STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395690	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springfield Rehabilitation and Healthcare Center	463 West Sproul Road Springfield, PA 19064

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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 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** 44882 Based on review of facility policy, review of clinical record, observations, and staff interviews, it was determined that the facility failed to develop comprehensive care plan for one of eighteen residents reviewed related to weight changes, and one resident related to long-term antibiotic use (Residents R2 and R43). Findings Include: Review of clinical documentation for Resident R2 revealed that she was admitted to the facility on [DATE], and had diagnoses which included, infection and inflammatory reaction due to unspecified internal joint prosthesis. Further review revealed a physician order for an antibiotic which read Bactrim DS Oral Tablet 800-160 MG (Sulfamethoxazole-Trimethoprim) Give 1 tablet by mouth two times a day for joint infection chronic- no stop date. Review of progress notes for Resident R2 revealed a note from Registered Nurse Practitioner, Employee E8, dated March 26, 2025, which stated Left prosthetic joint infection- continue Bactrim DS (chronic). Review of the care plan for Resident R2 revealed no care plan had been developed regarding long-term antibiotic use for a chronic joint infection. Interview with the Director of Nursing, Employee E2, on March 27, 2025, at 2:00 p.m. confirmed that a care plan should have been developed for Resident R2's long-term antibiotic use for her chronic joint infection, but that it had not been. Observation conducted on March 26, 2025, at 8:52 a.m. during tracheostomy care on Resident R43, revealed that Resident R43's teeth were observed with yellowish, greenish substance on resident's upper and lower incisors. Review of Resident R43's clinical record revealed that Resident R43 was admitted to the facility on [DATE], with diagnoses including, but not limited to, Anoxic Brain Damage, Tracheostomy Status, and Gastro Esophageal Reflux Disease. (continued on next page)

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

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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of Resident R43's clinical record revealed that there was no documented evidence that resident was seen by dentist. Review of Resident R43's annual MDS (minimum data set- a federally required resident assessment completed at a specific interval) dated March 18, 2025, Section GG0130, Self-Care, subsection B, Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth and manage denture soaking and rinsing with use of equipment, was coded 01 indicating that Resident R43 was Dependent (Helper does ALL of the effort. Resident does none of the effort to complete the activity or the assistance of 2 or more helpers is required for the resident to complete the activity). Further review of Resident R43's clinical record revealed that there was no care plan addressing Resident R43's oral/dental hygiene deficits. Interview with the Director of Nursing, Employee E2 conducted March 27, 2025, at 10:38 a.m., confirmed that Resident R43 did not have an oral/dental care plan in place. Further, Employee E2 revealed that she is now inputting the oral/dental care plan in. 28 Pa. Code 211.12(d)(5) Nursing services

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44882 Based on clinical record review and interview with staff, it was determined that the facility did not ensure that care plans were revised in a timely manner for one of 18 records reviewed (Resident R81). Findings include: Review of clinical documentation revealed that Resident R81 was admitted to the facility on [DATE], and had diagnoses including, of malignant neoplasm (cancer) of the prostate. Review of the resident's MDS (Minimum Data Set, a periodic assessment of resident care needs) dated February 27, 2025, he died in the facility on February 27, 2025. Review of his physician orders revealed an order for DNR (Do Not Resuscitate), and an order for DNH (Do Not Hospitalize), both dated [DATE]. Review of his POLST (Pennsylvania Order for Life Saving Treatment, a document in which an individual expresses their wishes for end-of-life situations, such as whether or not they wish for CPR to be performed in the event that their heart stops) revealed that they wished for CPR (Cardio Pulmonary Resuscitation) to be withheld and that they wished for comfort measures only rather than life saving or sustaining treatments. Review of the care plan for Resident R81 revealed a care plan focus dated [DATE], which stated The resident has the following advanced directives on record: FULL CODE indicating that the resident wished for life saving and sustaining treatment to be initiated in the event of an emergency. Interview with the Director of Nursing, Employee E2, on [DATE], at 2:00 p.m., confirmed that the resident had wished for life saving and sustaining treatment to be withheld, and that the care plan should have been updated at the time of his change in code status. 28 Pa. Code 211.10 (d) Resident care policies 28 Pa. Code 211.12 (d)(5) Nursing services

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 46993 Based on observations, interview with staff and residents and review of facility provided documentation, it was determined that facility did not ensure residents received the necessary services to maintain personal hygiene and mobility for five out of 18 residents reviewed (Resident R35, R40, R65, R233, R13) Findings include: Review of facility's policy 'Activities of Daily Living (ADL), Supporting,' revised March 2018, indicates that appropriate care and services will be provided for residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care); b. Mobility (transfer and ambulation, including walking) Review of East side 7-3 shower schedule and skin checks revealed that Resident R35, in room [ROOM NUMBER]-A, was scheduled for shower on Tuesday, March 18, 2025 and Friday, March 21, 2025. Interview with nurse aide, Employee E4, on Monday, March 24, 2025, at 12:15 pm, confirmed that Resident R35 did not receive scheduled showers on March 18, 2025 and March 21, 2025; review of documentation of electronic documentation related to showers with Employee E4, confirmed Resident R35 did not receive scheduled showers. Interview with Resident R35 on March 24, 2025 at 10:30 am, revealed concern of not receiving a shower since admission. Further interview with nurse aide, Employee E4 revealed Resident R40, in room [ROOM NUMBER]-A, did not receive scheduled shower on Monday, March 24, 2025 due to facility being short staffed. Interview with Resident R65 on March 24, 2025 at 12:18 pm, revealed concern of not receiving shower since admission. Review of R65's scheduled shower days indicated she is scheduled for showers on Mondays/Thursdays. Review of R65's 'Task:Shower/Bath on Monday 7-3,' documentation revealed she did not receive shower on Monday, March 24, 2025. Further review of electronic documentation related to showers with Employee E4 revealed Resident R233, room [ROOM NUMBER]-A, did not receive scheduled shower on Monday, March 24, 2025. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observations of Resident R13 on March 24, 2025 at 11:30 pm, in room [ROOM NUMBER]-A, revealed Resident R6 in bed complaining about facility being short staffed with no staff available to help her out of bed. 28 Pa Code 211.10(d) Resident care policies 28 Pa Code 211.12 (d)(1)(5) 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. 44882 Based on clinical record review, and interviews with staff, it was determined that the facility did not ensure that standards of practice for pressure ulcer treatment were followed related to a physician not being informed of a missed wound treatment for one of 18 records reviewed (Resident R59). Findings include: Interview with the representative of the County Ombudsman Program, Employee E9, on March 26, 2025, at 2:10 p.m., revealed that Resident R59 had stated to her that his wound care had not been done on March 25, 2025, and that the nurse had told him it was due to not having access to the supplies. Review of the resident's March 2025 Treatment Administration Record (TAR) showed that March 25, 2025, the evening shift treatment to the resident's sacrum was documented as code 22, which the TAR indicated meant treatment not given. Review of the notes revealed that a note written by Employee E5, which indicated that the reason for not administering the treatment was not available. No explanation was provided in the note as to why the treatment was not available. No note was found to indicate that the physician was notified that the treatment had not been performed. In an interview on March 27, 2025, at 10:05 a.m. the Director of Nursing, Employee E2, stated that she was aware that the treatment had not been done, and confirmed that in the event that a treatment cannot be completed for any reason, staff is expected to inform the physician. 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing Services.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44882 Based on review of facility policy, review of clinical record, and staff interview, it was determined that the facility failed to ensure that appropriate pain management was provided to a resident consistent with standards of professional practice for four of 18 residents reviewed (Residents R79, R290, R292 and R293). Findings include: Review of the facility Policy on Pain management revealed that the purpose of this procedure are to help the staff identify pain in the resident and to develop interventions that are consistent with the resident's goals and needs and that address. The underlying causes of pain under section General Guidelines: #1 The Pain Management program is based on facility wide commitment to appropriate assessment and treatment of pain, based and professional standards of practice, the comprehensive care plan and the residents' choices related to pain. Management. #2 being management is defined as the process of alleviating the residents pain based on his or her clinical condition and established treatment goals. #3 being management is multidisciplinary care process that includes the following: #b. Recognizing the presence of pain #c. Identifying the characteristics of pain. #d. Addressing the underlying causes of pain. #e. Developing and implementing approaches to pain management. #g. Monitoring the effectiveness of interventions. and #h. Modifying approaches as necessary. #5. Acute pain (or significant worsening of chronic pain) should be assessed every 30 to 60 minutes after the onset and reassess as indicated and to relieve his attained. Under a section Implementing Pain Management Strategies: #1. Establish a treatment regimen that is specific to the resident based on consideration of the following. #a. The resident's medical condition. #b. Current medication regimen. #c. History of addiction or opioid use disorder. #d. Nature, severity and cause of pain. #e. Course of illness. #f. Treatment goals. #3. Pharmacological interventions (i.e. analgesics) may be prescribed to manage pain, however they do not usually address the cause of pain and can have adverse effects on the resident (i.e. drowsiness Increased risk of following loss of appetite). #4. When opioids are used for pain management, the resident is monitored for medication effectiveness, adverse effects and potential overdose. #a. Any resident who uses opioid for long term management of chronic pain is at risk for opioid overdose. #b. due to the risk of fatal respiratory depression, opioids and benzodiazepines are not administered together unless a clinical indication for the residents documented and the resident is carefully monitored. #c. Staff are trained in the use of naloxone for opioid overdose. #5. The following are considered when establishing the medication regimen. #c. Combining long-acting medications with PRN for breakthrough pain. #d. Combining non-narcotic analgesics with narcotics, opioids, analgesics. #f. Reducing or preventing anticipated adverse consequences of medications (i.e. bowel regimen to prevent constipation related to opioid analgesics) #6. The medication regimen is implemented as ordered. The results of the interventions are documented and communicated directly to the provider when appropriate. Ongoing communication between the prescriber and the staff is necessary for the optimal and judicious use of pain medications. Interview with DON (Director of Nursing) Employee E2 conducted on March 27, 2025 at 11:00 AM revealed that they use the numeric pain scale in assessing pain as follow: 0-no pain, 1-3- mild pain, 4-6-moderate pain, 7-10-severe pain. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of clinical records for Resident R79 revealed that she was admitted to the facility on [DATE], and had diagnoses of asthma and shortness of breath. According to her discharge Minimun Data Set (MDS-assesment of resident's care needs), dated January 5, 2025, the resident was discharged from the facility on January 5, 2025 to an acute care hospital. Review of the resident admission note dated January 4, 2025, at 9:47 p.m. revealed that the resident had been admitted for SOB (shortness of breath) and leg pain, and that she was AAOx4 (awake, alert and oriented to person, place, time and situation, i.e. able to correctly identify self, current location, what the current time and/or date is, and what is currently happening). At 10:51 p.m., an additional progress note stated pain treated with PRN (as needed) medication w/ positive effect. Awaiting med delivery from pharmacy. Review of the resident's Medication Administration Record (MAR) revealed orders for both Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 8 hours as needed for discomfort/pain, and Tramadol HCl Oral Tablet 50 MG . Give 1 tablet by mouth every 12 hours as needed for pain. Further, the MAR showed that acetaminophen (Tylenol) was signed out as administered by licensed nurse, Employee E10, for a moderate pain level of 4/10 on January 4, 2024 at 10:49 p.m. A progress note entered on January 5, 2025, at 1:45 a.m., stated resident was complaining of pain and was given Tylenol on the previous [shift]. Resident stated she don't want to stay at the facility and call 911 and was transferred to [the] hospital. In an interview with the Director of Nursing, Employee E2, on March 27, 2025, at 2:00 p.m., it was confirmed that the resident had left the facility due to inadequate pain relief and the unavailability of her prescribed Tramadol. Review of Resident R290's clinical record revealed that Resident R290 was admitted to the facility on [DATE], with diagnoses of Effusion of Right Knee, Injury of Right Ankle, Age Related Osteoporosis Review of Resident R290's pain care plan revealed that Resident R290 had acute pain and/or potential for pain r/t (related to) Fracture Date Initiated: 03/20/2025, Goals: will verbalize adequate relief of pain or ability to cope with incompletely relieved pain through the review date. Date Initiated: 03/20/2025 Target Date: 06/13/2025, Intervention: Administer analgesia as per orders. Observe for effectiveness and signs and symptoms of side effects. Report abnormal findings to practitioner. Document findings and interventions., evaluate the effectiveness of pain management interventions, report abnormal findings to practitioner, document findings and interventions, and monitor/record the presence of pain every shift and PRN. Further review of resident R290's clinical record revealed that Resident R290 had orders for: Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 8 hours as needed for Discomfort/pain Total Dose 650mg *DO NOT EXCEED 3 GRAMS per 24 HOURS* -Start Date03/20/2025 with a -D/C (discontinued) Date 03/22/2025, Oxycodone HCl Oral Tablet 5 MG (Oxycodone HCl) Give 1 tablet by mouth every 6 hours as needed for moderate to severe pain -Start Date 03/20/2025 @5:45 p.m., Tramadol HCl Oral Tablet 50 MG (Tramadol HCl) Give 1 tablet by mouth every 6 hours as needed for pain-Start Date 03/21/2025 at 11:45 a.m. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of the physician's orders revealed that the order for Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 8 hours as needed for discomfort/pain did not have any parameters on pain intensity and Tramadol HCl Oral Tablet 50 MG (Tramadol HCl) Give 1 tablet by mouth every 6 hours as needed for pain-Start Date 03/21/2025 at 11:45 a.m. did not have parameters on pain intensity. Review of Resident R290's March 2025 MAR (medication administration record) revealed that Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 8 hours as needed for Discomfort/pain total Dose 650 mg was administered on March 20, 2025 at 9:40 p.m.for a pain scale of 7, on March 21, 2025 at 4:46 a.m. for a pain scale of 4, on March 21, 2025 at 6:25 p.m. for a pain scale of 8, on March 22, 2025 at 12:38 a.m. for a pain scale of 7. Further review of Resident R290's MAR revealed that the Oxycodone HCl Oral Tablet 5 MG (Oxycodone HCl) Give 1 tablet by mouth every 6 hours as needed for moderate to severe pain -Start Date 03/20/2025 at 5:45 p.m. was not administered to Resident R290 on March 20, 2025 at 9:40 p.m. when Resident R290 had a pain scale of 7, was not given on March 21, 2025 at 4:46 a.m. when Resident R290 had a pain scale of 4, was not given on March 21, 2025 at 6:25 p.m. when Resident R290 had a pain scale of 8, and was not given on March 22, 2025 at 12:38 a.m. when Resident R290 had a pain scale of 7. Interview with Resident R290 conducted on March 25,2025 at 10:37 a.m. during the tour of the facility revealed that Resident R290 complained that her pain medications were not given in a timely manner because the staff was unable to access her pain medication which was stored in a machine. Staff told her that they did not have the code and that they are waiting for it and that they will give her the medication as soon as they receive the code. Interview with Licensed nurse, Employee E3 conducted on March 25, 2025, at 9:41 a.m. revealed that when residents are admitted with an order for controlled pain medication, they must first obtain a script from the physician or nurse practitioner. If the physician or the Nurse Practitioner is not in the facility such as when resident is admitted after hours or on the weekend, the nurse has to contact them, wait for the script, once the script is in place in the electronic medical record, they then print it, then fax it over to the pharmacy, sometimes they have to call the pharmacy to make sure someone will process it, then they have to wait for the pharmacy to send the verification code, once the verification code is received, the nurse then has to get another licensed nurse to pull the medication from the Pyxis (automatic medication delivery system) because two nurses is required to pull medication from the machine. Further Employee E3 revealed that the process could take some time and that sometimes residents gets upset because they want their pain medications. Interview with DON Employee E2 conducted on March 25, 2025 at 12:48 p.m. confirmed that the physician's orders revealed that the order for Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 8 hours as needed for discomfort/pain did not have any parameters on pain intensity and Tramadol HCl Oral Tablet 50 MG (Tramadol HCl) Give 1 tablet by mouth every 6 hours as needed for pain did not have parameters on pain intensity. Review of Resident R292's clinical record revealed that resident was admitted to the facility on [DATE], with diagnoses of but not limited to Fracture of the neck of the left femur, Osteoarthritis. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of Resident R292's clinical record revealed a physician's order for: Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 8 hours as needed for Discomfort/pain Total Dose 650mg *DO NOT EXCEED 3 GRAMS per 24 HOURS*-order date 3/19/25 and Oxycodone HCl Oral Tablet 5 MG (Oxycodone HCl) *Controlled Drug* Give 1 tablet by mouth every 6 hours as needed for pain management-order date 3/19/25. Review of the physician's order for Acetaminophen and Oxycodone for pain revealed that both orders did not specify the level of pain for which the pain medication are to be administered for. Review of Resident R292's March 2025 MAR revealed that on March 20, 2025, Resident R292 had a pain level of 2 and was given Acetaminophen Tablet 325 MG Give 2 tablet by mouth. Interview with DON Employee E2 conducted on March 27, 2025, at 11:00 AM confirmed that there were no parameters indicated for Acetaminophen and Oxycodone. Review of Resident R293's clinical record revealed that resident was admitted to the facility on [DATE], with diagnoses of but not limited to Low Back Pain, Sciatica. Review of Resident R293's clinical record revealed physician's orders for: Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 8 hours as needed for Discomfort/pain Total Dose 650mg *DO NOT EXCEED 3 GRAMS per 24 HOURS*-Start Date 02/02/2025 with a discontinued date of Date 02/07/2025 1015, Ibuprofen Oral Tablet 600 MG (Ibuprofen) Give 1 tablet by mouth every 6 hours as needed for moderate pain for 30 Days-Start Date 02/02/2025 with a discontinued date of 02/28/2025 and Tramadol HCl Oral Tablet 50 MG (Tramadol HCl) Give 1 tablet by mouth every 6 hours as needed for pain-Start Date 02/27/2025 with a discontinued date of 03/03/205. Review of the physician's order for Acetaminophen and Tramadol for pain revealed that both orders did not specify the level of pain for which the pain medication are to be administered for. Review of Resident R293's MAR for February 2025 revealed that Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 8 hours as needed for Discomfort/pain was administered to Resident R293 on February 5, 2025, at 10:28 a.m. for pain scale of 5 and on February 6, 2025, for pain level of 5 (pain level of 4-6 is equivalent to moderate pain). Further Ibuprofen Oral Tablet 600 MG (Ibuprofen) Give 1 tablet by mouth every 6 hours as needed for moderate pain was administered to Resident R293 on February 2, 2025, for pain level of 7 (pain level of 7-10 is equivalent to severe pain) and was administered on February 26, 2025, for pain level of 3 (pain level of 1-3 is equivalent to mild pain). Further, Tramadol HCl Oral Tablet 50 MG (Tramadol HCl) Give 1 tablet by mouth every 6 hours as needed for pain was administered on February 28, 2025, for pain level of 5. Interview with DON Employee E2 conducted on March 27, 2025, at 11:00 a.m. confirmed that the order for Acetaminophen and Tramadol for pain did not have any parameters. 28 Pa. Code 211.9 (a)(1) Pharmacy services. 28 Pa Code 211.10(c) Resident care policies 28 Pa Code 211.12(d)(1) Nursing services

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 46993 Based on review of facility provided documentation and interview with residents and staff, it was determined that facility did not ensure there is sufficient nursing staff available at all times to provide nursing and related services to meet the residents' needs based on 43 out of 50 grievances reviewed for months of March 2025, February 2025, January 2025, December 2024, October 2024. Findings include: Review of facility's policy 'Answering the Call Light,' indicates that procedure's purpose is to ensure timely response to residents' requests . staff are to answer the resident call system as soon as possible Interview with nurse aide, employee E4, on Monday, March 24, 2025 revealed that residents do not receive scheduled showers due to facility being short staffed. Interview with Resident R67, on Monday, March 24, 2025 revealed that he had an unwitnessed fall I his room due to waiting for assistance for a long time after pressing the call bell. Review of R67's progress notes, dated March 23, 2025 at 9:15 am, revealed that unwitnessed fall from bed to floor while transferring himself from bed to chair. Interview with Resident R14 on March 24, 2025 at 10:45 am, revealed concern about low weekend staffing and late response when using a call bell system. Interview with Resident R13 on March 24, 2025 revealed concern that there is insufficient nursing staff to assist her out of bed in the morning. Interview with Resident R235, on March 24, 2025 revealed concern of staying in bed soiled for extended period of time due to late response from nursing staff when using call bell system. Review of facility provided documentation revealed four grievances submitted for month of October, 2024 related to late response to call bells. Further review of grievances revealed one grievance was submitted for month of December 2024 related to late response to call bells. Further review of grievances revealed five grievances were submitted for month of January 2025 related to late response to call bells. Further review of grievances revealed 14 grievances submitted for month of February 2025 related to late response to call bells. Further review of grievances revealed 16 grievances submitted for month of March 2025 related to late response of call bells. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of 'PBJ Staffing Data Report,' for fiscal year quarter 4, 2024 (July 1- September 30) indicates 'excessively low weekend staffing' was identified. Findings confirmed with facility's Administrator and Director of Nursing. 28 Pa Code 211.12(d)(4) Nursing services 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa Code 201.18(a)(3) 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. 46993 Based on review of facility provided documentation and interview with staff, it was determined that facility did not ensure annual performance evaluation was completed for one nurse aide out of five nurse aides trainings reviewed (Employee E7) Findings include: Review of facility policy 'Performance Evaluations,' revised on September 2020, indicates that ' a performance evaluation will be completed on each employee at the conclusion of his/her 90-day probation period , and at least annually thereafter. Review of facility provided performance evaluations on Thursday, March 27, 2025 revealed that nurse aide, Employee E7 was hired on May 10, 2023; her last performance evaluation was on November 7, 2023. Finding confirmed with facility's Director of Nursing. 28 Pa Code 201.19(2) Personnel policies and procedures

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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. 46993 Based on interview with resident and staff, and review of clinical record and facility provided documentation, it was determined facility did not ensure residents were free from significant medication errors for two out of 18 residents reviewed (Resident R235, R288) Findings include: Interview with Resident R235 on Monday, March 24, 2025 at 1:35 pm, revealed that she did not receive her scheduled antibiotic on March 7, 2025 and March 8, 2025. Review of R235's clinical record revealed a physician order placed on February 26, 2025 for Daptomycin intravenous solution reconstituted 350 milligrams (mg), to use 1200 mg intravenously in the evening for bacterial skin infection for 26 days in 0.9% NSS (Normal Saline Solution) parental solution 50 ml at rate 50ml/hr. Review of progress notes dated March 6, 2025 and March 7, 2025 indicate that antibiotic was not administered due to clogged port. Review of R235's electronic medication administration record revealed Daptomycin was not administered on March 6, 2025 and was not administered on March 7, 2025. Interview with Assistant Director of Nursing, employee E3, on Wednesday, March 26, 2025 at 2:00p.m., revealed that Resident R235's antibiotic treatment should have been extended for two days due to two missed doses. Review of facility provided incident report completed on March 26, 2025, indicated that [Resident R235] missed 2 doses of IV (intravenous) abt (antibiotic). Her PICC (Peripheral Inserted Central Line) was clogged and when it was unclogged staff did not add the missing 2 days. NP (Nurse Practitioner) aware, her labs are wnl (within normal limits), NP feels she does need the 2 missed doses. Resident and POA (Power of Attorney) aware. Nurse to be educated. Care plan reviewed. 28 Pa Code 211.12(d)(1) Nursing services 28 Pa Code 211.12(d)(3) Nursing services 28 Pa Code 211.12(d)(5) Nursing services

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F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44882 Based on clinical record review and interview with staff, it was determined that the facility did not ensure that laboratory study results were communicated to the physician in a timely manner for one of 18 records reviewed (Resident R2). Findings include: Review of clinical documentation for Resident R2 revealed that she was admitted to the facility on [DATE], and had diagnoses which included, but were not limited to, altered mental status, chronic pain, cognitive communication deficit, and morbid obesity. Review of progress notes revealed a physician note, dated March 11, 2025, at 1:01 p.m., signed by Medical Doctor, Employee E11, which stated that the resident reports dysuria (painful urination), pressure, [and] feeling as though she is not completely emptying. Spoke with team- will straight cath (straight catheterization is a temporary tube placed in the bladder for the purpose of emptying it or collecting a urine specimen) for urine [testing]. Review of laboratory results for Resident R2 revealed a urine sample for urinalysis with culture and sensitivity (an examination to see which, if any, bacteria are present in the urine, and which antibiotics are most effective at treating the infection) was collected on March 11, 2025, with the test performed on March 12, and the results sent to the facility on [DATE]. The results stated that it was a possible contaminated specimen and that that test should be repeated if clinically indicated. Further review of progress notes revealed no indication that this result was communicated to the physician, or if further testing was to be performed. Interview with the Director of Nursing, Employee E2, on March 27, 2025, at 2:00 p.m. revealed that it is the expectation of the facility that laboratory results be communicated to the physician when they are reported to the facility, and confirmed that had not happened with Resident R2's urinalysis results. 28 Pa. Code 211.5(f) Clinical records 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12(d)(1)Nursing services 28 Pa. Code 211.12(d)(3) Nursing services 28 Pa. Code 211.12(d)(5) Nursing services

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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46508 Based on interviews with residents and staff, and clinical record reviews, it was determined that the facility failed to provide as needed dental services for one of eighteen residents reviewed. (Resident R43) Findings include: Review of Resident R43's clinical record revealed that Resident R43 was admitted to the facility on [DATE], with diagnoses of but not limited to Anoxic Brain Damage, Tracheostomy Status. Review of Resident R43's annual MDS (minimum data set- a federally required resident assessment completed at a specific interval) dated March 18, 2025, Section GG0130. Self-Care, B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth and manage denture soaking and rinsing with use of equipment, was coded 01 indicating that Resident R43 was Dependent (Helper does ALL of the effort. Resident does none of the effort to complete the activity or the assistance of 2 or more helpers is required for the resident to complete the activity)., Further, there was no dental/oral hygiene care plan in place. Further review of Resident R43's clinical record revealed that there was no documented evidence that resident was seen by dentist. Observation on Resident R43 conducted on March 27, 2025, at 10:38 revealed resident had yellowish, greenish substance on resident's upper and lower incisors. Interview with DON (director of nursing) Employee E2, conducted 03/27/25 10:38 a.m. confirmed that Resident R43 has not been seen by dentist and that they were scheduling the resident for dental appointment. 28 Pa. Code 211.16(a)(1) Social services 28 Pa. Code 211.12(d)(3)(%) Nursing services 28 Pa. Code 211.10(c) Resident care policies

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 46993 Based on review of facility provided documentation and interview with staff, it was determined that facility did not ensure one Performance Improvement Project was completed as required. Findings include: According to S483.75(e)(3) - the facility must conduct distinct performance improvement projects, based on the scope and complexity of facility services and available resources, identified as a result of the facility assessment. While the number and frequency of improvement projects may vary, facility must conduct at least one improvement project annually that focuses on high-risk or problem-prone areas, identified by the facility through data collection and analysis. Review of facility's 'Risk Identification and Quality Assurance Performance Improvement,' indicates that the facility reviews data gleaned from risk meetings during the Quality Assurance Performance Improvement (QAPI) meetings. The QAPI committee will review data along with any suggestions and input from residents, staff, family members, and other stakeholders. The QAPI committee will prioritize opportunities for improvement and determine whether a performance improvement project will be initiated based upon the data presented. Further review of facility's 'Risk Identification and Quality Assurance Performance Improvement,' indicates that The QAPI committee will prioritize topics for performance improvement projects based on the current needs of the residents and our facility. Priority will be given to areas we define as high-risk to residents and staff, high-prevalence, or high-volume areas, and areas that are problem-prone. Consideration of staff affected, and anticipated training needs will be reviewed prior to implementation of a performance improvement project. Resources required to support any performance improvement projects will be reviewed prior to implementation. Review of facility provided QAPI meeting minutes revealed no evidence of completed performance improvement project. Interview with facility's administrator and director of nursing on Thursday, March 27, 2025, at 10:00 am, revealed facility did not complete at least one performance improvement project. 28 Pa Code 201.14(a) Responsibility of Licensee 28 Pa Code 201.18(e)(1) Management

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46993 Based on observations, review of clinical records, review of facility policy, interview with residents and staff, it was determined that facility did not ensure to implement enhanced barrier precautions for four residents (Residents R14, R5, R70, R77), ensure that infection control standards were maintained during wound care for one resident, (Residenr R22), and did not ensure that tuberculosis testing was administered on entry to the facility as required for one resident (Resident R190) out of 18 residents reviewed. Findings include: Review of facility provided policy 'Enhanced Barrier Precautions,' revised March 2024, states Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the transmission of multi-drug resistant organisms to residents, and signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE (personal protective equipment) require; PPE is available outside of the resident rooms. Review of Resident R14's clinical record on May 26, 2025, revealed an active physician's order for enhanced barrier precautions related to wounds. Observations of R14's environment of Monday, March 24, 2025, revealed no evidence of EBPs door post or PPE outside the resident's room. Review of Resident R5's clinical record, on Wednesday, March 26, 2025, revealed an active physician order for EBPs for peg, wounds and foley. Observations of R5's physical environment on Monday, March 24, 2025, revealed no evidence of EBP's door post or PPE outside resident's room. Review of Resident R70's clinical record on March 25, 2025, revealed an active physician order for EBP's for central line. Observations of R70's physical environment on Monday, March 24, 2025, revealed no evidence of EBP's door post or PPE outside resident's room. Review of R77's clinical record on March 25, 2025, revealed an active physician order for EBP's related to wounds. Observations of R77's physical environment, on March 24, 2025, revealed no evidence of EBP's door post or PPE outside resident rooms. Findings confirmed with facility's assistant director of nursing, employee E3, on Monday, March 24, 2025, day shift. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of clinical documentation for Resident R22 revealed a physician order for Right hip wound- Cleanse with 1/4 strength Dakin's, apply honey fiber, cover with foam [dressing]- daily and as needed every day shift, dated March 4, 2025. Observation of wound care for Resident R22 was conducted on March 26, 2025, at 9:40 a.m. After removal of the resident's soiled dressing, licensed nurse, Employee E6 was observed to remove her gloves and proceed to open a package of sterile gauze and apply Dakin's solution to it without performing hand hygiene and applying new gloves first. Hand hygiene was not performed, and gloves were then applied, and the wound was cleansed. Gloves were then removed, and Employee E6 again opened sterile packaging for a bordered foam dressing and Manukahd (a medical honey saturated alginate used to absorb excess moisture from the wound and inhibit bacterial growth) without performing hand hygiene or applying new gloves. Hand hygiene was not performed, and gloves were then applied before continuing with wound care. Interview with Employee E6 on March 26, 2025, at 9:53 a.m. confirmed that she did not perform hand hygiene and apply gloves prior to opening sterile packaging of wound treatment supplies. Interview with the Director of Nursing, Employee E2, on March 26, 2025, at 12:15 p.m. confirmed that nurses are to wear clean gloves when opening wound care supplies and should perform hand hygiene immediately upon removal of soiled gloves. Review of clinical documentation for Resident R190 revealed that he was admitted to the facility on [DATE]. His recorded diagnoses did not include a history of tuberculosis (TB, a highly transmissible respiratory bacteria which can cause cough, bleeding and death). Review of his Medication Administration Record (MAR) for the month of February revealed a physician order for TB testing which read, Tubersol Solution 5 UNIT/0.1ML (Tuberculin PPD) Inject 0.1 milliliter intradermally one time only for first PPD test . Administer within 24 hours of admission. The order was dated February 21, 2025, and scheduled to be administered on either February 21, or 22, 2025. It was not signed as administered in the record. Review of the immunization record revealed no documentation of the test being administered in February 2025. No additional records were provided by the facility to indicate that the test was performed as required. Interview with the Director of Nursing, Employee E2, on March 26, 2025, at 12:15 p.m. confirmed that it is the expectation of the facility that TB testing be performed on all residents without history of TB within 24 hours of admission. 28 Pa Code 211.12(d)(1) Nursing services 28 Pa Code 211.12(d)(5) Nursing services