

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395674	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Uniontown Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 129 Franklin Avenue Uniontown, PA 15401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop, implement, and/or maintain an effective training program for all new and existing staff members. Based on review of facility assessment, personnel file review, and staff interviews, it was determined that the facility failed to implement and maintain an effective training program for individuals providing services under contractual arrangement, consistent with their expected roles. Findings include: Review of the Facility Assessment reviewed 10/29/24, indicated, General orientation is coordinated by the Human Resources Director, utilizing the new employee handbook. All employees are required to complete general orientation. All employees are required to complete annual trainings as identified below.-Protecting Resident Rights in Nursing Facilities-Preventing, Recognizing and Reporting Abuse-Code of Conduct, General Compliance Training, Ethics in Long Term Care, HIPPA-Infection Prevention and Control-Alzheimer's Disease and Related Disorders, Dementia Care: Hand in Hand Modules-Overview Behavioral Health-Emergency Preparedness and Fire Safety-Preventing Slips, Trips and Falls-Patient Centered Communication, Effective Communication in the Workplace-QAPI - Mission , Vision, Values-Elder Justice Act-Trauma Informed Care-Restorative NursingReview of ten of ten training records indicated incomplete annual trainings for staff providing services.During an interview on 7/21/25, at 11:45 a.m., the Nursing Home Administrator confirmed the facility failed to implement and maintain an effective training program for individuals providing services. 28 Pa. Code 201.20(a)(b)(c)(d) Staff development.		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on Effective Communication for five of ten staff members (Employee E4, E6, E7, E9 and E10). Findings include: Review of the facility policy, Training Requirements most recently reviewed 10/29/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff. Training content includes, at a minimum: a. Effective communication for direct care staff. b. Resident rights and facility responsibility for caring of residents. c. Elements and goals of the facility's Quality Assurance and Performance Improvement program. d. Written standards, policies, and procedures for the facility's infection prevention and control program. e. Written standards, policies, and procedures for the facility's compliance and ethics program. f. Behavioral health. g. Dementia management and care of the cognitively impaired. h. Abuse, neglect, and exploitation prevention. i. Safety and emergency procedures. Review of facility provided documents and training records revealed the following staff members did not have documented training on effective communication: Nurse Aide Employee E4 had a hire date of 4/20/22, failed to have Effective Communication in-service education between 4/20/24, and 4/20/25. Occupational Therapist Employee E6 had a hire date of 5/24/12, failed to have Effective Communication in-service education between 5/24/24, and 5/24/25. Registered Nurse Employee E7 had a hire date of 6/23/23, failed to have Effective Communication in-service education between 6/23/24, and 6/23/25. Housekeeping Employee E9 had a hire date of 7/12/23, failed to have Effective Communication in-service education between 7/12/24, and 7/12/25. Dietary [NAME] Employee E10 had a hire date of 5/17/12, failed to have Effective Communication in-service education between 5/17/24, and 5/17/25. During an interview on 7/21/25, at approximately 11:45 a.m., the Nursing Home Administrator confirmed that the facility failed to provide training on Effective Communication for of seven of eight staff members. 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (b)(1) Management. 28 Pa Code: 201.20 (a)(c) Staff development.</p>		

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<p>F 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>Based on review of the facility assessment, facility documents, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on resident rights for five of ten staff members (Employee E1, E3, E6, E7 and E9). Findings include: Review of the facility policy, Training Requirements most recently reviewed 10/29/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff. Training content includes, at a minimum:a. Effective communication for direct care staff.b. Resident rights and facility responsibility for caring of residents.c. Elements and goals of the facility's Quality Assurance and Performance Improvement program. d. Written standards, policies, and procedures for the facility's infection prevention and control program.e. Written standards, policies, and procedures for the facility's compliance and ethics program.f. Behavioral health.g. Dementia management and care of the cognitively impaired.h. Abuse, neglect, and exploitation prevention.i. Safety and emergency procedures.Review of facility provided documents and training records revealed the following staff members did not have documented training on resident rights: Nurse Aide Employee E1 had a hire date of 5/21/1990, failed to have resident rights in-service education between 5/21/24, and 5/21/25.Nurse Aide Employee E3 had a hire date of 9/2/21, failed to have resident rights in-service education between 9/2/23, and 9/2/24. Has not had training in 2025 trainings identified as Showd. me trainings.Occupational Therapist Employee E6 had a hire date of 5/24/12, failed to have resident rights in-service education between 5/24/24, and 5/24/25.Registered Nurse Employee E7 had a hire date of 6/23/23, failed to have resident rights in-service education between 6/23/24, and 6/23/25.Housekeeping Employee E9 had a hire date of 7/12/23, failed to have resident rights in-service education between 7/12/24, and 7/12/25. During an interview on 7/21/25, at approximately 11:45 a.m., the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to provide training on resident rights for five of ten staff members. 28 Pa Code: 201.14 (a) Responsibility of licensee.</p>		

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on Abuse and Neglect Prevention for two of ten staff members (Employee E6 and E9). Findings include: Review of the facility policy, Training Requirements most recently reviewed 10/29/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff. Training content includes, at a minimum:a. Effective communication for direct care staff.b. Resident rights and facility responsibility for caring of residents.c. Elements and goals of the facility's Quality Assurance and Performance Improvement program.d. Written standards, policies, and procedures for the facility's infection prevention and control program.e. Written standards, policies, and procedures for the facility's compliance and ethics program.f. Behavioral health.g. Dementia management and care of the cognitively impaired.h. Abuse, neglect, and exploitation prevention.i. Safety and emergency procedures. Review of facility provided documents and training records revealed the following staff members did not have documented training on the abuse and neglect prevention. Occupational Therapist Employee E6 had a hire date of 5/24/12, failed to have abuse and neglect prevention in-service education between 5/24/24, and 5/24/25. Housekeeping Employee E9 had a hire date of 7/12/23, failed to have abuse and neglect prevention in-service education between 7/12/24, and 7/12/25. During an interview on 7/21/25, at approximately 11:45 a.m., the Nursing Home Administrator confirmed that the facility failed to provide training on abuse and neglect prevention for six of nine staff members. 28 Pa Code: 201.14 (a) Responsibility of licensee.28 Pa Code: 201.18 (b)(1) Management.28 Pa Code: 201.20 (a)(c) Staff development.</p>		

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<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>Based on review of facility assessment, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on Quality Assurance and Performance Improvement (QAPI) for nine of ten staff members (Employee E1, E3, E4, E5, E6, E7, E8, E9 and E10). Findings include: Review of the facility policy, Training Requirements most recently reviewed 10/29/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff. Training content includes, at a minimum: a. Effective communication for direct care staff. b. Resident rights and facility responsibility for caring of residents. c. Elements and goals of the facility's Quality Assurance and Performance Improvement program. d. Written standards, policies, and procedures for the facility's infection prevention and control program. e. Written standards, policies, and procedures for the facility's compliance and ethics program. f. Behavioral health. g. Dementia management and care of the cognitively impaired. h. Abuse, neglect, and exploitation prevention. i. Safety and emergency procedures. Review of facility provided documents and training records revealed the following staff members did not have documented training on the quality assurance and performance improvement (QAPI). Nurse Aide (NA) Employee E1 had a hire date of 5/21/1990, failed to have QAPI in-service education between 5/21/24, and 5/21/25. NA Employee E3 had a hire date of 9/2/21, failed to have QAPI in-service education between 9/2/23, and 9/2/24, and had not attended QAPI annual education provided through Showd.me calendar as of 7/25. NA Employee E4 had a hire date of 4/20/22, failed to have QAPI in-service education between 4/20/24, and 4/20/25. NA Employee E5 had a hire date of 3/24/20, failed to have QAPI in-service education between 3/24/24, and 3/24/25. Occupational Therapist Employee E6 had a hire date of 5/24/12, failed to have QAPI in-service education between 5/24/24, and 5/24/25. Registered Nurse Employee E7 had a hire date of 6/23/23, failed to have QAPI in-service education between 6/23/24, and 6/23/25. Laundry Employee E8 had a hire date of 3/13/1987, failed to have QAPI in-service education between 3/13/24, and 3/13/25. Housekeeping Employee E9 had a hire date of 7/12/23, failed to have QAPI in-service education between 7/12/24, and 7/12/25. Dietary [NAME] Employee E10 had a hire date of 5/17/12, failed to have QAPI in-service education between 5/17/24, and 5/17/25. During an interview on 7/21/25, at approximately 11:45 a.m., the Nursing Home Administrator confirmed that the facility failed to provide training on QAPI for nine of ten staff members. 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (b)(1) Management. 28 Pa Code: 201.20 (a)(c) Staff development.</p>		

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on Infection Control for seven of ten staff members (Employee E1, E2, E4, E6, E7, E9, and E10). Findings include: Review of the facility policy, Training Requirements most recently reviewed 10/29/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff. Training content includes, at a minimum: a. Effective communication for direct care staff. b. Resident rights and facility responsibility for caring of residents. c. Elements and goals of the facility's Quality Assurance and Performance Improvement program. d. Written standards, policies, and procedures for the facility's infection prevention and control program. e. Written standards, policies, and procedures for the facility's compliance and ethics program. f. Behavioral health. g. Dementia management and care of the cognitively impaired. h. Abuse, neglect, and exploitation prevention. i. Safety and emergency procedures. Review of facility provided documents and training records revealed the following staff members did not have documented training on Infection Control: Nurse Aide (NA) Employee E1 had a hire date of 5/21/1990, failed to have Infection Control in-service education between 5/21/24, and 5/21/25. NA Employee E2 had a hire date of 5/21/1990, failed to have Infection Control in-service education between 5/21/24, and 5/21/25. NA Employee E4 had a hire date of 4/20/22, failed to have Infection Control in-service education between 4/20/24, and 4/20/25. Occupational Therapist Employee E6 had a hire date of 5/24/12, failed to have Infection Control in-service education between 5/24/24, and 5/24/25. Registered Nurse Employee E7 had a hire date of 6/23/23, failed to have Infection Control in-service education between 6/23/24, and 6/23/25. Housekeeping Employee E9 had a hire date of 7/12/23, failed to have Infection Control in-service education between 7/12/24, and 7/12/25. Dietary [NAME] Employee E10 had a hire date of 5/17/12, failed to have Infection Control in-service education between 5/17/24, and 5/17/25. During an interview on 7/21/25, at approximately 11:45 a.m., the Nursing Home Administrator confirmed that the facility failed to provide training on Infection Control for seven of ten staff members. 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (b)(1) Management. 28 Pa Code: 201.20 (a)(c) Staff development.</p>		

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<p>F 0946</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide training in compliance and ethics.</p> <p>Based on review of facility policy, personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on Compliance and Ethics for seven of ten staff members (Employee E3, E4, E5, E6, E7, E9 and E10). Findings include: Review of the facility policy, Training Requirements most recently reviewed 10/29/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff. Training content includes, at a minimum: a. Effective communication for direct care staff. b. Resident rights and facility responsibility for caring of residents. c. Elements and goals of the facility's Quality Assurance and Performance Improvement program. d. Written standards, policies, and procedures for the facility's infection prevention and control program. e. Written standards, policies, and procedures for the facility's compliance and ethics program. f. Behavioral health. g. Dementia management and care of the cognitively impaired. h. Abuse, neglect, and exploitation prevention. i. Safety and emergency procedures. Review of facility provided documents and training records revealed the following staff members did not have documented training on Compliance and Ethics: Nurse Aide (NA) Employee E3 had a hire date of 9/2/21, failed to have Compliance and Ethics in-service education between 9/2/23, and 9/2/24, and had not attended Compliance and Ethics annual education provided through Showd.me calendar as of 7/25. NA Employee E4 had a hire date of 4/20/22, failed to have Compliance and Ethics in-service education between 4/20/24, and 4/20/25. NA Employee E5 had a hire date of 3/24/20, failed to have Compliance and Ethics in-service education between 3/24/24, and 3/24/25. Occupational Therapist Employee E6 had a hire date of 5/24/12, failed to have Compliance and Ethics in-service education between 5/24/24, and 5/24/25. Registered Nurse Employee E7 had a hire date of 6/23/23, failed to have Compliance and Ethics in-service education between 6/23/24, and 6/23/25. Housekeeping Employee E9 had a hire date of 7/12/23, failed to have Compliance and Ethics in-service education between 7/12/24, and 7/12/25. Dietary [NAME] Employee E10 had a hire date of 5/17/12, failed to have Compliance and Ethics in-service education between 5/17/24, and 5/17/25. During an interview on 7/21/25, at approximately 11:45 a.m., the Nursing Home Administrator confirmed that the facility failed to provide training on Compliance and Ethics for seven of ten staff members. 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (b)(1) Management. 28 Pa Code: 201.20 (a)(c) Staff development.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Based on review of facility policy, staff education records, and staff interviews, it was determined that the facility failed to conduct at least 12 hours of in-service education, within 12 months of their hire date anniversary, for nurse aides as required for five of five nurse aides (Employees Employee E1, E2, E3, E4 and E5). Findings include: Review of the facility policy, In-Service Training, All Staff recently reviewed 10/29/24, indicated all personnel will receive education and training related to resident care. Review of facility provided documents and training records revealed the following staff members did not have 12 hours of in-service education: NA Employee E1 had a hire date of 5/21/1990, with approximately three hours of in-service education between 5/21/24, and 5/21/25. NA Employee E2 had a hire date of 5/21/1990, with approximately four hours of in-service education between 5/21/24, and 5/21/25. NA Employee E3 had a hire date of 9/2/21, with approximately four hours of in-service education between 9/2/24, and 7/21/25. NA Employee E4 had a hire date of 4/20/22, with approximately one hour of in-service education between 4/20/24, and 4/20/25. NA Employee E5 had a hire date of 3/24/20, with approximately four hours of in-service education between 3/24/24, and 3/24/25. During an interview on 7/21/25, at approximately 11:45 a.m., the Nursing Home Administrator confirmed that the facility failed to provide the required 12 hours annual in-service education within 12 months of their hire date anniversary for five of five nurse aides. 28 Pa. Code: 201.14(a) Responsibility of Licensee. 28 Pa. Code: 201.20(c) Staff Development.</p>

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>Based on review of facility personnel in-service training records, and staff interview, it was determined that the facility failed to provide training on Behavioral Health for five of ten staff members (Employee E4, E6, E7, E9 and E10). Findings include: Review of the facility policy, Training Requirements most recently reviewed 10/29/24, indicated the facility will develop, implement, and maintain an effective training program for all new and existing staff. Training content includes, at a minimum: a. Effective communication for direct care staff. b. Resident rights and facility responsibility for caring of residents. c. Elements and goals of the facility's Quality Assurance and Performance Improvement program. d. Written standards, policies, and procedures for the facility's infection prevention and control program. e. Written standards, policies, and procedures for the facility's compliance and ethics program. f. Behavioral health. g. Dementia management and care of the cognitively impaired. h. Abuse, neglect, and exploitation prevention. i. Safety and emergency procedures. Review of facility provided documents and training records revealed the following staff members did not have documented training on Behavioral Health. Nurse Aide Employee E4 had a hire date of 4/20/22, failed to have Behavioral Health in-service education between 4/20/24, and 4/20/25. Occupational Therapist Employee E6 had a hire date of 5/24/12, failed to have Behavioral Health in-service education between 5/24/24, and 5/24/25. Registered Nurse Employee E7 had a hire date of 6/23/23, failed to have Behavioral Health in-service education between 6/23/24, and 6/23/25. Housekeeping Employee E9 had a hire date of 7/12/23, failed to have Behavioral Health in-service education between 7/12/24, and 7/12/25. Dietary [NAME] Employee E10 had a hire date of 5/17/12, failed to have Behavioral Health in-service education between 5/17/24, and 5/17/25. During an interview on 7/21/25, at approximately 11:45 a.m., the Nursing Home Administrator confirmed that the facility failed to provide training on Behavioral Health for five of ten staff members. 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (b)(1) Management. 28 Pa Code: 201.20 (a)(c) Staff development.</p>		