| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395671 | A. Building<br>B. Wing | 05/21/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Southmont of Presbyterian Seniorcare | 835 South Main Street<br>Washington, PA 15301 |

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

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide safe and appropriate respiratory care for a resident when needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, observations, and staff interviews, it was determined that the facility failed to provide appropriate respiratory care and maintain oxygen equipment for three of eight sampled residents (Residents R1, R74, and R111).Findings include: Review of the facility policy Changing Nasal Cannulas and Masks reviewed on 11/21/25, with a prior review date of 11/21/24. The policy indicates, All residents who are receiving oxygen therapy shall have masks and nasal cannula tubing changed weekly and/or PRN. Review of Resident R1's admission record indicated he was admitted on [DATE]. Review of Resident R1's Minimum Data Set (MDS- a periodic assessment of care needs) dated 2/27/26, indicated the diagnoses of respiratory failure (lungs cannot provide enough oxygen or remove enough carbon dioxide), schizophrenia (serious mental health condition affects thinking, feelings, and behavior), and seizure disorder (sudden disruptions of the brain's normal electrical activity). Review of Resident R1's current physician orders dated 2/24/26, indicated oxygen equipment, tubing and humidifier change once a day every Sunday. Resident is on 2 liters per minute of oxygen. Review of Resident R74's admission record indicated he was originally admitted on [DATE]. Review of Resident R74's Minimum Data Set (MDS- a periodic assessment of care needs) dated 3/7/26, indicated the diagnoses of coronary artery disease (CAD arteries become narrowed or blocked by buildup of plaque reducing blood flow to the heart), heart failure (the heart is unable to pump enough blood to meet the body's need for blood and oxygen), and hypertension (high blood pressure). Review of Resident R74's current physician orders dated 3/25/26, indicated oxygen equipment, tubing and humidifier change once a day every Sunday. Resident is on 2 liters per minute of oxygen. Review of Resident R117's admission record indicated he was originally admitted on [DATE]. Review of Resident R117's Minimum Data Set (MDS- a periodic assessment of care needs) dated 2/16/26, indicated the diagnoses of chronic obstructive pulmonary disease (COPD progressive lung disease limiting airflow to the lungs), heart failure (the heart is unable to pump enough blood to meet the body's need for blood and oxygen), and hypertension (high blood pressure). Review of Resident R74's current physician orders dated 4/27/26, indicated oxygen equipment, tubing and humidifier change once a day every Saturday. Resident is on 2 liters per minute of oxygen. Interview and observations on 5/19/26, at approximately 9:00 a.m. to 9:30 a.m., with Registered Nurse (RN) Employee E1, confirmed Resident's R1, R74, and R117 were observed, with oxygen tubing connected to their oxygen concentrator, the tubing had not been labeled and dated. During an interview on 5/19/26, at 10:00 a.m. the Nursing Home Administrator confirmed that the facility failed to provide appropriate respiratory care and maintain oxygen equipment. 28 Pa. Code 211.10(c)(d) Resident Care Policies.28 Pa. Code 211.12(d)(1)(5) Nursing services. |

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

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395671 | A. Building<br>B. Wing | 05/21/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Southmont of Presbyterian Seniorcare | 835 South Main Street<br>Washington, PA 15301 |

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

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure that residents are free from significant medication errors.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of observations, clinical record review, and staff interviews, it was determined that the facility failed to ensure that residents are free of significant medication errors for five of eleven residents reviewed (Resident R40, R59, R67, R69, and R113).Findings include: Review of the United States Food and Drug package insert for levothyroxine sodium (Synthroid, a synthetic thyroid hormone used to treat hypothyroidism, a condition where the thyroid gland does not produce enough T4) dated 12/2017, indicated: Administer once daily, preferably on an empty stomach, one-half to one hour before breakfast.Administer at least 4 hours before or after drugs that are known to interfere with absorption.Listed within the medications that interfere with levothyroxine absorption were:Proton-pump inhibitors - Gastric acidity is an essential requirement for adequate absorption of levothyroxine. Sucralfate, antacids and proton pump inhibitors may cause hypochlorhydria, affect intragastric pH, and reduce levothyroxine absorption. Review of the United States Food and Drug package insert for metolazone (diuretic water pill to treat fluid retention) dated 5/2019, indicated: Listed within the medications that interfere with levothyroxine absorption were:Furosemide (Lasix) and probably other loop diuretics given concomitantly (given at the same time) with metolazone can cause unusually large or prolonged losses of fluid and electrolytes. Review of facility policy Resident Directed Medication Administration dated 11/21/25, indicated that prescribed medications are administered safely, accurately, and in accordance with good nursing practice. Additionally, the policy indicated: SYNTHROID - Upon wakening on an empty stomach a minimum of 30 minutes prior to meal.Exceptions: Medications that must be given on a set schedule / specific time. Review of the clinical record indicated Resident R113 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 5/13/26, included diagnoses of hypothyroidism and dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Review of a physician's order dated 9/20/24, indicated Resident R113 was to receive levothyroxine 50 mcg, by mouth in the morning for hypothyroidism **Give before breakfast** During a medication administration observation on 5/21/26, at 8:25 a.m. Licensed Practical Nurse (LPN) Employee E2 was observed to provide Resident R113 her levothyroxine dose. LPN Employee E2 brought the medications to Resident R113 in her room, while Resident R113 was actively eating her breakfast. During an interview on 5/21/26, at 8:30 a.m. LPN Employee E1 confirmed that Resident R113's levothyroxine was ordered to be given at 7:00 a.m. Review of the clinical record indicated Resident R40 was admitted to the facility on [DATE]. Review of the MDS dated included diagnoses of lymphedema (the build-up of fluid in soft body tissues) and a thyroid disorder. Review of a physician's order dated 5/6/26, indicated Resident R113 was to receive levothyroxine 50 mcg, one time a day for hypothyroidism. This order was specifically timed to be given at 7:00 a.m. Review of the Medication Admin Audit Report (documents orders and actual times provided for medications) for 5/21/26, revealed that Resident R113's levothyroxine was documented as given at 8:24 a.m. Review of the clinical record indicated Resident R69 was admitted to the facility on [DATE]. Review of Resident R69's MDS dated [DATE], indicated diagnoses of hypogammaglobulinemia (immune system disorder characterized by abnormally low levels of immunoglobulins (antibodies) and a seizure disorder. The MDS did not include information regarding hypothyroidism / low-functioning thyroid gland. Review of a physician's order dated 7/26/25, indicated Resident R69 was to receive levothyroxine 75 mcg at 7:00 a.m. Review of a physician's order dated 7/26/25, indicated Resident R69 was to receive omeprazole (a protein-pump inhibitor) 40 mg at 7:00 a.m. Review of the Medication Admin Audit Report for 5/21/26, revealed that Resident R69 was provided both levothyroxine and omeprazole were documented as administered at 10:03 a.m. Review of the clinical record indicated Resident R59 was admitted to the facility on [DATE]. Review of Resident R59's MDS dated [DATE], indicated diagnoses of chronic obstructive pulmonary disease<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395671 | A. Building<br>B. Wing | 05/21/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Southmont of Presbyterian Seniorcare | 835 South Main Street<br>Washington, PA 15301 |

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

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | (COPD, a group of progressive lung disorders characterized by increasing breathlessness) and heart failure (a progressive heart disease that affects pumping action of the heart muscles). Review of a physician's order dated 7/26/25, indicated Resident R59 was to receive metolazone 5 mg at 7:00 a.m. on Monday, Wednesday, and Friday. Review of a physician's order dated 7/26/25, indicated Resident R59 was to receive bumetanide (a loop diuretic) 2 mg at 7:00 a.m. Review of the Medication Admin Audit Report for 5/20/26, revealed that Resident R59 was provided both metolazone and bumetanide were documented as administered concomitantly at 8:12 a.m. Review of the clinical record indicated Resident R67 was admitted to the facility on [DATE]. Review of Resident R67's MDS dated [DATE], indicated diagnoses of hypertension (high blood pressure) and heart failure. Review of a physician's order dated 7/26/25, indicated Resident R67 was to receive metolazone 2.5 mg at 7:00 a.m., Give 30 minutes BEFORE giving AM Lasix dose. Review of a physician's order dated 7/26/25, indicated Resident R67 was to receive furosemide ( Lasix, a loop diuretic) 10 mg at 7:00 a.m. Review of the Medication Admin Audit Report for 5/21/26, revealed that Resident R67 was provided both metolazone and furosemide were documented as administered concomitantly at 8:35 a.m. During an interview on 12/18/25, at approximately 1:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to ensure that residents are free of significant medication errors for five of eleven residents. 28 Pa. Code: 201.14 (a) Responsibility of licensee.28 Pa. Code: 201.18 (b)(1) Management.28 Pa. Code: 211.9(a)(1)(2)(g)(h)(k) Pharmacy Services.28 Pa. Code: 211.12 (d)(1)(2)(3)(5) Nursing services. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395671 | A. Building<br>B. Wing | 05/21/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Southmont of Presbyterian Seniorcare | 835 South Main Street<br>Washington, PA 15301 |

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

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, observation, and staff interview, it was determined that the facility failed to ensure that care was provided in a manner which maintained resident rights for one of three residents (Resident R149).Findings include: Review of the Resident Rights policy last reviewed 11/21/25, indicated residents have the right to exercise their rights as a resident of the community and as citizen. Residents have freedom of choice, as much as possible, about how they wish to live their everyday lives and receive care. The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions:13 - 15: cognitively intact8 - 12: moderately impaired0 - 7: severe impairment Review of Resident R149's clinical record indicated admission to the facility on [DATE]. Review of Resident R149's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/2/26, indicated diagnoses of heart failure (heart muscle is unable to pump enoughblood to meet the body's need for blood and oxygen), hypertension (high blood pressure), and depression (feelings of sadness and loss of interest in activities) a BIMS of 14. Review of Section GG: Functional Abilities GG0170 mobility is dependent on staff for transfers and moving from one location to another. During an interview with Resident R149 on 5/19/25 at approximately 9:30 a.m., the resident expressed concerns over staff not making arrangements for her to go outside to smoke when she requests. Resident I understand I have to wait until staff is available, there is no set time schedule for smoking, a lot of days they just don't take me out even though I ask. It's frustrating I don't make a fuss, though I really would like to go out and smoke. Review of Resident R149's care plan dated 4/10/26 indicated Instruct resident about the facility policy on smoking: locations, times, safety concerns. During an observation and an interview on 5/20/26 at 10:45 a.m., with Resident R149 and the NHA. The resident stated again that she asks the staff if she can be taken out to smoke, the staff response is wait until we can get someone to take you, it's raining, or it's dark there is always some reason the staff can't do it. I have to wait until my daughter visits; she takes me out to smoke. The resident was asked when the last time the staff had taken her out to smoke, she was unable to recall a date when the staff last took her out to smoke. The resident stated that in the prior week, she recalls asking staff to take her out to smoke and the staff had not taken her out to smoke. During an interview on 5/20/26, at 11:00 a.m. the Nursing Home Administrator confirmed that the facility failed to make certain that care was provided in a manner which maintained resident rights. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.29(a) Resident rights. |