STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395717	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linwood Nursing and Rehabilitation Center	100 Linwood Avenue Scranton, PA 18505

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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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, consultant pharmacist records, clinical record review, and staff interview, it was determined the facility failed to ensure the attending physician reviewed and responded to consultant pharmacist recommendations for one resident (Resident 2) reviewed for medication regimen review. Findings include:A review of Resident 2's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses that included dementia (a medical condition involving loss of cognitive functioning such as memory, thinking, and reasoning severe enough to interfere with daily activities). A review of the consultant pharmacist report titled Consultant Pharmacist Communication to Physician, dated November 12, 2025, revealed the pharmacist identified that Resident 2 had physician orders for three or more central nervous system (CNS) active medications. CNS medications are drugs that affect the brain and spinal cord and may influence mood, behavior, level of alertness, or pain perception. When several CNS medications are used together, the combined effect can increase the risk of serious side effects such as excessive sedation (sleepiness), confusion, impaired balance, falls, and fractures, particularly in older adults. The pharmacist documented that Resident 2 had active orders for the following CNS medications: Venlafaxine 50 milligrams daily, an antidepressant medication used to treat depression and anxiety disorders.Quetiapine 25 milligrams daily, an antipsychotic medication used to treat conditions affecting mood or behavior. The pharmacist indicated this medication was due for a gradual dose reduction (GDR), which is a clinically supervised decrease in medication dosage intended to determine whether the medication remains necessary at the current dose.Perphenazine 4 milligrams daily, another antipsychotic medication used to treat certain psychiatric symptoms. The pharmacist also indicated this medication was due for a gradual dose reduction.Oxycodone Hydrochloride 5 milligrams three times daily, an opioid pain medication used to treat moderate to severe pain. Opioids act on the brain and nervous system to relieve pain but may also cause sedation, slowed breathing, and increased fall risk.Clonazepam 1 milligram twice daily, an anti-anxiety medication classified as a benzodiazepine that acts on the brain to produce a calming effect but may cause sedation and impaired coordination.Primidone 25 milligrams three times daily, an anticonvulsant medication used to treat seizure disorders and certain neurological conditions. The consultant pharmacist recommended the attending physician reevaluate the combination of these CNS medications due to the potential for increased adverse effects and consider performing a gradual dose reduction of Quetiapine and/or Perphenazine or provide clinical documentation explaining why reducing the medication would be medically inappropriate (a contraindication). Further review of Resident 2's clinical record did not reveal written documentation showing the attending physician reviewed, acknowledged, or responded to the pharmacist's recommendation. The record also did not contain documentation indicating the physician evaluated the medication combination, implemented a gradual dose reduction, or documented a clinical reason why a reduction could not be attempted. During an interview on March 5, 2026, at 11:00 AM, the Director of Nursing confirmed the facility could not provide documentation showing the attending physician reviewed or acted upon the consultant pharmacist's recommendation (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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	28 Pa. Code 211.2 (d)(3)(9) Medical director 28 Pa Code 211.5 (f)(vii) Medical records 28 Pa. Code 211.9 (k) Pharmacy services

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on review of the facility's planned cycle menus and menu substitution records, observation of meal service, and staff interview, it was determined the facility failed to follow the planned menu for residents who required a pureed consistency diet for 9 of 9 residents reviewed with physician-ordered pureed diets (Residents 18, 23, 28, 45, 47, 61, 81, 9, and 92).Findings include: A review of the facility's planned cycle menu revealed that the lunch meal scheduled for March 5, 2026, included a dinner roll that was to be provided in a pureed form (a food consistency in which regular foods are blended or processed into a smooth, pudding-like texture without lumps, commonly ordered for individuals who have difficulty chewing or swallowing food safely), for residents ordered on a pureed consistency diet. Observation of the lunch meal service on March 5, 2026, between 12:00 P.M. and 12:45 P.M., revealed there were no pureed dinner rolls available on the tray line where meals were prepared and distributed to residents. Continued observation of the meal service revealed Residents 18, 23, 28, 45, 47, 61, 81, 9, and 92, who all had physician orders for a pureed consistency diet, did not receive a pureed dinner roll with their lunch meal as indicated on the planned menu. During an interview on March 5, 2026, at 12:45 P.M., the Certified Dietary Manager (CDM) confirmed that pureed dinner rolls were not available on the lunch tray line during the observed meal service. The CDM confirmed that the planned menu for that meal included pureed dinner rolls for residents receiving pureed consistency diets. The CDM was unable to provide an explanation as to why the pureed dinner rolls were not prepared or available for service during the meal. 28 Pa. Code 211.6 (a) Dietary Services. 28 Pa. Code 201.18 (b)(3)(e)(3) Management.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, test tray evaluation, review of food committee minutes, and resident and staff interviews, it was determined the facility failed to ensure foods were served at safe and palatable temperatures for residents for 1 test tray evaluated for one of 4 hallways and 2 of 2 residents (Residents 102 and 103) who voiced concerns related to food temperature and palatability.Findings include: According to the federal regulation 483.60(i)-(2) Food safety requirements, the definition of Danger Zone, found under the Definitions section, is food temperatures above 41 degrees Fahrenheit and below 135 degrees Fahrenheit that allow rapid growth of pathogenic microorganisms that can cause foodborne illness. A review of the facility food committee meeting minutes dated January 9,2026 revealed complaints related to food temperature, palatability (quality of food that makes it pleasant to eat including taste, smell, texture and appearance), stating that meal trays remain on the food carts in the hallway, waiting for staff to deliver to resident rooms, resulting in cold food. The meeting minutes did not identify the residents attending the food committee meeting or making the complaints. A review of the facility's posted meal service schedule for March 5, 2026 revealed that lunch for the 300 rooms hall cart was scheduled to be delivered at 12:20 PM. Observation of the kitchen tray line on March 5, 2026, at 12:22 PM, revealed that the 300 hallway cart (cart three) left the kitchen at 12:22 PM. Observation on the 300 nursing unit at approximately 12:23 PM revealed the last tray was served to residents at approximately 12:30 PM. A test tray evaluated at 12:31 PM on March 5, 2026, revealed the following food temperatures:Onion Sage Chicken entree: 134.8 FarenheitCarrots: 133.1 FAu gratin potatoes: 127.5 FCoffee: 121.5 FHot water 122.2 FPurple cold drink 57 F The chicken entree was cool and not palatable. The carrots were bland and mushy in consistency, and the au gratin potatoes were dry, hard and difficult to chew. During an interview on March 5, 2026, at 9:00 AM, Resident 102 stated that he eats his meals in the small hallway dining room and frequently receives food that is cold, unappetizing, to include coffee. He indicated that nursing staff could reheat the coffee, but he just drinks it cold. During an interview on March 5, 2026, at 9:05 AM, Resident 103 also stated that he eats his meals in the small hallway dining room and frequently receives food that is cold, unappetizing, to include coffee. He indicated that nursing staff could reheat the coffee, but he just drinks it cold. An interview conducted with the facility Certified Dietary Manager (CDM) on March 5, 2025, at approximately 1:45 PM, confirmed the facility failed to ensure that meals were served at temperatures that are palatable and in accordance with regulatory guidelines. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18 (b)(1) Management.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, and staff interviews, it was determined the facility failed to develop a comprehensive person-centered care plan that included individualized and measurable interventions to address a resident's known behavioral needs for 1 of 19 residents reviewed (Resident 88).Findings include:A review of the facility policy titled Care Plans, Comprehensive Person Centered, last reviewed by the facility on January 21, 2026, revealed the facility will develop a comprehensive person-centered care plan that addresses each resident's identified needs. The policy indicated the care plan should include problems, needs, and individualized interventions related to the resident's social, emotional, psychosocial, physical, behavioral, rehabilitation, cultural, spiritual, nutritional, leisure, and preventative care needs based on assessment findings, resident involvement, observations, and interdisciplinary input. A review of Resident 88's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses that included Alzheimer's disease (a progressive brain disorder that slowly destroys memory and thinking skills and eventually affects the ability to perform simple daily tasks) and Bipolar Disorder (a mental health condition characterized by significant mood changes that alternate between elevated mood, known as mania, and periods of depression). A review of Resident 88's annual Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated January 9, 2026, revealed the resident was severely cognitively impaired with a BIMS score of 0 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; (a score of 0 through 7 indicates severe cognitive impairment meaning the resident has significant difficulty understanding information, remembering events, and making safe decisions independently). A review of a nursing progress note dated February 11, 2026, at 4:46 AM revealed staff observed Resident 88 defecate (pass stool) a blue rubber glove (consistent with the disposable gloves commonly worn by staff when providing resident care and performing cleaning tasks within the facility) into the toilet, The documentation indicated the glove was intact and intertwined in stool. The note indicated no blood, swelling, redness, or irritation was observed in the rectal area. Vital signs were recorded as temperature 97.8 F, pulse 53, respirations 18, blood pressure 117/72, and oxygen saturation 96 percent on room air. The resident denied pain or discomfort. The Registered Nurse notified the on-call medical provider.During an interview on March 5, 2026, at 11:00 AM, the Director of Nursing (DON) stated that family members previously informed staff that Resident 88 had a history of sexualized behaviors and inserting objects into body openings. A review of Resident 88's care plan, originally initiated on September 9, 2015, and most recently updated on January 12, 2026, revealed the care plan did not identify the resident's history of sexualized behaviors or inserting objects into body openings as a problem, nor did it include individualized goals or interventions to address or monitor this behavior, despite staff awareness of the behavior. During an interview on March 6, 2026, at 9:30 AM, the Surveyor reviewed the above findings with the Director of Nursing (DON) related to the facility's failure to develop a comprehensive person-centered care plan to address Resident 88's known behaviors involving sexualized behaviors or inserting objects into body openings, to ensure the resident's physical, psychosocial, and safety needs were addressed. 28 Pa. Code 211.12(d)(1)(5) Nursing services. 28 Pa. Code 211.10(c)(d) Resident care policies.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined the facility failed to ensure that nursing services met professional standards of quality as required by the Pennsylvania Code Title 49, Professional and Vocational Standards, by failing to implement appropriate nursing practices for the administration of an intravenous (IV) medication via peripheral inserted central venous catheter (PICC) for one of 19 residents reviewed (Resident 102).Findings include:According to the Pennsylvania Code Title 49, Professional and Vocational Standards Department of State, Chapter 21 State Board of Nursing, Chapter 21.145 Functions of the LPN (Licensed Practical Nurse) require the following: The LPN is prepared to function as a member of the health care team by exercising sound nursing judgement based on preparations, knowledge, skills, understandings and past experiences in nursing situations. The LPN participates in the planning, implementation and evaluation of nursing care in settings where nursing takes place. (b) The LPN administers medication and carries out the therapeutic treatment ordered for the patient in accordance with the following: (d) The Board recognizes codes of behavior as developed by appropriate practical nursing associations as the criteria for assuring safe and effective practice. Chapter 21.145 b. IV therapy curriculum requirements:(f) An LPN may perform only the IV therapy functions for which the LPN possesses the knowledge, skill and ability to perform in a safe manner, except as limited under S 21.145 a (relating to prohibited acts), and only under supervision as required under paragraph (1).(1) An LPN may initiate and maintain IV therapy only under the direction and supervision of a licensed professional nurse or health care provider authorized to issue orders for medical therapeutic or corrective measures (such as aCRNP, physician, physician assistant, podiatrist or dentist).(g) An LPN who has met the education and training requirements of S 21.145 b (relating to IV therapy curriculum requirements) may perform the following IV therapy functions, except as limited under S 21.145 and only under supervision as required under subsection (f): (1) Adjustment of the flow rate on IV infusions. (2) Observation and reporting of subjective and objective signs of adverse reactions to any IV administration and initiation of appropriate interventions. (3) Administration of IV fluids and medications. (4) Observation of the IV insertion site and performance of insertion site care. (5) Performance of maintenance. Maintenance includes dressing changes, IV tubing changes, and saline or heparin flushes. (6) Discontinuance of a medication or fluid infusion, including infusion devices. (7) Conversion of a continuous infusion to an intermittent infusion. (8) Insertion or removal of a peripheral short catheter. (9) Maintenance, monitoring and discontinuance of blood, blood components and plasma volume expanders. (10) Administration of solutions to maintain patency of an IV access device via direct push or bolus route. (11) Maintenance and discontinuance of IV medications and fluids given via a patient-controlled administration system. (12) Administration, maintenance and discontinuance of parenteral nutrition and fat emulsion solutions. (13) Collection of blood specimens from an IV access device. Clinical record review revealed that Resident 102 was admitted to the facility on [DATE], with diagnoses to include osteomyelitis (bone infection) and bacteremia (bacteria in the blood). Resident 102 was admitted to the facility with a PICC line (a peripherally inserted central catheter, a long tube introduced through a vein in the arm and passed through to the larger veins into the heart). A review of clinical orders revealed a physician's order dated February 27, 2026, directing the use of 10 milliliters (mL) intravenously (into the vein, in this instance through the PICC line in the Resident 102's left arm which leads to the larger veins into the heart) every evening and night shift for PICC line flush. The physician orders required the PICC line to be flushed with the 10 (mL) normal saline solution prior to and after daily antibiotic administration Normal saline (a sterile saltwater solution) is used to prevent the PICC line from becoming blocked. Review of the Electronic Medication Administration Record (eMAR technology that automatically documents the administration of medication into the medical record) revealed that on March 2, 2026, at 6:59 AM Employee 2 Licensed (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Practical Nurse (LPN) documented administration of normal saline solution to Resident 102 through the PICC line. The MAR revealed that Employee 3 LPN documented administration of the normal saline solution to Resident 102 through the PICC line on March 2, 2026, at 1:19 PM and Employee 4 LPN administered the normal saline solution through the PICC line on March 4, 2026, at 6:28 AM. The facility could not produce any documentation verifying that Employee 2, 3, and 4 completed the IV therapy education required under S21.145(b). There was no evidence of current competency validation, supervision documentation, or internal training specific to PICC line administration. During an interview conducted on March 5, 2026, at 9:50 AM, the Director of Nursing (DON) and Nursing Home Administrator (NHA) confirmed the facility had no documentation of required IV therapy education or competency for LPNs regarding administration of medications through PICC lines. The interview on March 5, 2026, also revealed the facility did not maintain a policy specific to PICC line medication administration and no documented competencies existed for Registered Nurses (RNs) or LPNs regarding safe administration through PICC lines. 28 Pa. Code 201.20(a) Staff Development. 28 Pa Code 211.12(c)(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 - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, select facility policy, observation, and resident and staff interviews, it was determined the facility failed to ensure oxygen therapy was administered consistent with professional standard of practice for one resident out of 19 sampled residents (Resident 43).Findings include: A review of the facility policy titled, Oxygen Administration by Nasal Cannula (a medical device used to deliver oxygen by a small, flexible tube with two prongs that fit into the nostrils) and mask (a device worn over the nose and mouth through which oxygen is delivered) last reviewed February 19, 2026, indicated residents who require oxygen will have a physician order which includes the flow rate, how the oxygen will be administered, and the need for humidified air if necessary. The policy indicated the physician orders will also include oxygen tubing and bag will be changed monthly and dated when changed. Resident 43 was admitted to the facility on [DATE], with diagnoses which included unspecified convulsions (abnormal, electrical brain activity which leads to sudden, involuntary movements). A review of Resident 43's significant change Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated February 18, 2026, revealed that Resident 43 was cognitively intact with a BIMS score of 13 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13 through 15 indicates normal cognitive function). An observation on March 3, 2026, at 10:45 AM indicated Resident 43 was in bed and receiving oxygen by a nasal cannula attached to an oxygen concentrator (medical device that delivers oxygen through a nasal cannula). The oxygen was being delivered at 3 liters of oxygen per minute. An additional observation on March 3, 2026, at 1:15 PM included Resident 43 was sitting in a chair and continued to receive oxygen through the nasal cannula at the rate of 3 liters per minute. A review of clinical records did not include a physician order for oxygen. Interview with Employee 5 Licensed Practical Nurse (LPN) confirmed there was no physician order for oxygen. Interview with the Director of Nursing (DOH) and Nursing Home Administrator (NHA) on March 4, 2026, at 11:45 AM confirmed there was no order for Resident 43's oxygen in accordance with professional standards and facility policy. 28 Pa. Code 211.12(c)(d)(1)(5) Nursing Services. 28 Pa. Code 211.10 (c)(d) Resident care policies.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, and staff interview, it was determined the facility failed to follow its pain management policy and accepted standards of nursing practice by failing to attempt and document non-pharmacological interventions prior to the administration of pain medication prescribed on an as needed basis, failing to ensure the pain medication order included the specific pain indication or severity level, and failing to evaluate the effectiveness of administered pain medication using a numeric pain scale for 1 of 19 residents reviewed (Resident 102).Findings include: Clinical record review revealed that Resident 102 was admitted to the facility on [DATE], with diagnosis to include osteomyelitis (a serious infection of the bone that can cause significant pain, swelling, and damage to bone tissue) and bacteremia (presence of bacteria in the bloodstream, which may spread infection throughout the body and may also result in pain or systemic illness). A review of the facility policy titled Pain Management, last reviewed by the facility on February 19, 2026, revealed the facility will provide pain management services consistent with professional standards of practice, the resident's comprehensive person-centered care plan, and the resident's goals and preferences. The procedure indicated that once pain is identified, staff should attempt and document non-pharmacological measures prior to administering medication. Non-pharmacological measures are approaches that do not involve medication and may include repositioning the resident, providing a back rub or massage, assisting with toileting, dimming lights, or offering food or fluids in an effort to relieve discomfort. The policy revealed that pain medication orders should include the name of the medication, the strength, the frequency, the indication or location of the pain, and the pain scale category such as mild, moderate, or severe. The procedure indicated that when a medication ordered on an as needed basis and pain medication is administered the professional licensed staff will conduct a pain scale prior to administering the medication and again one hour after each method of pain relief to evaluate effectiveness. The procedure further described the use of a numeric pain rating scale. A numeric pain scale is a commonly used tool in healthcare that allows a resident to rate the severity of their pain on a scale from 0 to 10. A score of 0 indicates no pain. Scores from 1 through 3 generally represent mild pain, scores from 4 through 6 represent moderate pain, and scores from 7 through 10 represent severe pain. The scale allows staff to consistently measure pain levels and evaluate whether treatment was effective. Clinical record review revealed a nurse practitioner order dated February 27, 2026, for Oxycodone HCL 5 milligrams, one tablet every four hours as needed for pain. Oxycodone is a narcotic pain medication. Narcotic pain medications, also known as opioid medications, are a class of powerful drugs used to treat moderate to severe pain. These medications act on the brain and nervous system to reduce the perception of pain but require careful monitoring because they may cause side effects such as sedation, slowed breathing, or dependence. The physician's order was modified on February 27, 2026, to include non-pharmacological interventions consisting of repositioning, a back rub, toileting, dim lights, food, and fluids. A review of the March 2026 Medication Administration Record revealed staff administered the as needed narcotic pain medication on the following dates and times:March 1, 2026, at 3:20 AM for a documented pain level of 7March 1, 2026, at 9:22 AM for a documented pain level of 7March 1, 2026, at 3:49 PM for a documented pain level of 6March 2, 2026, at 00:58 AM for a documented pain level of 7Review of the clinical record revealed documentation did not show that non-pharmacological interventions were attempted or documented prior to any of the four administrations of the as needed narcotic pain medication, as required by the facility policy and accepted nursing practice.Clinical record review revealed the nurse practitioner order for the pain medication did not include the required pain indication or severity level, such as mild, moderate, or severe pain, as required by the facility's policy and review of the documentation also revealed staff did not document a follow-up numeric pain scale within one hour after the medication was administered to evaluate whether the medication (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	effectively relieved the resident's pain. These findings were reviewed with the Nursing Home Administrator (NHA) and Director of Nursing (DON) during an interview conducted on March 5, 2026, at 9:50 AM. The review confirmed that the clinical record did not contain documentation that non-pharmacological interventions were attempted prior to the administration of the as needed narcotic pain medication. The review also confirmed the medication order did not include the pain indication or severity category and the documentation did not contain a follow-up numeric pain scale to evaluate the effectiveness of the medication. 28 Pa. Code 211.5(f)(iii) Medical records. 28 Pa. Code 211.10 (c)(d) Resident care policies. 28 Pa. Code 211.12(c)(d)(1)(5) Nursing Services.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, select facility policy, and staff interview, it was determined that the facility failed to implement procedures to maintain records of controlled drugs and ensure accurate drug administration for one out of the 30 residents sampled (Resident 1).Findings include: Review of the facility policy titled Controlled Substances (medications regulated under federal law due to the potential for misuse or dependence requiring strict prescribing, storage, and record-keeping controls), last reviewed by the facility on February 19, 2026, revealed the facility will comply with all laws, regulations, and other requirements related to handling, storage, disposal and documentation of Schedule II and other controlled medications. A clinical record review revealed Resident 1 was admitted to the facility on [DATE], with diagnoses that include paraplegia, (paralysis or loss of movement and sensation that affects the lower half of the body) and Chronic Obstructive Pulmonary Disease (COPD, a progressive lung disease that makes it difficult to breathe due to blocked airflow and damage to the lungs). A review of the clinical record revealed a physician's order initiated on November 16,2025 for Resident 1 to receive hydrocodone acetaminophen oral tablet 5mg/325mg (a Schedule II opiate narcotic medication; schedule II drugs have a high potential for abuse) to administer one tablet every 4 hours as needed for moderate to severe pain on a pain scale of 4-10 (commonly used scale from 0 to 10 in which 0 represents no pain and 10 represents the worst pain imaginable) related to pain in thoracic spine (middle portion of the back). The facility utilized a Controlled Medication Utilization Record to track, monitor, and reconcile each controlled medication, such as hydrocodone acetaminophen. The facility tracks medication administration for each resident by way of the Medication Administration Record (MAR). The MAR indicates the medication administered, time and date of administration, staff administering the medication, pain prior to the administration of medication, and clinical rationale for the administration of medication.A comparison of Resident 1's Controlled Medication Utilization Record with Resident 1's Medication Administration Record (MAR) from November 2025 through February 2026 revealed discrepancies in documentation related to hydrocodone-acetaminophen, a Schedule II narcotic pain medication. The review revealed 8 entries documented on the Controlled Medication Utilization Record indicating the medication was removed or utilized; however, there was no corresponding documentation on the MAR indicating the medication was administered to the resident. The dates and times of these discrepancies included: November 22, 2025, at 4:00 PMDecember 11, 2025, at 1:00 PMDecember 13, 2025, at 3:45 PMDecember 14, 2025, at 9:37 AMDecember 31 ,2025, at 1:00 PMFebruary 13 ,2026, at 10:00 AMFebruary 14, 2026, at 3:15 AMFebruary 21,2026 at 9:15 AM Continued comparison of Resident 1's Controlled Medication Utilization Record with Resident 1's Medication Administration Record from November 2025 to February 2026, revealed 5 additional entries in which hydrocodone-acetaminophen was documented on the MAR as administered to the resident; however, there was no corresponding documentation on the Controlled Medication Utilization Record indicating the medication was removed from the controlled medication inventory. The dates and times of these discrepancies included:November 22, 2025, at 9:59 AMFebruary 9, 2026, at 1:38 PMFebruary 10, 2026, at 7:44 AMFebruary 10, 2026, at 4:00 PMFebruary 11, 2026, 4:46 AM During an interview conducted on March 5, 2026, at 1:15 PM, the surveyor reviewed the above findings with the Director of Nursing (DON) related to the facility's failure to implement effective procedures to reconcile Resident 1's controlled substance medications. 28 Pa Code 211.5(f)(xi) Medical records. 28 Pa Code 211.9(a)(1)(k) Pharmacy services. 28 Pa Code 211.12 (d)(1)(3)(5) Nursing services. 28 Pa Code 211.10 Resident care policies.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395717	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linwood Nursing and Rehabilitation Center	100 Linwood Avenue Scranton, PA 18505

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation of medications, manufacturer guidance, and staff interviews, it was determined the facility failed to ensure medications were properly dated when opened and failed to discard a multi-dose medication after the manufacturer's recommended use-by period on one of four medication carts (300 hall, cart 2).Findings include: A review of the facility policy titled Storing and Expiration Dating of Medications and Biologicals, last reviewed by the facility on February 19, 2026, revealed it is the facility's expectation that staff record the date a medication container is opened and available for use on the primary medication container (for example, a vial, bottle, or inhaler). The policy revealed that when a multi-dose vial (a medication container designed to provide multiple doses for repeated use) of injectable medication is opened or accessed by needle puncture, the container must be dated and discarded within 28 days, unless the manufacturer specifies a different time frame. An observation of the medication cart located on 300 Hall, Cart 2, on [DATE], at 8:25 AM, in the presence of Employee 1 (Licensed Practical Nurse) revealed one multi-dose insulin pen of Insulin Glargine (a long-acting insulin medication used to lower blood sugar levels in individuals with diabetes). The insulin pen had been opened and was available for use; however, the pen was not dated when initially opened, preventing staff from determining when the medication should be discarded. Continued observation of the medication cart located on 300 Hall, Cart 2, on [DATE], at 8:27 AM, in the presence of Employee 1 (Licensed Practical Nurse) revealed one multi-dose insulin pen of Tresiba Insulin (U-100 a long-acting insulin medication used to control blood sugar levels). The pen was labeled as having been opened on [DATE]. Review of the manufacturer's safety information revealed that once opened, a Tresiba Insulin (U-100) multi-dose pen must be discarded 28 days after opening. Based on the labeled opening date of [DATE], the medication should have been discarded on February 11, 2026. At the time of observation on [DATE], the medication remained in the medication cart and available for use more than three weeks past the manufacturer's recommended discard date. During an interview conducted on [DATE], at 8:30 AM, Employee 1 (Licensed Practical Nurse) confirmed the Insulin Glargine multi-dose pen had been opened and was available for use but was not dated when initially opened. Employee 1 also confirmed that the Tresiba Insulin (U-100) multi-dose pen present in the medication cart was expired and should have been discarded. During an interview on [DATE], at 1:00 PM, the surveyor reviewed the above findings with the Director of Nursing (DON) regarding the facility's failure to follow facility policy and manufacturer guidance related to proper dating and discarding of multi-dose medications. 28 Pa. Code 211.9(a)(1)(k) Pharmacy services. 28 Pa Code 211.10 (a)(c) Resident care policies. 28 Pa. Code 211.12(c)(d)(1)(5) Nursing services.

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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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop, implement, and/or maintain an effective training program for all new and existing staff members. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, review of employee personnel records, review of facility policies and procedures, and staff interviews, it was determined the facility failed to develop, implement, and maintain an effective training program to ensure licensed nursing staff possessed the knowledge and competencies necessary to safely manage a peripherally inserted central catheter (PICC line) for 1 resident (Resident 102) of 16 residents reviewed who required care involving a PICC line.Findings include:Federal regulation requires that a facility develop, implement, and maintain an effective training program for all new and existing staff. The facility must use the facility assessment, which is an evaluation the facility conducts to identify the resident population served to determine the amount and types of training necessary to ensure staff competencies meet the needs of the residents as identified in their care plans and the facility assessment. Clinical record review revealed Resident 102 was admitted to the facility on [DATE], with diagnosis to include osteomyelitis (a serious infection of the bone) and bacteremia (the presence of bacteria in the bloodstream). Resident 102 was admitted with a PICC line (a long, flexible tube inserted through a vein in the arm and advanced into the larger veins near the heart. It allows medications, such as intravenous antibiotics, to be delivered directly into the bloodstream for extended periods).Orders dated February 27, 2026, required the administration of the antibiotic Daptomycin (an intravenous antibiotic used to treat serious bacterial infections), daily through the PICC line. Review of the nurse practitioner orders required the PICC line to be flushed with a 10 milliliter (mL) normal saline solution prior to and after the antibiotic administration and every evening and night shift. Flushing the catheter with normal saline (a sterile saltwater solution) helps maintain catheter function and prevents the line from becoming blocked.A review of Resident 102's February 2026 electronic Medication Administration Record (eMAR, serves as the legal record used to document medications administered to residents) revealed the following:During February 2026, the antibiotic was documented as administered one time, and normal saline flushes were documented four times through the PICC line by licensed nursing staff. During March 2026, the antibiotic was documented as administered two times, and normal saline flushes were documented eleven times through the PICC line by licensed nursing staff. Further review of the eMAR revealed the following licensed nurses documented accessing the PICC line to administer normal saline flushes: On March 2, 2026, at 6:59 AM, Employee 2, Licensed Practical Nurse (LPN), documented administering a normal saline flush through the PICC line.On March 2, 2026, at 1:19 PM, Employee 3, LPN, documented administering a normal saline flush through the PICC line.On March 5, 2026, at 6:28 AM, Employee 4, LPN, documented administering a normal saline flush through the PICC line. Review of Employee 2 LPN personnel file revealed a hire date and orientation completion date of January 15, 2026. The personnel file did not contain documentation demonstrating that Employee 2 received education, training, or competency validation related to PICC line management prior to performing care involving a PICC line. Review of Employee 3 LPN personnel file revealed a hire date of November 12, 2024, orientation completion date of November 16, 2024, and documentation of annual licensed nursing education completed on November 16, 2024. The personnel file did not contain documentation demonstrating that Employee 3 received education, training, or competency validation related to PICC line management prior to performing PICC line care. Review of Employee 4 LPN personnel file revealed a hire date and orientation completion date of April 11, 2025. The personnel file did not contain documentation demonstrating that Employee 4 received education, training, or competency validation related to PICC line management prior to providing care involving a PICC line. During an interview on March 5, 2026, at 9:50 AM, the surveyor requested documentation from the Nursing Home Administrator (NHA) and Director of Nursing (DON) demonstrating education and competency validation for licensed nursing staff providing care to residents with PICC lines. The (continued on next page)

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F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	requested documentation was not provided through the conclusion of the survey on March 6, 2026. During a follow-up interview on March 5, 2026, at 11:30 AM, the Director of Nursing stated the facility had not developed or implemented a training program specific to PICC line care for licensed nursing staff and had not included PICC line management in annual licensed nursing competency or skills reviews. The Nursing Home Administrator and Director of Nursing indicated the facility should have developed and implemented training related to PICC line care based on the resident population and the facility assessment prior to licensed nursing staff providing care involving PICC lines and reviewed this training on an annual basis. Pennsylvania State Board of Nursing regulations (Title 49, Chapter 21) require Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) performing intravenous therapy, which includes administration of medications and care involving PICC lines, to complete a board-approved education program, receive supervised clinical instruction, and undergo ongoing competency assessments. LPNs may perform only those intravenous therapy functions for which they have documented knowledge, skills, and abilities under appropriate supervision The facility did not provide documentation demonstrating licensed nursing staff completed education or competency validation related to PICC line care prior to accessing the PICC line and administering intravenous medications. Therefore, the facility failed to develop, implement, and maintain an effective training program based on the facility assessment to ensure licensed nursing staff possessed the knowledge and competencies necessary to safely provide care to residents requiring PICC line management. 28 Pa. Code 201.20(a) Staff Development. 28 Pa Code 211.12(c)(d)(1)(2)(3)(5) Nursing services.