension (a condition impacting blood circulation through the heart related to poor pressure). Review of Resident R18's clinical record and social services notes did not indicate any concerns with accessing money from the business office. During a Resident council group interview on 5/18/26, at 1:00 p.m. two of nine residents voiced concerns with accessing their money from the business office. During an interview on 5/19/26, at 12:16 p.m. Resident R18 was asked about accessing her resident money: I have not gotten social security. It happened last month and this month. I do not know who to talk to. The bill for here comes to me. I want to know what is happening with my check. I used to get snacks and the money I received was less than $100.00 per month. During an interview on 5/20/26, at 10:05 a.m. Regional Business office manager Employee E11 was asked where resident fund account authorizations are kept and she stated: they should be in their charts. Regional Business office manager Employee E11 was asked how residents access money when she is not present: the Administrator. If the NHA is not present, then the Admissions staff. During an interview on 5/21/26, at 9:29 a.m. the Nursing Home Administrator (NHA) confirmed that the facility to obtain an authorization to open a resident fund account for Closed resident record CR66 as required. During an exit interview on 5/21/26, at 3:00 p.m. information was disseminated to the Nursing Home Administrator (NHA) that the facility failed to ensure residents have access to their funds for Resident R18 as required. 28 Pa. Code 201.18(b)(2) Management. 28 Pa. Code 201.29(a) Resident rights.

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. Based on review of facility policy, resident records, resident and staff interviews it was determined that the facility failed to provide residents with their quarterly banking statements for two of four sampled resident records (Resident R56 and R57). Findings include: During an interview on 5/20/26, at 10:05 a.m. Regional Business office manager Employee E11 was asked how often are trust fund statements sent and she stated: residents should receive their statements quarterly. During an interview on 5/20/26, at 10:25 a.m. Nursing Home Administrator (NHA), indicated that the quarterly statements should be in the former Business Office Manager (BOM) office. NHA went in the office, and there was no documentation of quarterly statements being sent to residents/responsible parties. During an interview on 5/20/26, at 1:09 p.m. NHA provided 1/4 statements for residents who have trust funds with the facility - but was unable to provide documentation showing that they were mailed and or handed out to the residents or the responsible parties. During an interview on 5/20/26, between 1:40 p.m. and 2:00 p.m., Resident R56 and Resident R57 Indicated they have not seen, nor ever seen their quarterly statements. During an interview on 5/21/26, at 10:20 a.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to provide residents with their quarterly banking statements as required. 28 Pa. Code 201.18(b)(2) Management. 28 Pa. Code 201.29(a) Resident rights.

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, resident trust account balances, closed resident records, and staff interviews it was determined that the facility failed to convey resident funds and close accounts upon discharge within 30 days for one of four closed resident records (Closed resident record CR66).Findings include: The facility Resident personal funds policy last reviewed 5/1/26, indicated that the resident has a right to manage his or her financial affairs. Upon the discharge, eviction, or death of a resident with personal funds deposited with the facility, the facility will convey within 30 days the resident's funds and a final account of those funds to the resident. Review of Closed resident record CR66's admission record indicated he was admitted on [DATE]. Review of Closed resident record CR66's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 1/15/26, indicated he had diagnoses that included lumbar fracture (fracture to back area), hypertension (a condition impacting blood circulation through the heart related to poor pressure), and alcohol dependence. Review of Closed resident record CR66's clinical nurse notes dated 2/6/26, indicated that Closed Resident CR66 was discharged from the facility, all personal belongings taken with him. All available medications taken and reviewed with Closed Resident CR66 and home nurse. Current scripts were called to pharmacy by social services. Review of Closed resident record CR66's record did not indicate evidence that his monies were provided upon discharge. Review of the facility trust fund account dated 5/20/26, indicated Closed resident record CR66 had a remaining balance of $35.04. During an interview on 5/20/26, at 10:05 a.m. Regional Business office manager Employee E11 was asked how soon money from the resident trust fund is provided to discharge residents? I like to do it in real time; it may take up to 30 days to provide a refund to a resident. During an interview on 5/20/26, at 1:40 p.m. the Nursing Home Administrator (NHA) confirmed that the facility to convey resident funds and close accounts upon discharge within 30 days for Closed resident record CR66 as required. 28 Pa. Code 211.5(d) Clinical records.

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F 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure the security of all personal funds of residents deposited with the facility. Based on review of the residents' personal funds account and facility surety bond, it was determined that the facility failed to ensure that the facility surety bond designee was only to the residents of the facility.Findings include: Review of facility previous surety bond indicated that the oblige is the residents of spring hill rehabilitation center or unto the Commonwealth of Pennsylvania, instead of the residents only. During an interview on 5/21/26, Nursing Home Administrator confirmed that the facility failed to list the oblige as only the residents of the facility. 28 Pa. Code 201.18 (e)(1) Management.

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Based on document review, clinical record review, and staff interview, it was determined that the facility failed to provide the Skilled Nursing Facility Advanced Beneficiary Notice of non-coverage (SNF-ABN) form to inform those residents of items and services no longer deemed eligible for coverage under Medicare Part-A for two of three sampled resident records (Residents R4 and R57).Findings include:Review of Resident R4's admission record indicated he was admitted on [DATE]. Review of Resident R4's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 3/2/26, indicated he had medical diagnoses that included hypothyroidism (decrease in production of thyroid hormone), major depressive disorder (a state of consistent sadness and loss of interest interfering in daily life activities), dysphagia (difficulty swallowing)and hyperlipidemia (elevated lipid levels within the blood). Review of Resident R4's clinical social services note dated 3/16/26, indicated Resident R4 was issued a NOMNC (Notice of Medicare Non-Coverage-NOMNC: a form provided to residents to inform them of the facilities determination to end a Medicare based services) with last covered day of 3/18/26. Resident R4 continued to remain in the facility long-term care. Review of Resident R57's admission record indicated she was admitted on [DATE] and readmitted to the facility on [DATE]. Review of Resident R57's MDS assessment dated [DATE], indicated that she had diagnoses that included muscle weakness, arthritis (inflammation of one or more joints, causing pain and stiffness), and anxiety disorder (a medical condition creating a sense of acute fear, restlessness, and worry). Review of Resident R57's clinical records indicated she was issued a NOMNC on 5/11/26. Review of Resident R57's clinical nurse notes and social services notes did not indicate a review of the NOMNC form provided to her. Review of facility documentation did not include evidence that Skilled Nursing ABN forms (Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage: SNF-ABN, a form providing information that at a specific date Medicare coverage ends and the specific amount of financial liability will be passed onto the residents) were provided to Resident R4 and Resident R57. During an interview on 5/20/26, at 10:28 a.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to provide the Skilled Nursing Facility Advanced Beneficiary Notice of non-coverage (SNF-ABN) form to inform those residents of items and services no longer deemed eligible for Residents R4 and R57 as required. 28 Pa. Code 201.14 (a) Responsibility of licensee

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, documentation, and staff interviews it was determined that the facility failed to protect residents from neglect for two of three residents (Resident R4 and R8). Findings include: Review of facility's policy dated 6/1/25, Abuse, Neglect, and Exploitation stated neglect is the failure of the facility, its employees, or service providers to provide good and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. It is indicated it is the policy of the facility that each resident will be free from abuse. Review of Residents R4's admission record indicated the resident was admitted on [DATE], and readmitted [DATE]. Review of Resident R4's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/2/26, indicated diagnoses of cognitive communication deficit, dysphagia (difficulty swallowing), and depression. Section GG- Functional Abilities revealed the resident is dependent for toileting hygiene. Review of information submitted to the State Agency on 5/12/26, by the Director of Nursing revealed on 5/12/26, it was reported by the oncoming shift that Resident R4 was saturated. The resident had his call bell on at the start of the shift and stated to the aide that he needed changed. Resident was interviewed and stated that he was not changed on the night shift. Resident is alert and orient to person, place, and time and able to make needs known. Review of the facility's investigation dated 5/12/26, revealed statements from staff and resident were obtained. The nurse aides stated they shared the assignment and the facility was unable to determine an alleged perpetrator. Review of Resident R4's grievance dated 5/12/26, revealed Resident R4 had their light on at the start of the shift and stated he was not changed at all on the night shift. Review of Resident R4's witness statement dated 5/12/26, stated I wasn't changed until Nurse Aide, Employee E15 came in. There were two idiots and they didn't do their job. Review of Nurse Aide, Employee E15's witness statement dated 5/12/26, stated when NA, Employee E15 arrived on the unit at 7:00 a.m. Resident R4's call light was ringing. When NA, Employee E15 answered the call light, Resident R4 stated he was not changed all night long. When she asked who was assigned the resident, Nurse Aide, Employee E18 stated oh we forgot to change him. It was indicated the nurse aides worked together last night. Review of NA, Employee E19 witness statement dated 5/12/26, stated on the overnight shift each aide did not have a choice and had to take a whole hall. It was indicated NA, Employee E19 asked NA, Employee 18 to help with the heavier residents, and she assisted her with the residents she needed. Review of NA, Employee E20 witness statement dated 5/12/26, stated she was present when NA, (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employee E15 asked NA, Employee E18 if she changed Resident R4 because he is ringing his call bell and stated I wasn't changed. NA, Employee E19 stated :I changed him. NA, Employee E15 checked him he was wet and NA, Employee E18 left. Review of Residents R8's admission record indicated the resident was admitted on [DATE], and readmitted [DATE]. Review of Resident R8's care plan dated 1/7/26, indicated to always transfer with the assist of two. Review of Resident R8's MDS dated [DATE], indicated diagnoses of morbid obesity, difficulty walking, and depression. Section GG- Functional Abilities revealed the resident requires partial/moderate assistance for toileting hygiene. Review of information submitted to the State Agency on 5/12/26, by the Director of Nursing revealed on 5/12/26, it was reported by oncoming shift that the resident was saturated. Resident was interviewed and stated that he was not changed on the night shift. The resident is alert and oriented to person, place, and time, and able to make all needs known. Review of Resident R8's grievance form dated 5/12/26, revealed the resident was found saturated the start of the 7 a.m. t o3 p.m. shift by the daylight nurse aide. When resident was interviewed, he indicated no one changed him all night. Review of Resident R8's witness statement dated 5/12/26, stated I don't think I was changed overnight. It was indicated staff came in a few times but never changed him. Resident R8 stated I was lying in pee, and it was uncomfortable, started to get cold. NA, Employee E15 changed him, the sheets, and have him a shower in the morning. Review of Nurse Aide, Employee E15's witness statement dated 5/12/26, stated while checking residents at 7:30 a.m. she found Resident R8 soiled from head to toe. The resident stated he was not changed at all during the night shift. The nursing supervisor was notified. Nurse Aide, Employee E18 came down the hall saying she didn't know if he was changed and proceeded to try to clean him, but NA, Employee E15 ended up giving him a shower. Review of NA, Employee E18's witness stated dated 5/12/26, stated she started on the other side and had no idea Resident R8 was not changed at all. During an attempted phone interview on 5/20/26, at 2:03 p.m. NA, Employee E19 was unavailable for an interview. During a phone interview on 5/20/26, at 2:16 p.m. NA, Employee E18 confirmed she recalled the night Resident R4 and Resident R8 did not get changed. It was indicated there were two nurse aides for approximately 50 residents. NA, Employee E18 stated she was unaware the residents were not changed. It was revealed originally four nurse aides were scheduled, but there were two call offs. It was indicated the assignment sheets were not revised. NA, Employee E18 confirmed Resident R4 and R8 were not changed throughout the night and stated their sheets needed to be changed as well. During an interview on 5/20/26, at 2:16 p.m. the Director of Nursing confirmed the facility failed to protect resident from neglect for two of three residents (Resident R4 and Resident R8). (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 211.10 (a) (d) Resident care policies

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, resident clinical records and staff interviews it was determined that the facility failed to update the care plan for a resident experiencing weight loss one of five sampled residents (Resident R30).Findings include: The facility Weight monitoring policy last reviewed on 5/1/26, indicated that the facility will ensure that all residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range. Information gathered from the nutritional assessment and current dietary standards of practice are used to develop an individualized care plan to address the resident's specific nutritional concerns. The care plan should address the following: identified causes of impairment, residents' goals and preferences, time frame and parameters to monitor, and update as needed such as when resident's condition changes. Review of Resident R30's admission record indicated she was admitted on [DATE] and readmitted on [DATE]. Review of Resident R30's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 4/5/26, indicated she had medical diagnoses that included adult failure to thrive, major depressive disorder (a state of consistent sadness and loss of interest interfering in daily life activities), hypertension (a condition impacting blood circulation through the heart related to poor pressure), and Dementia (a condition characterized by memory loss and progressive or persistent loss of intellectual functioning). Review of Resident R30's care plans dated 5/5/26, indicated she will maintain adequate nutritional status as evidenced by maintaining weight, provide supplements and serve diet as ordered. Review of Resident R30's weight documentation found the following:2/25/26= 103.4lbs.3/4/26= 86 lbs.Resident R30's weight documentation indicated 16.5 percent decrease in one month. Review of Resident R30's Certified Registered Nurse Practitioner note dated 2/6/26, indicated she continued supportive care. Family aware of ongoing weight loss. Review of Resident R30's Registered Dietitian note on 2/25/26, indicated she weight 103lbs, showed weight improvement from 2/3/26. Review of Resident R30's care plan did not indicate the weight loss in March 2026, a review of nutritional interventions to address weight loss, and additional monitoring or potential reweighing Resident R30 more frequently. During an interview on 5/20/26, at 11:09 a.m. Licensed Practical Nurse (LPN) Employee E26was asked if care plans should be updated when weight loss occurs and include interventions, she stated: yes. absolutely. Some type of plan and have re-weighs. During an interview on 5/20/26, at 2:29 p.m. information provided to the Director of Nursing (DON) that the facility failed to update the care plan for Resident R30 after she experienced weight loss as required. 28 Pa. Code 211.12(d)(5) Nursing services.

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview it was determined that the facility failed to implement care and services to maintain activities of daily living (communication) for two of three residents reviewed (Resident R4 and R44).Findings include: Review of the facility's Activities of Daily Living (ADLs) policy last reviewed 5/1/26, indicated the facility will based on resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless unavoidable. Care and services will be provided for using speech, language or other functional communication systems. Review of the facility's Communication of Resident Rights, Services, and Facility Practices last reviewed 5/1/26, indicated it the facility policy to promote transparency, protect resident rights, and ensure residents can make informed decisions regarding their care and living environment. Information must be provided in a language and manner the resident understands, including translation services, interpreter services, large print to alternative formats for visually impaired residents. Review of Residents R4's admission record indicated the resident was admitted on [DATE], and readmitted [DATE]. Review of Resident R4's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/2/26, indicated diagnoses of cognitive communication deficit, dysphagia (difficulty swallowing), and depression. Review of Resident R4's audiology assessment dated [DATE], indicated the resident has known bilateral hearing loss. It was indicated the resident refuses amplifier and uses headset with cellphone for music and videos. Review of Resident R4's progress note dated 4/13/26, revealed the resident was very hard of hearing, difficult to understand at times. During an attempted interview on 5/17/26, at 10:07 a.m. Resident R4 was non-interview able, unable to hear. The resident did not have any assistive devices available to communicate. During an interview on 5/18/26, at 10:14 a.m. this writer interviewed Resident R4 with yes and no questions written on a sheet of paper. Review of Resident R4's clinical record on 5/18/26, failed to include evidence of a care plan for the resident's hearing and communication deficits. Review of Residents R44's admission record indicated the resident was admitted on [DATE], and readmitted [DATE]. Review of Resident R44's care plan dated 1/16/24, revealed the resident has a potential communication problem due to hearing deficit due to bilateral sensorineural hearing loss, and speech and language delay due to hearing loss. The care plan failed to include interventions related to how to communicate with the resident. Review of Resident R44's MDS dated [DATE], indicated diagnoses of sensorineural bilateral hearing loss. Cerebral palsy, and muscle weakness. Section B Hearing, Speech, and Vision revealed the resident's ability to hear was highly impaired and the resident has unclear speech. Review of Resident R44's audiology evaluation fated 2/24/26, revealed the resident has hearing loos and does not use amplification. It was indicated the resident communicates through lip reading and sign language. During an attempted interview on 5/17/26, 10:19 a.m. Resident R44 indicated he was deaf. There was no communication board or interpreter present. During an interview on 5/17/26, at 10:20 a.m. Housekeeper, Employee E27 stated one of the residents know sign language and can interpret for Resident R44. During an interview on 5/18/26, at 10:19 a.m. Licensed Practical Nurse (LPN) E7 confirmed Resident R4 and Resident R44 had no assistive devices to be able to communicate due to being hearing impaired. LPN, Employee E7 stated she just talks loud and does best to mouth the words. During an interview on 5/19/26, at 10:47 a.m. the Nursing Home Administrator stated residents who are hearing impaired should have an interpreter for sign language or a communication board. The NHA confirmed Resident R4 and R44's care plan were not individualized. The NHA confirmed the facility failed to implement care and services to maintain activities of daily living (communication) for two of three residents reviewed (Resident R4 and R44). 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, resident council group interview, staff and resident interviews, it was determined that the facility failed to provide Activity of Daily Living (ADL) assistance for one of five sampled residents (Resident R28).Findings include: The facility Activities of Daily living policy dated 5/1/26, indicated that the facility will ensure resident abilities in ADL's do not deteriorate. Care and services will be provided for the following activities of daily living: bathing, dressing, grooming and oral care. Review of Resident R28's admission record indicated she was admitted on [DATE] and readmitted on [DATE]. Review of Resident R28's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 4/21/26, indicated she had medical diagnoses that included anemia (a deficiency in red blood cells carrying oxygen), hypertension (a condition impacting blood circulation through the heart related to poor pressure), and adult failure to thrive. Review of Resident R28's clinical nurse notes and ADL documentation did not indicate that she received a haircut. During a Resident council group interview on 5/18/26, at 1:00 p.m. nine out of nine residents voiced that they had not received hair services. During an interview on 5/19/26, at 11:34 a.m. Registered Nurse (RN) Employee E17 was asked if hairdresser has been in: Not in the last week. During observations on 5/19/26, at 11:37 a.m. Resident R28 was observed with a hat on and gray hair hanging out of her hat to her shoulders. During an interview on 5/19/26, at 11:38 a.m. Resident R28 was asked the last time she had haircut, and she stated In about a month ago. I would like a haircut. During an interview on 5/19/2026, at 11:40 a.m. Registered Nurse (RN)/Infection Control Preventionist (ICP) Employee E8 was asked the last time hairdresser was at the facility: I believe activities sets up haircuts. I am not sure. During an interview on 5/19/26, at 2:23 p.m. information was disseminated to Director of Nursing (DON) and Nursing Home Administrator (NHA) that the facility failed to provide Activity of Daily Living (ADL) assistance to Resident R28 as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(e)(6) Management. 28 Pa. Code: 211.12(a)(c)(d)(1)(2)(3)(4) Nursing services.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the review of facility policy, clinical records, observation, and interviews with staff and resident, it was determined that the facility failed to make certain that residents received the necessary services to prevent/treat pressure ulcers (injuries to the skin and underlying tissue resulting from prolonged pressure to the skin) for two of three residents (Residents R3 and R11) and failed to follow a physician order during a dressing change observation for one of three residents (Resident R56). Findings include: Review of the facility policy Pressure Injury Prevention and Management dated 5/1/26, indicated that the facility will provide treatment and services to heal the pressure ulcer/injury, prevent infection, and the development of additional pressure ulcers/injuries. Evidence-based interventions for prevention will be implemented for all residents who are assessed at risk or who have a pressure injury present. Basic care interventions can include but are not limited to: redistribute pressure (such as repositioning, protecting, and/or offloading heels, etc.). Interventions will be documented in the care plan and communicated to all relevant staff. Review of the facility policy Dressings, Dry/Clean last reviewed 5/1/26, indicated the purpose of this procedure is to provide guidelines for the application of dry, clean dressings. Verify that there is a physician order for this procedure. Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE]. Review of Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/7/26, with the diagnoses of aphasia (language disorder that affects communication), hemiplegia (paralysis on one side of the body), and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of Resident R3's clinical record revealed a physician's order dated 9/20/24, for heel protection boots at all times related to hemiplegia. Review of Resident R3's care plan failed to include interventions of heel protection boots. During an observation on 5/17/26, at 9:19 a.m. Resident R3's heel protection boots were sitting in a wheelchair, while Resident R3 was resting in bed. During an additional observation on 5/17/26, at 10:18 a.m. Resident R3 had no heel protection boots applied. During an additional observation on 5/19/26, at 1:38 a.m. Resident R3 was observed being transported in her wheelchair down the hallway without heel protection boots applied. During an interview on 5/19/26, at 1:38 p.m. Registered Nurse Employee E28 confirmed that Resident R3 was ordered heel protection boots to prevent pressure ulcers and that she did not have them on as ordered. During an interview on 5/20/26, at 1:46 p.m. Assisted Director of Nursing confirmed that the facility (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	failed to include interventions of heel protection boots in Resident R3's care plan to ensure that resident received necessary services to prevent pressure ulcers/injuries. Review of the clinical record indicated Resident R11 was admitted to the facility on [DATE], with diagnoses of Alzheimer's disease with late onset, schizoaffective disorder, and major depressive disorder. Review of Resident R11's MDS assessment dated [DATE], Section M- Skin Conditions revealed the resident was at risk for developing pressure ulcers. It was indicated the resident had zero pressure ulcers. Review of Resident R11's care plan dated 2/6/26, revealed the resident has potential for impaired skin integrity. The resident needs reminding to turn/reposition at least every 2 hours, more often as needed or requested. Review of Resident R11's wound assessment completed by the wound consultant dated 4/9/26, recommended to limit out of bed to no more than 4 hours at a time and must return to bed for at least two hours before getting back out of bed. Recommend ongoing pressure reduction and turning/repositioning precautions per protocol, including pressure reduction to the heels and all bony prominences. Review of Resident R11's Braden Scale assessment dated [DATE], indicated the resident was at a low risk for developing pressure ulcers. No revisions were made to Resident R11's care plan for pressure ulcers. Review of Resident R11's Documentation V2 report from 5/1/26, to 5/15/26, revealed the facility failed to document the resident was provided with toileting each shift for a total of 12 times. A further review failed to include evidence the wound care recommendations of limiting time out of bed to no more than four hours at a time and turning and repositioning precautions were implemented. Review of Resident R11's late entry progress note dated 5/14/26, entered 5/17/26 by Wound Care Nurse, Employee E28 revealed a nurse aide notified this writer of discoloration to resident's buttock. RN assessed, small moveable dark purple area to resident's left buttock at the gluteal cleft. Darker purple circle in the center that is not open but looks scabbed. Dark area measures 0.4x0.4cm. Zinc and dry dressing applied. Nurse Practitioner in facility and made aware. New order for zinc until wound care nurse can assess on next wound rounds. Daughter notified. Immediate intervention: Staff did not put resident in wheelchair, repositioned with pillows frequently. Care plan updated. Review of Resident R11's care plan failed to include evidence it was updated. Review of Resident R11's Braden Scale assessment dated [DATE], indicated the resident was at a low risk for developing pressure ulcers. The facility failed to identify Resident R11 was at risk for developing pressure ulcers. During an interview on 5/20/26, at 11:22 a.m. Wound Care Nurse Practitioner, Employee E35 stated she was unaware Resident R11 developed an unstageable pressure ulcer. It was indicated Resident R11 should limit their time out of bed, be turned and repositioned at least every two to three hours. It was indicated the resident should limit time to wheelchair. Wound Care Nurse Practitioner, Employee E35 stated Resident R11 is at a high risk for developing pressure ulcers due to inability to reposition (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	herself and incontinence of bowel and bladder. It was indicated her limited mobility and incontinence make her a high risk. During an observation on 5/20/26, at 11:35 a.m. Resident R11 was observed sitting in her wheelchair at the nursing station. During an interview on 5/20/26, at 11:38 a.m. Registered Nurse Supervisor, Employee E28 stated she works at the facility three times a week. It was indicated most of the days Resident R11 sits in her wheelchair near the nurses stations because staff need to keep an eye out on her. Staff will take her back to her room to change her then bring her back out. RN Supervisor, Employee E28 stated Resident R11 is at risk for developing pressure ulcers because she sits and has difficulty turning and repositioning herself. During an observation on 5/20/26, at 12:00 p.m. Resident R11 was observed sitting in her wheelchair. During an interview on 5/20/26, at 11:42 a.m. Wound Care Nurse, Employee E28 confirmed the facility failed to update Resident R11's care plan to limit time out of bed as wound care consultant recommended. During an interview on 5/20/26, at 11:45 a.m. the Director of Nursing stated she completed Resident R11's Braden Scale and identified her not to be a risk. The Director of Nursing confirmed the facility failed to provide appropriate care and treatment to prevent the development of Resident R11's left buttock pressure ulcer as recommended by wound care practitioner. Review of the clinical record revealed Resident R56 was admitted to the facility on [DATE]. Review of Resident R56's MDS dated [DATE], indicated the diagnosis of hypertension (high blood pressure, diabetes (high sugar in the blood) and peripheral vascular disease (PVD- restricts blood flow). Review of Resident R56's physician orders dated 5/1/26, indicated left plantar foot-cleanse with wound cleanser, apply a thick layer of Medi-honey (ointment that maintains a moisture balanced environment with antibacterial benefits) then calcium alginate (highly absorbent material) cut to fit, cover with abdominal pad and wrap with kerlix to secure every daylight shift for wound care. During a wound care observation completed on 5/18/26, at 9:58 a.m. Registered Nurse (RN) Employee E6 cleansed the wound applied the Medi-honey directly on the calcium alginate, failed to place the abdominal pad, and wrapped the foot with kerlix. During an interview completed on 5/18/26, at 10:10 a.m. RN Employee E6 confirmed applying the Medi-honey directly on the calcium alginate and not placing the abdominal pad prior to wrapping the left foot with kerlix and that the facility failed to follow a physician order during a dressing change observation for one of three residents (Resident R56). 28 Pa. Code 211.10(c)(d) Resident care policies28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to provide supervision with meals to monitor for signs and symptoms of dysphagia and failed to make certain that residents were provided appropriate treatment and care in accordance with professional standards of practice for two of six residents (Residents R1 and Resident R8).Findings include: Review of facility policy Incidents and Accidents dated 5/1/26, indicated choking is an incident/accident. It is the facility policy to assure that appropriate and immediate interventions are implemented and corrective actions are taken to prevent recurrences and improve the management of resident care. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1 MDS (minimum data set - a periodic assessment of care needs), dated 3/13/26, indicated diagnosis of intellectual disabilities, esophageal varices, and GERD(Gastroesophageal reflux disease happens when stomach acid flows back up into the esophagus and causes heartburn). Review of Resident R1's care plan dated 11/21/24, indicated to monitor/document/report to physician as needed for signs and symptoms of dysphagia: pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing, refusing to eat, or appears concerned during meals. Review of Resident R1's Speech therapy Discharge summary dated [DATE], revealed discharge recommendations to facilitate safety and efficiency, it is recommended the patient use the following swallow techniques/precautions during the oral intake, alteration of liquid/solids, rate modification, bolus size modifications, small bites/sips, upright posture during meals, and upright posture for more than 30 minutes after meals. During an observation on 5/17/26, at 12:58 p.m. Resident R1's meal was dropped off in his room and left unsupervised. During an observation on 5/17/26, at 12:59 p.m. Resident R1 was observed eating at a fast pace unsupervised. During an interview on 5/17/26, at 1:01 p.m. Nurse Aide (NA), Employee E24 confirmed Resident R1 was not being supervised for pocketing or monitoring. NA, Employee E24 stated she was unsure if the resident was eating at a fast pace because she does not know his baseline to compare to. During an observation on 5/18/26, at 12:23 p.m. Resident R1's meal was observed sitting in his room eating unsupervised. During an interview on 5/18/26, at 12:29 p.m. Nurse Aide (NA), Employee E23 confirmed Resident R1 was not being supervised for pocketing or monitoring. Review of Residents R8's admission record indicated the resident was admitted on [DATE], and readmitted [DATE], with indicated diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), respiratory failure, and cardiac arrest. Review of Resident R8's care plan dated 1/7/26, indicated to monitor/document/report to physician as needed for signs and symptoms of dysphagia: pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing, refusing to eat, or appears concerned during meals. Review of Resident R8's MDS dated [DATE], indicated diagnoses were current. During an interview and observation on 5/17/26, at 1:08 p.m. Resident R8 was observed sitting in the common lounge eating unsupervised. During an interview on 5/17/26, at 1:09 p.m. LPN, Employee E25 confirmed Resident R8 was not being monitored during meals for signs and symptoms of dysphagia as the care plan indicated. During an interview and observation on 5/18/26, at 12:23 p.m. Resident R8 was observed sitting in the common lounge eating unsupervised. During an interview on 5/18/26, at 12:31 p.m. the Registered Nurse Supervisor, Employee E28 confirmed Resident R1 and Resident R8 were not supervised with meals and monitored for signs and symptoms of dysphagia. During an interview on 5/19/26, at 10:30 a.m. the Director of Nursing confirmed Resident R1 and Resident R8 should be supervised with meals. It was indicated if someone is a feeding assist, an order is entered and it populates on the Kardex for the nurse aides to view. During an interview on 5/19/26, at 10:32 a.m. the Speech Therapist, Employee E37, Director of Nursing, and Nursing Home Administrator confirmed the facility failed to ensure two of six residents (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reviewed were supervised during meals (Resident R1 and Resident R8). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(5) Nursing services.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that residents with an enteral feeding tube (G- Tube, a tube inserted in the stomach through the abdomen) received appropriate treatment and services to prevent potential complications for two of two residents (Residents R3, and R4). Findings include: Review of the facility policy Care and Treatment of Feeding Tubes last reviewed 5/1/26, indicated it is the facility policy to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible. Feeding tubes will be utilized according to physician orders. Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE], with the diagnoses of aphasia (language disorder that affects communication), hemiplegia (paralysis on one side of the body), and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Section K0520 Nutritional Approaches - revealed that resident had a feeding tube while a resident. Review of Resident R3's clinical record revealed a physician's order dated 7/29/25, that indicated to change all enteral tubing (date, time and initials), bottles of feed (resident's name, date, time, rate and initials) and syringes (date and initials enteral feed order one time a day. Review of Resident R3's clinical record revealed a physician order dated 12/22/25, that indicated to provide water flush via enteral feeding tube, of 55 milliliters (ml) of water flush per hour. During an observation on 5/17/26, at 2:40 p.m. Resident R3's water flush bag was observed with no label, initials, date or time, and the enteral feeding pole was found soiled with what appeared to be spilled or leaked enteral formula which was dried covering the surface of the pole, and 4 legs above the casters. During an interview on 5/17/26, at 2:43 p.m. Registered Nurse (RN) Employee E5 confirmed there was no label or date on the water bag used for flushes for Resident R3. During an interview on 5/17/25, at 2:44 p.m. the Director of Nursing confirmed that the enteral feeding pole appeared to be soiled with dried tube feeding formula, and the facility failed to ensure that residents with an enteral feeding tube received appropriate treatment and services to prevent potential complications for Residents R3. Review of Residents R4's admission record indicated the resident was admitted on [DATE], and readmitted [DATE]. Review of Resident R4's care plan dated 2/12/18, indicated to administer tube feeding formula, hydration, and flushes per order. Review of Resident R4's Minimum Data Set (MDS - a periodic assessment of care needs) dated (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3/2/26, indicated diagnoses of cognitive communication deficit, dysphagia (difficulty swallowing), and depression. Section K0520- Nutritional Approaches revealed the resident had a feeding tube while a resident. Review of Resident R4's physician order dated 8/11/26, indicated to change all enteral tubing (date, time and initials), bottles of feed (resident's name, date, time, rate and initials) and syringes (date and initials). one time a day for change when starting feed each day. Further review of Resident R4's physician order dated 4/30/26, indicated to administer 1.5 Osmolite via g-tube, set pump to 95 millimeter (ml)/hour (hr) for 17 hours daily. Total volume 1615 milliliters (ml) and water flush 65 ml/hr. It was indicated the tube feed should go up at 12 p.m. and come down at 9:00 a.m. or once 1615 ml is administered. During an observation on 5/17/26, at 10:07 a.m. Resident R4 was observed resting in bed with his tube feed disconnected. 600 ml of the resident's tube feed was remaining in the tube feed bag. The resident's enteral tubing, bag of tube feed, and syringes were undated. During an interview on 5/17/26, at 10:10 a.m. Licensed Practical Nurse, Employee E25 confirmed Resident R4's enteral tubing, bag, and syringe were undated. LPN, Employee E25 confirmed Resident R4 failed to receive his enteral feeding as ordered and 600 ml was remaining. Interview on 5/17/26, at 3:00 p.m. the Director of Nursing and Nursing Home Administrator confirmed the facility failed to ensure that residents with an enteral feeding tube received appropriate treatment and services to prevent potential complications for one of two residents (Residents R4). 28 Pa. Code: 201.18(b)(1) Management.28 Pa. Code: 211.10(c) Resident care policies.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, staff interview, and observations, it was determined that the facility failed to provide appropriate respiratory care for one of two residents (R8). Findings Include: Review of facility policy Oxygen Administration dated 5/1/26, indicated oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the residents' goals and preferences. The resident's care plan shall identify the interventions for oxygen therapy, based upon assessment and orders. Review of facility policy Comprehensive Care Plans dated 3/16/26, indicated the facility will develop and implement a comprehensive person-centered care plan for each resident. Review of Residents R8's admission record indicated the resident was admitted on [DATE], and readmitted [DATE], with indicated diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), respiratory failure, and cardiac arrest. Review of Resident R8's physician order dated 11/10/25, indicated to administer oxygen continuously between 5 to 7 liters to maintain oxygen saturation above 90% every shift related to acute and chronic respiratory failure with hypercapnia. Review of Resident R8's care plan dated 1/7/26, indicated the resident receives oxygen therapy due to respiratory failure. The care plan failed to include oxygen settings. Review of Resident R8's MDS dated [DATE], indicated diagnoses were current. Section O indicated the resident receives oxygen therapy continuously while a resident. During an interview and observation on 5/17/26, at 11:20 a.m. Resident R8 was observed sitting in his wheelchair in the common area. Resident R8's oxygen tank was noted to be in the red zone, empty. During an interview on 5/17/26, at 11:22 a.m. Licensed Practical Nurse, Employee E25 confirmed Resident R8's oxygen tank was empty and replaced the oxygen tank with a new one. During an interview and observation on 5/18/26, at 10:27 a.m. Resident R8 was observed sitting in his wheelchair in the common area. Resident R8's oxygen tank on the back of his wheelchair was observed to be empty the sleeve holding the oxygen tank was ripped. A oxygen concentrator was observed near the resident and was turned off. The resident was not receiving oxygen as ordered. During an interview and observation on 5/18/26, at 10:27 a.m. Licensed Practical Nurse ,Employee E7 confirmed the resident was not receiving oxygen as ordered and was 86% on room air. LPN, Employee E7 confirmed Resident R8's oxygen sleeve was ripped. During an interview on 5/18/26, at approximately 3:00 p.m. the Nursing Home Administrator confirmed the facility failed to provide appropriate respiratory care for one of two residents (R8). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interview it was determined that the facility failed to provide trauma survivors with trauma informed care to eliminate or mitigate triggers that may cause re-traumatization of the resident for two of two residents (Resident R1 and R33). Findings include: Review of facility policy Trauma Informed Care dated 5/1/26, indicated that the facility will identify triggers which may re-traumatize residents with a history of trauma and develop care plan interventions which minimize or eliminate the effect of the trigger on the resident. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1 MDS (minimum data set - a periodic assessment of care needs), dated 3/13/26, indicated diagnosis of PTSD (a mental health condition that caused by an extremely stressful or terrifying event), depression, and dysphagia (difficulty swallowing). Review of Resident R1's care plan dated 5/19/25, revealed the resident has a diagnoses of PTSD due to sexual abuse. The care plan failed to identify triggers for Resident R1 as related to PTSD. Review of Resident R1 psychiatry note dated 4/29/26, identified the resident's PTSD diagnosis and stated to continue to offer support and care plan for triggers when identified. Patient's triggers: Resident who looks like person who assaulted him. No description was provided of person who assaulted him. During an interview on 5/20/26, at 10:18 a.m. Licensed Practical Nurse (LPN), Employee E33 stated she was unaware of Resident R1's PTSD triggers. During an interview on 5/20/26, at 10:19 a.m. Registered Nurse Supervisor, Employee E28 confirmed the facility failed to identify and care plan Resident R1's PTSD triggers. During an interview on 5/20/26, at 10:27 a.m. the Director of Nursing confirmed the facility failed to provide trauma survivors with trauma informed care to eliminate or mitigate triggers that may cause re-traumatization of the resident for one of two residents (Resident R1). Review of Resident R33's admission record indicated he was admitted on [DATE]. Review of Resident R33's MDS assessment dated 51/26, indicated he had diagnoses that included chronic obstructive pulmonary disease (COPD: a disease characterized by persistent respiratory symptoms involving breathlessness, coughing, and obstructed airflow to the lungs), alcohol use, hypertension (a condition impacting blood circulation through the heart related to poor pressure), and Post Traumatic Stress Disorder (PTSD). Review of Resident R33's psychiatric clinical note dated 3/4/26, indicated that he had no recent PTSD symptoms. (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R33's care plans dated 3/27/26, indicated that he had diagnoses of PTSD related to past trauma and manifested by anxiety. Review of Resident R33's care plans did not indicate specific triggers related to PTSD diagnoses. During an interview on 5/19/26, at 10:39 a.m. Licensed Practical Nurse (LPN) Employee E20 was asked about specific triggers for PTSD: I see some things about psychotropic medications; other than that, nothing about PTSD. During an interview on 5/19/26, at 11:11 a.m. Registered Nurse Assessment Coordinator (RNAC) Employee E34 was asked about specific triggers for PTSD: Resident R33 gets anxious when needs are not met. During an interview on 5/19/26, at 2:23 p.m. information disseminated to Director of Nursing (DON) and Nursing Home Administrator (NHA) that concerns were identified with PTSD care plan being specific to Resident R33's behavioral triggers as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1) Management.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on review of facility policy, personnel records and staff interviews, it was determined that the facility failed to complete annual performance evaluations for two of three nursing staff (Nurse Aide (NA) Employees E2 and E3).Findings include: Review of facility Evaluations Process policy last reviewed 5/1/26, indicated it is the policy of our facility to review the work performance of employees with a written evaluation yearly. Review of NA Employee E2's personnel record indicated a hire date of 3/12/24. Review of NA Employee E2's current employee file failed to reveal an annual employee performance evaluation for 3/12/25, through 3/12/26. Review of NA Employee E3's personnel record indicated a hire date of 4/5/24. Review of NA Employee E3's current employee file failed to reveal an annual employee performance evaluation for 4/5/25, through 4/5/26. During an interview completed on 4/19/26, at 1:50 p.m. Human Resource Employee E9 stated, I just started in February 2026, I am starting to use a new process and confirmed that the facility failed to complete annual performance evaluations for two of three nursing staff personnel records (NA Employees E2 and E3). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.20(a)(d) Staff development.

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F 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to develop and implement individualized person-centered care plans to address dementia for one of three residents reviewed (Resident R42).Findings include: Review of the clinical record revealed Resident R42 was admitted to the facility on [DATE]. Review of Resident R42's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/19/26, indicated diagnoses of high blood pressure, chronic pain, and dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Review of Resident R42's care plan failed to indicate the facility had developed and implemented an individualized person-centered care plan to address Resident R42's dementia and cognitive loss. During an interview on 5/20/26, at 1:50 p.m. the Director of Nursing confirmed that the facility failed to develop and implement individualized person-centered care plans to address dementia for one of three residents reviewed (Resident R42). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.10(c)(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, clinical record review, and resident and staff interview it was determined that the facility failed to provide medically related social services to one of four residents (Resident R29).Findings include: Review of the facility Social Service policy dated 5/1/26, revealed the facility will provide medically-related social services to each resident, to assist in attaining or maintaining the resident's highest practicable physical, mental, and psychosocial well-being. Review of Residents R29's admission record indicated the resident was admitted on [DATE]. Review of a social service progress note dated 2/12/26, revealed the resident decided he would like to pursue assisted living, Social Services continues to follow. Review of Resident R29's Minimum Data Set (MDS -a periodic assessment of resident care needs) dated 3/26/26, included diagnoses of indicated diagnoses of adult failure to thrive, muscle wasting, and glaucoma. Section B1000. Vision indicated the resident is severely impaired. During an interview on 5/17/26, at 9:25 a.m. Resident R29 expressed he feels uncomfortable at the facility and indicated this place is not equipped for a blind person. The resident indicated he only had four lessons from the blind school. He indicated there is only so much the blind school can do, and if he had his own place it'll be different. Resident R29 stated he feels stuck and just want own place. Review of the clinical record failed to include a care plan for discharge. During an interview on 5/20/26, at 1:39 p.m. the Nursing Home Administrator confirmed the facility failed to provide medically related social services to one of four residents (Resident R29). 28 Pa. Code 211.16 (a) Social services. 28 Pa. Code 211.5 (h)Clinical records.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review, resident interview, and staff interview it was determined that the facility failed to ensure that the pharmacy provided medications timely for one of eight residents reviewed (Resident R46).Findings include: Review of the facility policy Pharmacy Services dated 5/1/26, indicated that the facility will provide pharmaceutical services to include procedures that assure the accurate acquiring, receiving, dispensing, and administering of all routine and emergency drugs and biologicals to meet the needs of each resident, are consistent with state and federal requirements, and reflect current standards of practice. Review of the clinical record indicated Resident R46 was admitted to the facility on [DATE]. Review of Resident R46's MDS dated [DATE], indicated diagnoses of high blood pressure, chronic pain, and muscle weakness. During an interview on 5/17/26, at 10:42 a.m. Resident R46 stated that she has not received morphine (medication for severe pain) in the past week. Review of Resident R46's clinical record revealed a physician's order dated 4/11/25, for MS Contin (extended release morphine) 15 milligrams (mg) to be provided by mouth three times per day for chronic pain. Review of Resident R46's clinical record revealed a nurse's progress note dated 5/5/26. that indicated that pharmacy was contacted yesterday (5/4/26) afternoon and stated they would send MS Contin out on yesterday evening's run, but has not arrived. Spoke with pharmacists today and they are sending quantity of 27 tablets this evening (5/5/26). Review of Resident R46's clinical record revealed additional notes that resident did not receive MS Contin due to drug not being available on 5/3/26, 5/4/26, 5/5/26, 5/6/26, 5/15/26, 5/16/26, and 5/17/26. Review of Resident R46's Medication Administration Record (MAR) revealed that resident did not receive MS Contin as ordered on the following dates/times:5/3/26 8:00 p.m.5/4/26 6:00 a.m.5/4/26 8:00 p.m.5/5/26 6:00 a.m.5/5/26 2:00 p.m.5/5/26 8:00 p.m.5/6/26 6:00 p.m.5/15/26 8:00 p.m.5/16/26 6:00 a.m.5/16/26 2:00 p.m.5/16/25 8:00 p.m.5/17/26 6:00 a.am. During an interview on 5/20/26, at 11:13 a.m. the Director of Nursing (DON) confirmed that the facility failed to ensure that the pharmacy provided medications for the above dates and times. DON stated that the facility was informed on 5/8/26, that a new pharmacy would providing services beginning the next day (5/9/26), and that new prescriptions were required to be filled out for Resident R46, which resulted in further delays in providing medications timely for Resident R46. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.28 Pa. Code 211.9(f)(4) Pharmacy services.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical records and staff interview, it was determined that the facility failed to provide documentation that medication regimen reviews (MRR) were completed and reviewed by the resident's attending physician for one of four residents (Residents R11). Findings include: Review of facility policy Pharmacy Services dated 5/1/26, indicated it is the facility policy to ensure that pharmaceutical services, whether employed by the facility or under an agreement are provided to meet the needs of each resident, are consistent with state and federal requirements, and reflect current standards of practice. Review of the clinical record indicated Resident R11 was admitted to the facility on [DATE], with diagnoses of Alzheimer's disease with late onset, schizoaffective disorder, and major depressive disorder. Review of Resident R11's care plan dated 11/9/22, indicated to consult with pharmacy, medical doctor, and psych to consider dosage reduction when clinically appropriate. Review of Resident R11's physician order dated 2/17/25, indicated to administer 100 milligram (mg) Seroquel, one tablet by mouth three times a day daily. Review of Resident R11's consultant pharmacist's medication regimen review dated 5/10/25, revealed recommendations lacking a response. It was indicated Resident R11 was recommended a movement test, such as AIMS (Measures involuntary movements of tardive dyskinesia) to be performed at lease every six months while the resident continues on antipsychotic therapy. The resident continued on Seroquel. Review of Resident R11's consultant pharmacist's medication regimen review dated 6/4/25, recommended a movement test, such as AIMS to be performed at lease every six months while the resident continues on antipsychotic therapy. The resident continued on Seroquel. Review of Resident R11's clinical record from 5/10/26, to 4/30/26, failed to include evidence a AIMS test was performed as recommended. During an interview on 5/20/26, at 1:39 p.m. the Nursing Home Administrator confirmed the facility failed to provide documentation that medication regimen reviews (MRR) were completed and reviewed by the resident's attending physician and that the facility failed to timely conduct an AIMS test as recommended for one of four residents (Residents R11). 28 Pa Code: 201.14 (a) Responsibility of licensee.28 Pa. Code 211.5(f) Medical records.28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spring Hill Rehabilitation and Nursing Center	2170 Rhine Street Pittsburgh, PA 15212

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, staff interview and observation it was determined that the facility failed to prime an insulin pen prior to administration for one of three residents (R55).Findings include: Review of the facility policy Insulin Pen last reviewed 5/1/26, indicated it is the policy of this facility to use insulin pens to improve the accuracy of insulin dosing. Insulin pens will be primed prior to each use to avoid collection of air in the insulin reservoir. Prime the insulin pen by dialing up 2 units by turning the dose selector clockwise. With the needle pointing up, push the plunger, and watch to see that at least one drop of insulin appears on the tip of the needle. If not repeat until at least one drop appears. Review of the clinical record revealed Resident R55 was admitted to the facility on [DATE]. Review of Resident R55's Minimum Data Set (MDS - a periodic assessment of care needs) dated 4/16/26, indicated diagnosis of hypertension (high blood pressure) and diabetes (high sugar in the blood) and hyperlipidemia (high fat in the blood) Review of Resident R55 physician orders dated 4/7/26, indicated Lantus (long-acting insulin) Subcutaneous (injecting between the fatty tissue layer between the skin and muscle) Solution 100 Unit/Milliliter Inject 38 units subcutaneously one time a day related to diabetes. During a medication pass observation completed on 5/18/26, at 9:07 a.m. Licensed Practical Nurse (LPN) Employee E7 was preparing Resident R55's Lantus insulin pen. LPN Employee E7 failed to prime the needle as required. During an interview completed on 5/18/26, at 9:23 a.m. LPN Employee E7 confirmed that she failed to prime the insulin pen needle as required. 28 Pa. Code: 211.10 (c)(d) Resident Care policies.28 Pa. Code: 211.12 (d)(1)(2)(3)(5) Nursing services.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to properly secure a treatment cart while not in use for two of two treatment carts (First Floor Treatment Cart and Second Floor Treatment Cart), failed to properly store medications in one of two medication storage rooms (First Floor Medication Room) and failed to properly store medications in two of four medication carts (First Floor East Hall Medication Cart and Second Floor [NAME] Hall Medication Cart).Findings include: Review of the facility policy Medication Storage last reviewed 5/1/26, indicated it is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufactures recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. All drugs and biological will be stored in locked compartments. During a medication pass, medication must be under the direct observation of the person administering medications or locked in the medication storage area/cart. External products disinfectants and drugs for external use are stored separately from internal and injectable medication. Medications to be administered by mouth are stored separately from internal and injectable medications. Review of the facility policy Administering Medications last reviewed 5/1/26, indicated medications are administered in a safe and timely manner, and as prescribed. The expiration/beyond use date on the medication label is checked prior to administering medications, when opening a multi dose container the date opened is recorded on the container. During an observation completed on 5/17/26, at 8:43 a.m. the First Floor Treatment Cart was parked next to the elevator. The treatment cart was unlocked and unattended. During an interview completed on 5/17/26, at 8:46 a.m. Registered Nurse (RN) Employee E4 confirmed the treatment cart was left next to the elevator unlocked and unattended and that the facility failed to properly secure a treatment cart while not in use (First Floor Treatment Cart). During an observation completed on 5/17/26, at 9:13 a.m. the First Floor East Medication Cart contained the following:One bottle of liquid amantadine opened and not labeled with a date as required.A Fluticasone inhaler opened and not labeled with a date as required.A bottle of Robitussin opened and not labeled with a date as required.A solid blue inhaler spacer placed in the same bag with a blue and white inhaler spacer not labeled with a name.A stioloto inhaler opened and not labeled with a date as required.During an interview completed on 5/17/26, at 9:16 a.m. RN Employee E5 confirmed the above observation stated, I don't know who the inhaler spacers belong to and confirmed that the failed to properly store medications in the First Floor East Medication Cart. During an observation completed on 5/17/26, at 9:23 a.m. The First Floor Medication Room contained the following:A pack of [NAME] cigarettesA bag that contained the following medications: one bottle of Lasix 40 milligram (mg), one bottle of Duloxetine 30 mg, one bottle of Buspirone 7.5 mg, one bottle of Neurontin 400 mg, One bottle of Duloxetine 60 mg, one bottle of Metoprolol 25 mg, one bottle of Protonix 40 mg and one albuterol inhaler. RN Employee E4 stated that the medications were brought into the facility with Resident R19 and will be given back to the resident on discharge or given to the family to take home.One can of lite beer was on the counter that failed to be labeled with a name.The First Floor Medication Room refrigerator contained: Two white ice packsTwo vials of tubersol opened and not labeled with a date as required.During an interview completed on 5/17/26, at 9:30 a.m. RN Employee E4 confirmed the above observations and that the facility failed to properly store medications in one of two medication storage rooms (First Floor Medication Room). During an observation completed on 5/17/26, at 9:49 a.m. the Second Floor [NAME] Medication Cart contained the following:A box of rectal suppositories co-mingling with oral medications.1 bottle of oxcarbazepine opened and not labeled with a date as required.1 bottle Haldol opened and not labeled with a date as required.6 boxes (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of ipratropium brominate and albuterol that contained individual silver packs the silver packs were opened and failed to be labeled with a date as required.A tube of voltaren gel sitting on top of the cart not labeled with a name or date opened as required.During an interview completed on 5/17/26, at 10:15 a.m. RN Employee E10 confirmed the above observations and the facility failed to properly store medications in the Second Floor [NAME] Hall Medication Cart. During an observation completed on 5/17/26, at 1:00 p.m. the Second Floor Treatment Cart was parked next to the elevator. The treatment cart was unlocked and unattended. During an interview completed on 5/17/26, at 1:02 p.m. Infection Preventionist RN Employee E8 confirmed the treatment cart was left next to the elevator unlocked and unattended and that the facility failed to properly secure a treatment cart while not in use (Second Floor Treatment Cart). 28 Pa. Code: 201(a) Responsibility of licensee.28 Pa. Code: 211.9(a)(1) Pharmacy services.28 Pa. Code: 211.12(d)(1)(2)(5) Nursing services.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observations, facility menu, resident interviews, and staff interviews it was determined that the facility failed to follow the displayed menu for two of five observed meals (lunch meal 5/17/26, and lunch meal 5/18/26).Findings include: Review of posted lunch menu for 5/17/26, revealed that the entree was an egg salad sandwich on a croissant. During an observation on 5/17/26, at 12:50 p.m. in Frist Floor Lounge area, Resident R21 was served her lunch and upon inspecting her meal replied Look at these fancy croissants. and pointed to the plain hamburger bun that was served. During an interview on 5/17/26, at 12:57 p.m. Dietary Manager Employee E14 stated that the facility did not have croissants, and confirmed that the facility failed to serve the planned menu. Review of lunch menu for 5/18/26, revealed that Mechanical Soft (diet that is chopped to ensure ease in chewing) menu is to be served green beans. During an observation on 5/18/26, at 12:25 p.m. Resident R1 was served a Mechanical Soft diet, but received a chopped salad instead of green beans. During an interview on 5/18/26, at 1:00 p.m. Dietary Manager Employee E14 confirmed that the facility failed to serve green beans according to the planned menu for Mechanical Soft diets. Pa Code: 201.18(b)(1) Management.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observations, and staff interviews it was determined that the facility failed to provide residents food products based on their preferences for one out of five residents (Resident R1).Findings include: During an observation on 5/18/26, at 12:25 p.m. Resident R1's lunch ticket indicated that he is to receive double portions, however, only a single portion of food was served. During an interview on 5/18/26, at 12:29 p.m. Nurse Aide Employee E23 confirmed that the facility failed to provide double portions per resident preference. Pa Code: 201.14(a) Responsibility of licensee.

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of resident clinical records, and staff interview, it was determined the facility failed to ensure the coordination of hospice services with facility services to meet the needs of each resident for end of life care for one of two residents (Resident R25).Findings include: Review of the clinical record revealed that Resident R25 was admitted to the facility on [DATE]. Review of Resident R25's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/3/26, indicated diagnoses of high blood pressure, chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness), and muscle spasm. Review of physician order dated 10/29/25, indicated Resident R25 was admitted under hospice services. Review of Resident R25's current comprehensive care plan failed to indicate a plan of care by the facility that displayed the coordination of hospice services by failing to include contact information for the hospice agency and how to access the hospice's 24 hour on-call system. During an interview on 5/20/26, at 11:06 a.m. the Director of Nursing confirmed that the facility failed to include contact information for the hospice agency and how to access the hospice's 24 hour on-call system in the plan of care, and that the facility failed to ensure the coordination of hospice services with facility services to meet the needs of Residents R25. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.12(d)(3) Nursing services.

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on review of Quality Assurance Attendance records, and staff interview, it was determined that the facility failed to conduct Quality Assessment and Assurance (QAA) meetings at least quarterly (August 2025 and April 2026) Findings include: A review of the QAA Committee meeting sign in sheets for 2025 indicated one meeting in August of 2025. A review of the QAA Committee meeting sign in sheets for 2026 indicated one meeting in April of 2026. During an interview on 5/21/26, at 1:09 p.m. Nursing Home Administrator confirmed that the facility failed to conduct QAA meetings at least quarterly with all of the required committee members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18 (e) (1)(2)(3)(4) Management

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, observations, and staff interviews, it was determined that the facility failed to utilize appropriate Personal Protective Equipment (PPE) for one of three residents in reverse isolation precautions (Resident R57) failed to prevent cross contamination during a dressing change for one of three residents (Resident R56) and failed to prevent cross contamination during medication administration for one of three residents (Resident R18). Findings include: Review of the facility policy Dressings, Dry/Clean last reviewed 5/1/26, indicated the purpose of this procedure is to provide guidelines for the application of dry, clean dressings. Verify that there is a physician order for this procedure. Steps in the procedure include but not inclusive to establish a clean field, discard disposable items into the designated contains, clean the bedside stand. Review of the facility policy Modified Protective Environment Precaution last reviewed 5/1/26, indicated place resident in a private room, if possible. Staff must adhere to strict hand hygiene protocols. Speak with the physician regarding the amount of time the patient to be out of their room and if they should wear a surgical mask Review of the facility policy Administering Medications last reviewed 5/1/26, indicated medications are administered in a safe and timely manner, and as prescribed. Staff follow established facility infection control procedures: handwashing, antiseptic technique, gloves, isolation precautions for the administration of medications. During observations on 5/17/26, at 8:36 a.m. the first-floor personal laundry room was found with a full sharpies-container (a container used for disposable needles) unattached to the wall, sitting on top of a counter, and a centrifuge (device used for fluid samples) was observed in laundry room on top of the dryer. Observations took place with Environmental services Supervisor Employee E16. During an interview on 5/17/26, at 8:47 a.m. Registered Nurse (RN) supervisor Employee E4 confirmed the observations of first floor personal laundry room which was found with a full container of sharpies, unattached to wall, and a centrifuge. During an interview on 5/18/26, at 2:39 p.m. information disseminated to the Director of Nursing (DON) that the observations of the laundry room created the potential for cross contamination and was an infection control concern. Review of the clinical record revealed Resident R57 was admitted to the facility on [DATE]. Review of Resident R57's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/20/26, indicated the diagnosis of anemia, anxiety and [NAME] syndrome (a complication of long-standing rheumatoid arthritis (auto-immune disease that causes pain, swelling and stiffness in the joint), an enlarged spleen and low white blood cell count). Review of Resident R57's physician orders dated 3/17/26, indicated Enhanced Barrier Precautions for wound. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R57's physician orders dated 4/17/26, indicated Reverse Isolation Precautions every shift related to [NAME] syndrome. Review of Resident R57's current care plan dated 4/17/26, indicated reverse isolation precautions: staff and family to wear a mask while in close proximity to resident. During an observation completed on 5/17/26, at 8:48 a.m. a sign was hanging on Resident R57's door frame placed above the enhanced precaution sign that indicated: Reverse Isolation Precautions: Protect from potential Pathogens: Wear a mask when in close proximity: Meticulous cleaning and disinfecting required. During a medication pass observation completed on 5/17/26, at 9:11 a.m. Registered Nurse (RN) Employee E5 entered Resident R57's room to administer medications. RN Employee E5 failed to wear a mask. During an interview completed on 5/17/26, at 9:13 a.m. RN Employee E5 confirmed she did not wear a mask when administering Residents R57's medication and stated she did not see the sign and confirmed that the facility failed to utilize appropriate Personal Protective Equipment (PPE) for one of three residents in reverse isolation precautions (Resident R57). Review of the clinical record revealed Resident R56 was admitted to the facility on [DATE]. Review of Resident R56's MDS dated [DATE], indicated the diagnosis of hypertension (high blood pressure, diabetes (high sugar in the blood) and peripheral vascular disease (PVD- restricts blood flow). Review of Resident R57's physician orders dated 5/1/26, indicated left plantar foot-cleanse with wound cleanser, apply a thick layer of Medi-honey then calcium alginate cut to fit, cover with abdominal pad and wrap with kerlix to secure every daylight shift for wound care. During a wound care observation completed on 5/18/26, at 9:58 a.m. Registered Nurse (RN) Employee E6 completed the dressing change, removed items and barrier that were placed on the bedside stand and exited the room without cleansing the over the bed table. During an interview completed on 5/18/26, at 10:10 a.m. RN Employee E6 confirmed not cleansing the table after the completion of the dressing change for Resident R56 and that the facility failed to prevent cross contamination during a dressing change for one of three residents (Resident R56) Review of the admission record indicated Resident R18 was admitted to the facility on [DATE]. Review of Resident R18's MDS dated [DATE], indicated the diagnosis of anemia (low iron in the blood) diabetes and hypertension (high blood pressure). During a medication administration observation completed on 5/17/26, at 9:36 a.m. RN Employee E10 applied a pair of gloves and prepared all Resident R18's oral medications by removing from the medication blister pack or bottle and placing into her gloved hands then placing into the medication cup for administration. During an interview completed on 5/17/26, at 9:37 a.m. RN Employee E10 confirmed touching all of (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Residents R18's oral medications utilizing the same gloved hand and that the facility failed to prevent cross contamination during medication administration for one of three residents (Resident R18). 28 Pa. Code: 201.14 (a) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1)(e)(1) Management. 28 Pa. Code: 211.10 (d) Resident care policies. 28 Pa. Code: 211.12 (d)(1)(2)(5) Nursing services.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. Based on observations, and staff interview it was determined that the facility failed to maintain a fully functioning resident call bell system for one of two nursing units (second floor nursing unit).Findings include: During an observation on the second floor nursing unit the following was observed/heard: 5/17/26: 12:41 p.m. call bell ringing on second floor nursing unit, residents rooms call bell lights were not lit.5/18/26: 10:24 a.m. call bell ringing on second floor nursing unit, residents rooms call bell lights were not lit.5/19/26: 2:02 p.m. call bell ringing on second floor nursing unit, residents rooms call bell lights were not lit. During interviews on 5/17/26, 5/18/26 and 5/19/26 (Nurse Aide Employee E35,E36,and E37) indicated that the call bell system has been sounding for a while - and that there is no light for any room but the sound continuality goes off. We have to keep looking at the call light board or down the hallways. During an interview on 5/19/26: 2:03 p.m. Employee E38 Maintenance Director indicated that system is ringing consistently, all the call bells work light and sound, but they have not been able to identify why the system keeps sounding. During an interview on 5/20/26, at 3:04 p.m. Nursing Home Administrator confirmed that the call bell system on the second floor nursing unit did not function correctly and that the facility failed to maintain a fully functioning resident call system for the second floor nursing unit. 28 Pa. Code 201.14 (a) Responsibility of licensee28 Pa. Code 205.28 (c)(1) Nurses' station.

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F 0924 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Put firmly secured handrails on each side of hallways. Based on observations, policy review, and staff interviews, it was determined that the facility failed to ensure that its corridors were equipped with firmly secured handrails for one of two nursing floors (1st floor). Findings Include: An observation in the first floor nursing unit on 5/17/26, at 12:48 p.m. revealed that the handrail affixed on the front side of the nursing station was loose to touch. An interview with the housekeeper, Employee E36 on 5/17/26, confirmed the handrail was not secured properly. It was indicated he had been aware since Thursday and was unsure if maintenance was aware. An interview with the Registered Nurse Supervisor, Employee E28, on 5/17/26, at 12:55 p.m. confirmed that the handrails should be securely affixed to the walls. 28 Pa. Code 201.18 (b) (1) Management

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	395666	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spring Hill Rehabilitation and Nursing Center	2170 Rhine Street Pittsburgh, PA 15212

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0941 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members. Based on review of facility policy, facility in-service documentation, personnel files, and staff interviews, it was determined that the facility failed to provide annual training on Effective Communication for two of three staff members (Nurse Aide (NA) Employees E2 and E3).Findings include: Review of facility policy Continuing Education last reviewed 5/1/26, indicated compliance with the facilities standards, policies, and procedures is a condition of employment. This includes compliance with the policies and procedures of the facilities training program. Review of the facility policy Training Requirements- Communication Training last reviewed 5/1/26, indicated the facility will include effective communication as mandatory training for direct care staff. Review of NA Employee E2's personnel record indicated a hire date of 3/12/24. Review of NA Employee E2's current personal file failed to reveal annual in-service training on Effective Communication 3/12/25, through 3/12/26. Review of NA Employee E3's personnel record indicated a hire date of 4/15/24. Review of NA Employee E3's current personal file failed to reveal annual in-service training on Effective Communication 4/5/25, through 4/5/26. During an interview completed on 4/19/26, at 1:50 p.m. Human Resource Employee E9 confirmed that the facility failed to provide annual training on Effective Communication for two of three staff members (NA Employees E2 and E3). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.20(a)(d) Staff development.

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F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. Based on review of facility policy, facility in-service documentation, personnel files, and staff interviews, it was determined that the facility failed to provide training on Abuse, Neglect, and Exploitation for one of three staff members Nurse Aid (NA) Employee E3.Findings include: Review of facility policy Continuing Education last reviewed 5/1/26, indicated compliance with the facilities standards, policies, and procedures is a condition of employment. This includes compliance with the policies and procedures of the facilities training program. Review of the facility policy Training Requirements- Abuse, Neglect and Exploitation Training last reviewed 5/1/26, indicated the facility will include activities that constitute abuse, neglect, exploitation, and misappropriation of resident property. Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident's property, dementia management and resident abuse prevention. Review of NA Employee E3's personnel record indicated a hire date of 4/5/24. Review of NA Employee E3's current personal file failed to reveal annual in-service training on Abuse, Neglect, and Exploitation 4/5/25, through 4/5/26. During an interview completed on 4/19/26, at 1:50 p.m. Human Resource Employee E9 confirmed that the facility failed to provide training on Abuse, Neglect, and Exploitation for one of three staff members Nurse Aid (NA) Employee E3. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.20(a)(d) Staff development.

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct mandatory training, for all staff, on the facility?s Quality Assurance and Performance Improvement Program. Based on review of facility policy, facility in-service documentation, personnel files, and staff interviews, it was determined that the facility failed to provide training on Quality Assurance and Performance Improvement (QAPI) for one of three staff members (Nurse Aide (NA) Employee E3).Findings include: Review of facility policy Continuing Education last reviewed 5/1/26, indicated compliance with the facilities standards, policies, and procedures is a condition of employment. This includes compliance with the policies and procedures of the facilities training program. Review of the facility policy Training Requirements-Abuse, Neglect and Exploitation Training last reviewed 5/1/26, indicated the facility will include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facilities QAPI program. Review of NA Employee E3's personnel record indicated a hire date of 4/5/24. Review of NA Employee E3's current personal file failed to reveal annual in-service training on QAPI 4/5/25, through 4/5/26. During an interview completed on 4/19/26, at 1:50 p.m. Human Resource Employee E9 confirmed that the facility failed to provide training on QAPI for one of three staff members Nurse Aid (NA) Employee E3. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.20(a)(d) Staff development.

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F 0945 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program. Based on review of facility policy, facility in-service documentation, personnel files, and staff interviews, it was determined that the facility failed to provide training on Infection Control for one of three staff members (Nurse Aide (NA) Employee E3).Findings include: Review of facility policy Continuing Education last reviewed 5/1/26, indicated compliance with the facilities standards, policies, and procedures is a condition of employment. This includes compliance with the policies and procedures of the facilities training program. Review of the facility policy Training Requirements-Infection Control Training last reviewed 5/1/26, indicated that the facility will include a mandatory in-service training of its infection control program. Review of NA Employee E3's personnel record indicated a hire date of 4/5/24. Review of NA Employee E3's current personal file failed to reveal annual in-service training on Infection Control 4/5/25, through 4/5/26. During an interview completed on 4/19/26, at 1:50 p.m. Human Resource Employee E9 confirmed that the facility failed to provide training on Infection Control for one of three staff members Nurse Aid (NA) Employee E3. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.20(a)(d) Staff development.

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F 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide training in compliance and ethics. Based on review of facility policy, facility in-service documentation, personnel files, and staff interviews, it was determined that the facility failed to provide training on Compliance and Ethics for one of three staff members (Nurse Aide (NA) Employee E3).Findings include: Review of facility policy Continuing Education last reviewed 5/1/26, indicated compliance with the facilities standards, policies, and procedures is a condition of employment. This includes compliance with the policies and procedures of the facilities training program. Review of the facility policy Training Requirements-Compliance and Ethics Committee Training last reviewed 5/1/26, indicated that the facility must include annual training of the compliance and ethics program. Review of NA Employee E3's personnel record indicated a hire date of 4/5/24. Review of NA Employee E3's current personal file failed to reveal annual in-service training on Compliance and Ethics 4/5/25, through 4/5/26. During an interview completed on 4/19/26, at 1:50 p.m. Human Resource Employee E9 confirmed that the facility failed to provide training on Compliance and Ethics or one of three staff members Nurse Aid (NA) Employee E3. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.20(a)(d) Staff development.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on review of facility policy, facility in-service documentation, personnel files, and staff interviews, it was determined that the facility failed to ensure that two of three sampled Nurse Aides received a minimum of 12 hours of in-service education per year (NA Employee's E2 and E3).Findings include: Review of facility policy Continuing Education last reviewed 5/1/26, indicated compliance with the facilities standards, policies, and procedures is a condition of employment. This includes compliance with the policies and procedures of the facilities training program. Review of the facility policy Training Requirements-Required In-service Training for Nurse Aides last reviewed 5/1/26, indicated required in-service training for nurse aides will be sufficient to ensure the continuing competence of nurse aides but be no less that 12 hours per year. Review of NA Employee E2's personnel record indicated a hire date of 3/12/24. Review of NA Employee E2's current employee file failed to reveal that NA Employee E2 had received a minimum of 12 hours of yearly in-service training for 3/12/25, through 3/12/26. Review of NA Employee E3's personnel record indicated a hire date of 4/5/24. Review of NA Employee E3's current employee file failed to reveal that NA Employee E3 had received a minimum of 12 hours of yearly in-service training for 4/5/25, through 4/5/26. During an interview completed on 4/19/26, at 1:50 p.m. Human Resource Employee E9 confirmed that the facility failed to ensure that two of three sampled Nurse Aides received a minimum of 12 hours of in-service education per year (NA Employee's E2 and E3). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.20(a)(d) Staff development.

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F 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide behavior health training consistent with the requirements and as determined by a facility assessment. Based on review of facility policy, facility in-service documentation, personnel files, and staff interviews, it was determined that the facility failed to provide training on Behavioral Health for two of three staff members (Nurse Aide (NA) Employee E2 and NA Employee E3).Findings include: Review of facility policy Continuing Education last reviewed 5/1/26, indicated compliance with the facilities standards, policies, and procedures is a condition of employment. This includes compliance with the policies and procedures of the facilities training program. Review of the facility policy Training Requirements-Behavioral Health Training last reviewed 5/1/26, indicated that the facility will provide Behavioral Health training. Review of NA Employee E2's personnel record indicated a hire date of 3/12/24. Review of NA Employee E2's current employee file failed to reveal that NA Employee E2 had received Behavioral Health training for 3/12/25, through 3/12/26. Review of NA Employee E3's personnel record indicated a hire date of 4/5/24. Review of NA Employee E3's current employee file failed to reveal that NA Employee E3 had received Behavioral Health training for 4/5/25, through 4/5/26. During an interview completed on 4/19/26, at 1:50 p.m. Human Resource Employee E9 confirmed that the facility failed to provide training on Behavioral Health for two of three staff members (Nurse Aide (NA) Employee E2 and NA Employee E3). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.20(a)(d) Staff development.