STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395705	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hempfield Manor	1118 Woodward Drive Greensburg, PA 15601

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on the review of facility policy and facility documents, observations and resident and staff interviews, it was determined that the facility failed to make certain grievance forms can be filed anonymously in four of four locations where grievance information is available. (front lobby, resident lounges between unit's A/B and C/D - grievance boxes with grievance forms are in front of the activity department and in resident lounges between unit's A/B and C/D). Findings include: A review of the facility policy Grievances last reviewed 12/2/25, indicated A formal grievance must be submitted in writing to the Grievance Officer and signed by the resident or the person filing the grievance on behalf of the resident. During an observation on 3/19/26 between 8:30 a.m. and 9:00 a.m. revealed the grievance policy/procedure posted in the facility did not contain wording that a grievance form can be filed anonymously. Grievance forms available at grievance box location did not contain wording that a grievance form can be filed anonymously. During an interview on 3/19/26, at 9:00 a.m. the Nursing Home Administrator confirmed that the facility grievance policy and procedure failed to provide information on the residents' right to file a grievance anonymously. 28 Pa. Code 201.29(a)Resident rights

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure that each resident?s assessment is updated at least once every 3 months. Based on review of the Resident Assessment Instrument User's Manual, clinical records, and staff interview, it was determined that the facility failed to make certain that quarterly Minimum Data Set assessments were completed within the required time frame for four of 25 residents (Resident R5, R14. R43, and R60).Findings include: 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 2024, indicated that quarterly MDS assessments were to be completed no later than 14 days after the Assessment Reference Date (ARD). Resident R5 had an ARD of 2/13/26, with an MDS completion date of 3/2/26.Resident R14 had an ARD of 2/11/26, with an MDS completion date of 2/26/26.Resident R43 had an ARD of 10/30/25, with an MDS completion date of 11/13/26.Resident R60 had an ARD of 9/26/25, with an MDS completion date of 10/1425. During an interview on 3/20/26, at 2:27 p.m. the Resident Nurse Assessment Coordinator Employee E8 confirmed that the facility failed to make certain that quarterly MDS assessments were completed in the required time frame for four of 25 residents. 28 Pa. Code: 211.5(f) Clinical records.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. Based on a review of Resident Assessment Instrument (RAI) User's Manual, clinical records, and staff interviews, it was determined that the facility failed to ensure that MDS assessments accurately reflected the resident's status for 18 of 28 residents (Resident R4, R12, R20, R29, R48, R53, R56, R63, R74, R85, R90, R95, R100, R101, R102, R103, R114, R119).Findings include: The Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2025, indicated the following instructions: -Section C: Cognitive Patterns - Resident interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available.-Section D: Mood - Resident interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available.-Section O: Special Treatments, Procedures, and Programs - Check all treatments, procedures, and programs that the resident received or performed after admission/entry or reentry to the facility and within the last 14 days. If no treatments, procedures or programs were received by, performed on, or participated in by the resident within the last 14 days or since admission/entry or reentry, check Z, None of the above. -Resident R4 had an MDS completed on 2/7/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R8 is understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R4 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R4 is rarely understood, and the Resident Mood Interview assessment was not completed. -Resident R12 had an MDS completed on 3/5/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R12 is sometimes understood. Review of Sections C: Cognitive Patterns and Section D: Mood, the BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed. -Resident R20 had an MDS completed on 1/16/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R8 is understood. Review of Sections C: Cognitive Patterns and Section D: Mood, the BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed. -Resident R29 had an MDS completed on 1/19/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R8 is understood. Review of Sections C: Cognitive Patterns and Section D: Mood, the BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed. -Resident R48 had an MDS completed on 1/16/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R48 is understood. Review of Sections C: Cognitive Patterns and Section D: Mood, the BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed. -Resident R53 had an MDS completed on 2/3/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R53 is usually understood. Review of Sections C: Cognitive Patterns and Section D: Mood, the BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed. -Resident R56 had an MDS completed on 1/19/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R56 is understood. Review of Sections C: Cognitive Patterns and Section D: Mood, the BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed. -Resident R63 had an MDS completed on 1/9/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R63 is understood. Review of Sections C: Cognitive Patterns and Section D: Mood, the BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed. -Resident R74 had an MDS completed on 2/4/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R74 is understood. Review of Sections C: Cognitive Patterns and Section D: Mood, the BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed. -Resident R85 had an MDS completed on 12/30/25. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	that Resident R85 is understood. Review of Sections C: Cognitive Patterns and Section D: Mood, the BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed. -Resident R90 had an MDS completed on 12/9/25. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R90 is usually understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R90 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R90 is rarely understood, and the Resident Mood Interview assessment was not completed. -Resident R95 had an MDS completed on 2/8/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R95 is understood. Review of Sections C: Cognitive Patterns and Section D: Mood, the BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed. -Resident R100 had an MDS completed on 1/19/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R100 is understood. Review of Sections C: Cognitive Patterns and Section D: Mood, the BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed. -Resident R101 had an MDS completed on 2/6/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R101 is usually understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R101 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R101 is rarely understood, and the Resident Mood Interview assessment was not completed. -Resident R102 had an MDS completed on 2/2/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R102 is understood. Review of Sections C: Cognitive Patterns and Section D: Mood, the BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed. -Resident R103 had an MDS completed on 1/15/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R103 is understood. Review of Sections C: Cognitive Patterns, the BIMS indicated all questions were documented as Not Assessed. -Resident R114 had an MDS completed on 3/3/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R114 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R101 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question D0100 indicated that Resident R114 is rarely understood, and the Resident Mood Interview assessment was not completed. -Resident R119 had an MDS completed on 1/12/26. Review of Section B: Hearing, Speech, andVision, Question B0700 indicated that Resident R119 is understood. Review of Sections C: Cognitive Patterns and Section D: Mood, the BIMS and Resident Mood Interview indicated all questions were documented as Not Assessed. During an interview on 3/19/26, at 2:27 p.m. the Resident Nurse Assessment Coordinator Employee E8 confirmed that the facility failed to ensure that MDS assessments accurately reflected the resident's status for 18 of 28 residents. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing Services.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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, observations and staff interviews, it was determined that the facility failed to provide appropriate respiratory care and maintain oxygen equipment for four of eight sampled residents (Residents R2, R46, R61, and R138).Findings include: Review of the facility policy Oxygen by Nasal Cannula last reviewed on 12/2/25, indicated Cannula and tubing to be replaced weekly. Label with resident's name and date. Review of Resident R2's admission record indicated she was originally admitted on [DATE]. Review of Resident R2's Minimum Data Set (MDS- a periodic assessment of care needs) dated 1/2/26, indicated the diagnoses of respiratory failure (lungs cannot provide enough oxygen to the blood or remove enough carbon dioxide from it), hypertension (high blood pressure), and anxiety disorder (intense, excessive, and persistent feelings of worry, fear and uneasiness). Review of Resident R2's current physician orders, indicated resident is on 3 liters per minute of oxygen. During an interview and observation on 3/20/26, at 12:30 p.m. with Registered Nurse (RN) Employee E1, Resident R2 was observed in their room using oxygen. The oxygen tubing had a label dated 2/14/26. Review of Resident R46's admission record indicated he was originally admitted on [DATE]. Review of Resident R46's MDS dated [DATE], indicated the diagnoses of cerebrovascular accident (stroke, blood flow to the brain in interrupted leading to brain cell death), diabetes mellitus (high blood sugar), and bipolar disorder (extreme mood swings). Review of Resident R46's current physician orders, indicated resident is on 0-4 liters per minute of oxygen to maintain oxygen level greater than 90 percent and change oxygen tubing weekly. During an interview and observation on 3/20/26, at 12:40 p.m. with Registered Nurse (RN) Employee E1, Resident R46 was observed in their room using oxygen. The oxygen tubing failed to be labeled. Review of Resident R61's admission record indicated she was originally admitted on [DATE]. Review of Resident R61's MDS dated [DATE], indicated the diagnoses cerebrovascular accident (stroke, blood flow to the brain in interrupted leading to brain cell death), heart failure (heart doesn't pump blood as well as it should), and diabetes mellitus (high blood sugar). Review of Resident R61's current physician orders, did not reveal an order for oxygen use. During an interview and observation on 3/20/26, at 12:50 p.m. with Registered Nurse (RN) Employee E1, Resident R61 was observed in their room using oxygen. The oxygen tubing had a label dated 2/21/26. Review of Resident R138's admission record indicated she was originally admitted on [DATE]. Review of Resident R138's MDS dated [DATE], indicated the diagnoses of chronic obstructive pulmonary disease (COPD irreversible lung and airway damage), pneumonia (lung infection), and diabetes mellitus (high blood sugar). Review of Resident R138's current physician orders, current physician orders, did not reveal an order for oxygen use, though an order was present to change oxygen tubing weekly. During an interview and observation on 3/20/26, at 12:55 p.m. with Registered Nurse (RN) Employee E1, Resident R138 was in their room using oxygen. The oxygen tubing failed to be labeled. During an interview on 3/20/26, at 1:00 p.m. the Nursing Home Administrator (NHA) 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)(3)(5) 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. Based on resident and staff interviews, and facility documents (grievance and staffing) reviews, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for fourteen of twenty-three residents (Residents R1, R9, R12, R16, R23, R40, R44, R46, R64, R500, R501, R502, R503, and R505).Findings include: Review of the facility policy Nursing Services Policy last reviewed on 12/2/25, indicated that The Manor will have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practical physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. Conduct of Nursing Personnel answer call lights promptly. During a group interview, on 3/17/26, at approximately 1:30 p.m., when asked if they felt the facility maintained enough staff to care for resident needs and answer call lights, consensus from the group was no. Residents verbalized frustration with the lack of nurse aides in the building. Residents stated it is primarily on the evening shift (11 p.m. to 7 a.m.; the residents stated often the wait time is thirty minutes or longer when you use your call light to get help). Residents stated it's hard to wait that long when you must go to the bathroom, want your pain medication or if someone falls. Review of Resident Council Minutes revealed concerns related to facility staffing, At the 1/8/26, meeting minutes included Staffing is always a concern and the 3/5/26, meeting included Feels like we need more help statements. Review of a grievance filed by Resident R23, dated 2/3/26, revealed concerns documented for care. Resident reported he is not receiving adequate care on all shifts. Resident was told he can't get out of bed, because he won't stay up long enough. The resident would like to be out of bed daily after breakfast. Review of a grievance filed on behalf of Resident R9, dated 2/5/26, revealed concerns documented for care. Resident had a bowel movement and soiled her wound dressing. Resident had reportedly been told the dressing was already changed today, we can't do it again. The resident's sheets had not been changed for a week and had crumbs on them and the resident's hair was not washed. During an interview on 3/18/26, at approximately 10:00 a.m., Resident R1, when asked if he felt the facility maintained sufficient staff to care for resident needs, state no. You wait a long time for help when you use your call light, thirty minutes is common, sometimes more than an hour. During an interview on 3/18/26, at approximately 10:15 a.m., Resident R16, when asked if he felt the facility maintained sufficient staff to care for resident needs, state no. You wait when you call for help, you can wait thirty minutes or more, it happens a lot. During an interview on 3/18/26, at approximately 10:15 a.m., Resident R46, when asked if he felt the facility maintained sufficient staff to care for resident needs, stated, No. Most of the time you wait not always but most. When you must wait, it's usually a long time thirty minutes or more. During a clinical record review Resident R44 post fall progress notes dated 3/16/26, indicated the residents bed side call light was on when resident was found on the floor in the bathroom. During an interview on 3/19/26, at approximately 2:00 p.m., Resident R44 (a poor historian) stated he utilized his call bell to go to the bathroom, but no one comes in for a while, so he gets up by himself. Resident R44's roommate, Resident R109 confirmed that Resident R44 often gets out of bed by himself to go to the bathroom because it takes the staff so long to come and help and this isn't the first time Resident R44 fell while waiting on staff to respond to the call light. During an interview on 3/18/26, at approximately 2:15 p.m. Resident R12 was observed to have unbrushed hair and a brown substance under her fingernails.During confidential staff interviews, when asked if the staff members felt there was sufficient staff to care for resident needs. One staff member stated that we are short staffed on some days just like all other facilities, another staff member stated we have been short staffed here often and it is hard to keep up with everyone's needs as quickly, but we get it done. During an interview on 3/19/26, at approximately 10:19 a.m. when if she felt the facility maintained sufficient (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	staffing, Resident R64 stated, Could use another one Resident R64 further stated he has been incontinent waiting for assistance to urinate.During an interview on 3/19/26, at approximately 10:36 a.m. when asked about call light response time, he stated, Most of the time long. Observation at this time revealed Resident R23 to have long, curled over fingernails with a brown substance underneath the nails.During an interview on 3/19/26, at approximately 2:50 p.m. when if she felt the facility maintained sufficient staffing, Resident R40 stated, Sometimes not and Not a lot of people here. Resident R40 further stated she has often waited 30 minutes for call light response.During an interview on 3/20/26, at 9:00 a.m. the Nursing Home Administrator confirmed that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for residents. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(e)(6) Management. 28 Pa. Code: 201.20(a) Staff development. 28 Pa. Code: 211.12(a)(c)(d)(1)(2)(3)(4) Nursing services.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 a review of facility policy, observations, and staff interviews, it was determined that the facility failed to make sure that medical supplies and medications were properly stored and/or disposed of in one of two medication rooms (A/B Nursing Unit).Findings include: Review the facility policy Medication Storage in the Facility dated [DATE], indicated that outdated, contaminated, or deteriorated items will be removed from stock. During an observation of the A/B nursing unit medication room on [DATE], at approximately 12:32 p.m. the following was observed: (42) 25-gauge needles with an expiration date of [DATE].(2) 25-gauge needles with an expiration date of [DATE].(1) insulin syringe without sterile wrapping.(41) 22-gauge safety syringes with an expiration date of [DATE].(37) viral transport swabs with an expiration date of [DATE].(15) 5 milliliter syringes with an expiration date of [DATE].(1) saline enema with an expiration date of 02/2026.(2) feeding tube connector sets with an expiration date of [DATE].(1) specimen collection set with an expiration date of [DATE].(5) vacutainer collection winged needles with an expiration date of [DATE].(42) 25-gauge needles with an expiration date of [DATE]. Observation of the cabinet below the medication room sink revealed a bag of Resident R31's medications in community pharmacy bottles and weekly paper dispense kits. Observation of a shelf in the medication room revealed personal daily pill planner sets with multiple medications in the compartments, without a resident name or description of the medications. Observation of the medication refrigerator temperature log from [DATE], through [DATE], revealed temperatures measurements not documented on:[DATE]: 2, 7, 10, 11, 12, 16, 21, 24, 25, 26, 27, 28, 29, 30, 31.February 2026: 1, 2, 3, 4, 8, 12, 13, 17, 22, 23, 27.[DATE]: 4, 9. During an interview on [DATE], at approximately 1:00 p.m. the Licensed Practical Nurse Employee E9 confirmed the above medical supplies were expired. During an interview on [DATE], at approximately 1:05 p.m. the Director of Nursing confirmed it was unknown who the medications in the personal pill dividers belonged to and confirmed the missing dates on the refrigerator temperature log. During an interview on [DATE], at approximately 2:30 p.m. the Nursing Home Administrator confirmed that the facility failed to make sure that medical supplies and medications were properly stored and/or disposed of in one of two medication rooms. 28 Pa. Code: 201.14 (a) Responsibility of licensee.28 Pa. Code: 201.18 (b)(1)(e)(1) Management.28 Pa. Code: 211.9 (a)(1) Pharmacy services.28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 documents and staff interview, 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 two of five nurse aides (Employees E6 and E7).Findings Include: Review of the facility policy, Inservice Education dated 12/2/25, indicated, Nursing Assistants are required to have 12 hours of training per year calculated from their date of hire. Review of Nurse Aide (NA) Employee E6's facility provided staff list indicated she was hired on 1/9/24. with approximately 2.00 hours in-service education between 1/9/25, through 1/9/26. Review of NA Employee E7's facility provided staff list indicated she was hired on 1/10/23 with 6.50 hours in-service education between1/10/25, through 1/10/26. During an interview on 3/20/26, at approximately 2:30 p.m. the Nursing Home Administrator confirmed 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 two of five nurse aides.

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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 policy, observation, and staff interview, it was determined that the facility failed to ensure that care was provided in a manner which maintained resident dignity for five of sixteen residents (Resident R9, R30, R74, R502, and R504).Findings include: Review of the Resident Rights policy last reviewed 12/2/25, indicated that the resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the Manor. The Manor will protect and promote the rights of each resident, including: A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident ?s individuality. The facility must protect and promote the rights of the resident. 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 R74's clinical record indicated admission to the facility on 6/5/20. Review of Resident R74's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/13/25, indicated diagnoses of heart failure (heart muscle is unable to pump enough blood to meet the body's need for blood and oxygen), anxiety disorder (intense, excessive, and persistent feelings of worry, fear, and uneasiness), and anemia (lack of healthy red blood cells, leading to insufficient oxygen delivery to the body's tissues) a BIMS of 15. Review of Section GG: Functional Abilities GG0130, indicated that Resident R74 requires partial/moderate assistance, (helper does less than half the effort) and GG0170 toilet transfers, independent (no assistance). Review of a grievance filed on behalf of Resident R74, dated 10/30/25, revealed concerns documented for care. Resident requested to go to bed after bingo, staff were sitting at the nurse's station and would not place resident into bed. Review of Resident R30's clinical record indicated admission to the facility on 7/1/24. Review of Resident R30's MDS dated [DATE], indicated diagnoses of cerebrovascular accident (stroke, when blood flow to part of the brain is interrupted leading to brain cell death), anxiety disorder (intense, excessive, and persistent feelings of worry, fear, and uneasiness), and depression (feelings of sadness and loss of interest in activities) a BIMS of 3. Review of Section GG: Functional Abilities GG0130, indicated that Resident R30 is dependent on toilet hygiene (helper does all the effort) and GG0170 toilet transfers, not attempted, resident was unable to perform this activity prior to admission. Review of a grievance filed on behalf of Resident R30, dated 11/10/25, revealed concerns documented for care. Resident R30 sister complained of resident having dried feces on her feet and around her colostomy bag. Review of Resident R9's clinical record indicated admission to the facility on 1/30/26 and discharged [DATE]. Review of Resident R9's MDS dated [DATE], indicated diagnoses of chronic obstructive pulmonary disease (COPD progressive lung disease makes it difficult to breathe), diabetes mellitus (body cannot properly use or make insulin), and hypertension (high blood pressure) a BIMS of 9. Review of Section GG: Functional Abilities GG0130, indicated that Resident R9 is dependent on toilet hygiene (helper does all the effort) and GG0170 toilet transfers not attempted due to medical condition or safety concerns. Review of a grievance filed on behalf of Resident R9, dated 2/5/26, revealed concerns documented for care. Resident had a bowel movement and soiled her wound dressing. Resident had reportedly been told the dressing was already changed today, we can't do it again. The resident's sheets had not been changed for a week and had crumbs on them and the resident's hair was not washed. Review of Resident R502's clinical record indicated admission to the facility on 9/17/24. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident R502 requested confidentiality. Review of Resident R502's MDS dated [DATE], indicated diagnoses of heart failure (heart muscle is unable to pump enough blood to meet the body's need for blood and oxygen), diabetes mellitus (body cannot properly use or make insulin), and hypertension (high blood pressure) a BIMS of 15. Review of Section GG: Functional Abilities GG0130, indicated that Resident R502 requires setup or clean-up assistance with toilet hygiene (helper prior to or following the activity) and GG0170 toilet transfers, not attempted, resident was unable to perform this activity prior to admission. During an interview with Resident R502 on 3/17/25 at approximately 10:30 a.m., the resident expressed concerns over call light wait times and that he had to wait extended periods when he needed to go to the bathroom and had soiled himself and had to wait thirty to sixty minutes for help to get cleaned up. Review of Resident R504's clinical record indicated admission to the facility on 2/5/26. Resident R504 requested confidentiality. Review of Resident R504's MDS dated [DATE], indicated diagnoses of heart failure (heart muscle is unable to pump enough blood to meet the body's need for blood and oxygen), diabetes mellitus (body cannot properly use or make insulin), and anxiety disorder (intense, excessive, and persistent feelings of worry, fear, and uneasiness) a BIMS of 12. Review of Section GG: Functional Abilities GG0130, indicated that Resident R502 requires partial/moderate assistance, (helper does less than half the effort) and GG0170 toilet transfers, requires partial/moderate assistance, (helper does less than half the effort). During an interview with Resident R504 on 3/17/25 at approximately 11:30 a.m., the resident expressed concerns over staffing and call light wait times. Resident R504 reported on more than one occasion he had soiled himself and had to wait more than an hour to get cleaned up. During an interview on 3/20/26, at 9:00 a.m. the Nursing Home Administrator confirmed that the facility failed to make certain that care was provided in a manner which maintained resident dignity. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.29(a) Resident rights.

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, resident and staff interviews, observation, and clinical record review, it was determined that the facility failed to obtain routine services from an eye care professional and failed to accurately document the need for vision care for one of five residents (Resident R12).Findings include: Review of the Facility Assessment dated 10/22/25, indicated the facility will provide vision care for vision loss, cataracts, glaucoma, and macular degeneration. Review of the clinical record revealed Resident R12 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 3/5/26, included diagnoses of Parkinsonism (group of neurological disorders characterized by tremors, stiffness, slowness of movement, and difficulty maintaining balance), Alzheimer's disease (a type of brain disorder that causes problems with memory, thinking and behavior), and a seizure disorder. Section B: Hearing, Speech, and Vision indicated that Resident R12 does not use corrective lenses. Review of the plan of care most recently reviewed 12/30/25, did not include goals and/or interventions related to the use of corrective lenses. Review of a physician's order dated 4/24/25, discontinued 2/1/26, indicated, May be seen by the Audiologist, Dentist, Podiatrist, Optometrist, and Ophthalmologist. Review of facility census information revealed Resident R12 was hospitalized on [DATE], and the order for vision services was not renewed upon return to the facility on 2/4/26. During an interview on 3/18/26, at approximately 2:15 p.m. Resident R12 stated she needed to have new eyeglasses. Review of Resident R12's clinical record failed to reveal documentation that Resident R12 has been assessed by a vision provider since admission. During a second interview on 3/20/26, at approximately 10:00 a.m. Resident R12 confirmed that she needed new eyeglasses and directed the surveyor to look at her current glasses. Observation at this time revealed Resident R12 had prescription bifocals, with only one lens in the eyeglass frame. During an interview on 3/20/26, at approximately 1:30 p.m. facility administration stated that the eyeglasses in Resident R12's room were her old pair, and she had a new pair that were currently being repaired. At this time, the surveyor asked for documentation of the repair and any vision care provided. No additional information was provided by the facility. During an interview on 3/20/26, at approximately 2:30 p.m. the Nursing Home Administrator confirmed the facility failed to obtain routine services from an eye care professional and failed to accurately document the need for vision care for one of five residents. 28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

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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 documents and staff interview, it was determined that the facility failed to provide training on the prevention of abuse, neglect, and exploitation for five of ten staff members (Employees E2, E3, E5, E6, and E7).Findings Include: Review of the facility policy, Inservice Education dated 12/2/25, indicated, The inservice education program is planned and conducted for the development and improvement of skills and personnel. Included in the list of topics was Abuse, Neglect, and Misappropriation and Reporting Crimes Pursuant to the Elder Justice Act.Review of Registered Nurse Employee E2's facility provided staff list indicated she was hired on 2/14/23. Review of RN Employee E2's training record for 2/14/25, through 2/14/26, did not include training on the prevention of abuse, neglect, and exploitation.Review of Licensed Practical Nurse Employee E3's facility provided staff list indicated she was hired on 2/12/19. Review of RN Employee E3's training record for 2/12/25, through 2/12/26, did not include training on the prevention of abuse, neglect, and exploitation.Review of the Activity Employee E5's facility provided staff list indicated she was hired on 1/6/06. Review of Activity Employee E5's training record for 1/6/25, through 1/6/26, did not include training on the prevention of abuse, neglect, and exploitation.Review of Nurse Aide (NA) Employee E6's facility provided staff list indicated she was hired on 1/9/24. Review of NA Employee E6's training record for 1/9/25, through 1/9/26, did not include training on the prevention of abuse, neglect, and exploitation.Review of NA Employee E7's facility provided staff list indicated she was hired on 1/10/23. Review of NA Employee E7's training record for 1/10/25, through 1/10/26, did not include training on the prevention of abuse, neglect, and exploitation.During an interview on 3/20/26, at approximately 2:30 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on the prevention of abuse, neglect, and exploitation 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.

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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 documents and staff interview, it was determined that the facility failed to provide training on infection control for four of ten staff members (Employees E2, E5, E6, and E7).Findings include: Review of the facility policy, Inservice Education dated 12/2/25, indicated, The inservice education program is planned and conducted for the development and improvement of skills and personnel. Included in the list of topics was Prevention and Control of Infections / Standard Precautions. Review of Registered Nurse Employee E2's facility provided staff list indicated she was hired on 2/14/23. Review of RN Employee E2's training record for 2/14/25, through 2/14/26, did not include training on infection control. Review of the Activity Employee E5's facility provided staff list indicated she was hired on 1/6/06. Review of Activity Employee E5's training record for 1/6/25, through 1/6/26, did not include training on infection control. Review of Nurse Aide (NA) Employee E6's facility provided staff list indicated she was hired on 1/9/24. Review of NA Employee E6's training record for 1/9/25, through 1/9/26, did not include training on infection control. Review of NA Employee E7's facility provided staff list indicated she was hired on 1/10/23. Review of NA Employee E7's training record for 1/10/25, through 1/10/26, did not include training on infection control. During an interview on 3/20/26, at approximately 2:30 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on infection control for four 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.

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F 0636 Level of Harm - Potential for minimal harm Residents Affected - Some	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on review of the Resident Assessment Instrument User's Manual, clinical records, and staff interview, it was determined that the facility failed to make certain that comprehensive Minimum Data Set (MDS - periodic assessment of care needs) assessments were completed in the required time frame for four of 22 residents (Resident R14, R25, R27, and R31).Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required MDS assessments, dated October 2025, indicated that an admission MDS assessment was to be completed no later than 14 days following admission (admission date plus 13 calendar days), and annual MDS assessment was to be completed no later than Assessment Reference Date (ARD). Resident R14 had an ARD of 8/11/25, with an MDS completion date of 8/26/25 (15 days later). Resident R25 had an ARD of 8/5/25, with an MDS completion due date of 8/20/25 (15 days later). Resident R27 had an admission date of 9/22/25, with an MDS completion due date of 10/8/25 (16 days later). Resident R31had an ARD of 8/5/25, with an MDS completion date of 8/20/25 (15 days later). During an interview on 3/19/26, at 2:27 p.m. the Resident Nurse Assessment Coordinator Employee E8 confirmed that the facility failed to make certain that MDS assessments were completed in the required time frame for four of 22 residents. 28 Pa. Code: 211.5(f) Clinical records.

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F 0941 Level of Harm - Potential for minimal harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members. Based on review of facility documents and staff interview, it was determined that the facility failed to provide training on effective communication for four of ten direct care staff members (Employees E2, E5, E6, and E7).Findings include: Review of the facility policy, Inservice Education dated 12/2/25, indicated, The inservice education program is planned and conducted for the development and improvement of skills and personnel. Review of Registered Nurse (RN) Employee E2's facility provided staff list indicated she was hired on 2/14/23. Review of RN Employee E2's training record for 2/14/25, through 2/14/26, did not include training on effective communication. Review of the Activity Employee E5's facility provided staff list indicated she was hired on 1/6/06. Review of Activity Employee E5's training record for 1/6/25, through 1/6/26, did not include training on effective communication. Review of Nurse Aide (NA) Employee E6's facility provided staff list indicated she was hired on 1/9/24. Review of NA Employee E6's training record for 1/9/25, through 1/9/26, did not include training on effective communication. Review of NA Employee E7's facility provided staff list indicated she was hired on 1/10/23. Review of NA Employee E7's training record for 1/10/25, through 1/10/26, did not include training on effective communication. During an interview on 3/20/26, at approximately 2:30 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on effective communication for four 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.

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F 0942 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents. Based on review of facility documents and staff interview, it was determined that the facility failed to provide training on resident rights for five of ten staff members (Employees E2, E3, E5, E6, and E7).Findings include:Review of the facility policy, Inservice Education dated 12/2/25, indicated, The inservice education program is planned and conducted for the development and improvement of skills and personnel. Included in the list of topics was Resident Rights and Confidentiality.Review of Registered Nurse Employee E2's facility provided staff list indicated she was hired on 2/14/23. Review of RN Employee E2's training record for 2/14/25, through 2/14/26, did not include training on resident rights.Review of Licensed Practical Nurse Employee E3's facility provided staff list indicated she was hired on 2/12/19. Review of RN Employee E3's training record for 2/12/25, through 2/12/26, did not include training on resident rights.Review of the Activity Employee E5's facility provided staff list indicated she was hired on 1/6/06. Review of Activity Employee E5's training record for 1/6/25, through 1/6/26, did not include training on resident rights.Review of Nurse Aide (NA) Employee E6's facility provided staff list indicated she was hired on 1/9/24. Review of NA Employee E6's training record for 1/9/25, through 1/9/26, did not include training on resident rights.Review of NA Employee E7's facility provided staff list indicated she was hired on 1/10/23. Review of NA Employee E7's training record for 1/10/25, through 1/10/26, did not include training on resident rights.During an interview on 3/20/26, at approximately 2:30 p.m. the Nursing Home Administrator 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.28 Pa Code: 201.18 (b)(1) Management.28 Pa Code: 201.20 (a)(c) Staff development.

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F 0944 Level of Harm - Potential for minimal harm Residents Affected - Some	Conduct mandatory training, for all staff, on the facility?s Quality Assurance and Performance Improvement Program. Based on review of facility documents and staff interview, it was determined that the facility failed to provide training on QAPI (Quality Assurance and Performance Improvement) for five of ten staff members (Employees E2, E3, E4, E5, and E6).Findings Include: Review of the facility policy, Inservice Education dated 12/2/25, indicated, The inservice education program is planned and conducted for the development and improvement of skills and personnel. Review of Registered Nurse Employee E2's facility provided staff list indicated she was hired on 2/14/23. Review of RN Employee E2's training record for 2/14/25, through 2/14/26, did not include training on the QAPI Program. Review of Licensed Practical Nurse Employee E3's facility provided staff list indicated she was hired on 2/12/19. Review of RN Employee E3's training record for 2/12/25, through 2/12/26, did not include training on the QAPI Program. Review of the Activity Employee E4's facility provided staff list indicated she was hired on 2/16/10. Review of Activity Employee E4's training record for 2/16/25, through 2/16/26, did not include training on the QAPI Program. Review of the Activity Employee E5's facility provided staff list indicated she was hired on 1/6/06. Review of Activity Employee E5's training record for 1/6/25, through 1/6/26, did not include training on the QAPI Program. Review of Nurse Aide (NA) Employee E6's facility provided staff list indicated she was hired on 1/9/24. Review of NA Employee E6's training record for 1/9/25, through 1/9/26, did not include training on the QAPI Program. During an interview on 3/20/26, at approximately 2:30 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on the QAPI Program 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.

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F 0946 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide training in compliance and ethics. Based on review of facility documents and staff interview, it was determined that the facility failed to provide training on compliance and ethics for three of ten staff members (Employees E2, E5, and E6).Findings Include: Review of the facility policy, Inservice Education dated 12/2/25, indicated, The inservice education program is planned and conducted for the development and improvement of skills and personnel. Review of Registered Nurse Employee E2's facility provided staff list indicated she was hired on 2/14/23. Review of RN Employee E2's training record for 2/14/25, through 2/14/26, did not include training on on compliance and ethics. Review of the Activity Employee E5's facility provided staff list indicated she was hired on 1/6/06. Review of Activity Employee E5's training record for 1/6/25, through 1/6/26, did not include training on compliance and ethics. Review of Nurse Aide (NA) Employee E6's facility provided staff list indicated she was hired on 1/9/24. Review of NA Employee E6's training record for 1/9/25, through 1/9/26, did not include training on compliance and ethics. During an interview on 3/20/26, at approximately 2:30 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on compliance and ethics for three 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.

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F 0949 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide behavior health training consistent with the requirements and as determined by a facility assessment. Based on review of facility documents and staff interview, it was determined that the facility failed to provide training on behavioral health for four of ten staff members (Employees E2, E5, E6, and E7).Review of the facility policy, Inservice Education dated 12/2/25, indicated, The inservice education program is planned and conducted for the development and improvement of skills and personnel. Included in the list of topics was Care of Cognitively Impaired Residents and Dementia Training. Review of Registered Nurse Employee E2's facility provided staff list indicated she was hired on 2/14/23. Review of RN Employee E2's training record for 2/14/25, through 2/14/26, did not include training on behavioral health. Review of the Activity Employee E5's facility provided staff list indicated she was hired on 1/6/06. Review of Activity Employee E5's training record for 1/6/25, through 1/6/26, did not include training on behavioral health. Review of Nurse Aide (NA) Employee E6's facility provided staff list indicated she was hired on 1/9/24. Review of NA Employee E6's training record for 1/9/25, through 1/9/26, did not include training on behavioral health. Review of NA Employee E7's facility provided staff list indicated she was hired on 1/10/23. Review of NA Employee E7's training record for 1/10/25, through 1/10/26, did not include training on behavioral health. During an interview on 3/20/26, at approximately 2:30 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on behavioral health for four 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.