STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395751	A. Building B. Wing	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Residence and Care Center	174 Virginia Avenue Rochester, PA 15074

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 facility policy, review of facility documents, and resident records, resident council group interview, review of resident representative concern, 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 two of two residents (Resident R18 and R51), failed to assist a resident to eat in a timely manner and failed to ensure that food was provided in a manner which maintained resident dignity for one of four residents (Resident R67), and failed to provide a dignified dining experience for all residents for three out of six months (July, August, and September 2025). Findings include: Review of facility policy Catheter Care dated 1/7/25, indicated privacy bags will be available and catheter drainage bags will be covered at all times while in use. Review of facility policy “Activities of Daily Living (ADLs)” dated 1/7/25, indicated the facility will ensure a resident's abilities in ADL's do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following ADLs: - Bathing, dressing, grooming, and oral care - Transfer and ambulation - Toileting - Eating to include meals and snacks Review of the clinical record indicated Resident R18 was admitted to the facility on [DATE]. Review of Resident R18's Minimum Data Set (MDS - a periodic assessment of care needs) dated 9/10/25, indicated diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), chronic pain, and atrial fibrillation (irregular heart rhythm). Review of Resident R18's physician order dated 6/5/25, indicated foley catheter related to neuromuscular dysfunction of bladder. During an observation on 9/15/25, at 10:37 a.m. Resident R18's catheter draining bag was observed hanging on bed frame without a dignity/privacy bag. (continued on next page)

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 9/15/25, at 10:40 a.m. Licensed Practical Nurse Employee E7 confirmed Resident R18's catheter draining bag did not have a privacy cover and that the facility failed to ensure that care was provided in a manner in which maintained Resident R18's dignity. Review of the clinical record indicated Resident R51 was admitted to the facility on [DATE]. Review of Resident R51's MDS dated [DATE], indicated diagnoses of high blood pressure, depression, and neurogenic bladder (a condition where the nerves that control bladder function are damaged or impaired, leading to abnormal bladder control). Section H- Bladder and Bowel H0100 Appliances A- Indwelling catheter is coded. Review of Resident R51's physician order dated 1/15/25, indicated foley catheter related to neuromuscular dysfunction of bladder. Review of Resident R51's physician order dated 2/26/25, indicated keep foley drainage bag covered at all times. During an observation on 9/15/25, at 11:35 a.m. Resident R51's catheter draining bag was observed hanging on bed frame without a dignity/privacy bag. During an interview on 9/15/25, at 11:37 a.m. Registered Nurse Employee E2 confirmed Resident R51's catheter draining bag did not have a privacy cover and that the facility failed to ensure that care was provided in a manner in which maintained Resident R51's dignity. Review of the clinical record indicated Resident R67 was admitted to the facility on [DATE]. Review of Resident R67's MDS dated [DATE], indicated diagnoses of depression, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and heart failure (a progressive heart disease that affects pumping action of the heart muscles). Section GG-Functional Abilities A-Eating is coded as a “1”, indicating dependent – helper does all of the work. Review of Resident R67's physician order dated 9/3/25, indicated Assist to Dine. During an observation on 9/17/25, at 1:40 p.m. Resident R67 was sitting at the nurse's station in his chair and his lunch was sitting on top of the nurse's station, not served. During an interview on 9/17/25, at 1:45 p.m. Registered Nurse (RN) Employee E2 stated, “Oh, I'll feed him now” and proceeded to set up and feed Resident R67. When asked, “Is his food still hot?” RN Employee E2 felt the bottom of the plate and stated it was still warm. Then SA (State Agency) felt the bottom of the plate at the same time and the plate felt cold to touch. During an interview of 9/17/25, at 1:58 p.m. RN Employee E2 confirmed that Resident R67 was given cold food for lunch and the facility failed to assist a resident to eat in a timely manner and failed to ensure that food was provided in a manner which maintained resident dignity for one of four residents (Resident R67). Review of Resident Council Meeting Minutes dated 7/2/25, stated Foods are served on foam plates. Would like to have soup in a different container. Not Styrofoam. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of a Resident Representative concern dated 9/8/25, stated All silverware is plastic. No plates, Styrofoam container. During a Group interview on 9/16/25, at 1:30 p.m. five out of five residents stated that they receive food on Styrofoam and plastic silverware on a regular basis. During an Interview on 9/18/25, at 10:54 a.m. Dietary Manager Employee E22 stated that the facility has been experiencing a shortage of plates, bowls, plate warmers, and silverware since she started at the facility in August 2025. During an interview on 9/18/25, at 2:30 a.m. the Nursing Home administrator confirmed that the facility failed to provide a dignified dining experience for three of six months by serving on disposable dinnerware. 28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(5) Nursing services.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and staff interviews, it was determined that the facility failed to accommodate the proper linen needs for two of two units (third and fourth floors) and provide a clean, safe, comfortable and homelike environment on one of two nursing units (Third Floor).Findings include: A review of facility policy Safe and Homelike Environment dated 1/7/25, indicated in accordance with residents ' rights, the facility will provide a safe, clean, comfortable and homelike environment. This includes ensuring that the residents can receive care and services safely. The facility will provide and maintain bed and bath linens that are clean and in good condition. During a tour of the facility on 9/15/25, at 9:20 a.m. the following was observed:-The clean linen rack on the fourth floor outside room [ROOM NUMBER], failed to have linen that was in good condition. Observation revealed that eight pieces of towel were ripped in pieces to create washcloths. Also noted were ripped bath blankets, four sheets and two bath blankets. No towels or pillowcases were present.-The main linen rack outside of room [ROOM NUMBER] had zero towels and zero washcloths.-The linen rack outside of room [ROOM NUMBER] had three towels, four pillowcases, and three washcloths.-The linen rack outside of room [ROOM NUMBER] had seven torn washcloths made from towels or blankets, no towels, and six bath blankets. During an interview and tour with Licensed Practical Nurse (LPN) Employee E7 the lack of adequate linens in good condition was confirmed. Interview with Nurse Aide (NA) Employee E15 on 9/15/25, at 9:25 a.m. indicated it's gotten pretty bad with the linens. We can't give care in the morning without linens. We do the best we can. Interview with NA Employee E16 on 9/15/25, at 9:29 a.m. indicated we have some wipes, but we'll use whatever we have to for morning care. Interview with NA Employee E17 on 9/15/25, at 10:02 a.m. indicated there's not enough linen, morning care is rough. They'll bring more linen up by lunch. NA continued to explain that torn washcloths were better than nothing. Observation on 9/15/25, at 10:05 a.m. Resident R45's privacy curtain was soiled with a substance on the lower half of the curtain. Interview with Registered Nurse (RN) Employee E10 on 9/15/25, at 10:15 a.m. indicated the facility is not providing the supplies we need. There is never enough linen, sometimes no toilet paper and there is no hand sanitizer, it has been backed up on orders since June. RN also confirmed appearance of Resident R45's privacy curtain being soiled. Observation on 9/15/25, at 10:35 a.m. Resident R4's family member was emptying the trash can that was full of soiled briefs. Interview on 9/15/25, at 10:38 a.m. Resident R87 indicated they have no washcloths here. The staff have washed me with pillowcases, bath blankets, or whatever they can find. During an interview on 9/15/25, at 12:32 p.m. NA Employee E1 stated, We've been having a problem for a while now. Weeks, at least a month. We don't have enough towels, wash cloths, fitted sheets. We 100% have not been able to give baths or showers because we don't have enough staff or supplies. We have to pick and choose who gets a bath because we don't have enough supplies to give them.During an interview on 9/15/25, at 12:34 p.m. NA Employee E1 stated, The resident in room [ROOM NUMBER] passed away over the weekend. That room has been cleaned and is ready for a new admission, but there is still a dirty urinal in the bathroom. During an observation on 9/15/25, at 12:35 p.m. a disposable urinal with dark amber colored stains was observed sitting on the toilet in the bathroom of room [ROOM NUMBER].During an observation on 9/15/25, at 12:50 p.m. of the Third Floor Shower Room revealed the following:- Two mechanical lifts, (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	one empty linen cart, a shower chair, and a bedside commode were observed in the whirlpool tub room.- A broken tile was observed on the wall of the shower stall adjacent to the whirlpool tub room.- Debris was noted on the floor of two of three of the shower stalls.- Yellow discoloration was noted on all three of the shower stall floors.- Rust was noted on the ceiling of the shower stall located adjacent to the whirlpool tube room.- One of three shower stalls had visible peeling on the ceiling in two separate locations. Peeling was noted around the light fixture in the ceiling and additional peeling reveal a small hole in the ceiling. Light could be seen coming from the floor above through the hole in the ceiling. - An open bottle of white distilled vinegar was noted on the floor of the main room of the shower room. The cap was sitting on the floor next to the bottle. A piece of white tape had been placed on the bottle with handwriting that stated, Opened 4/4.During an interview on 9/15/25, at 1:54 p.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to provide a clean, safe, homelike environment in room [ROOM NUMBER] and the Third Floor Shower Room. Interview on 9/15/25, at 3:00 p.m. the NHA confirmed that the facility failed to accommodate the proper linen needs for two of two units (third and fourth floors) and provide a clean, safe, comfortable and homelike environment. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(5) Nursing services.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on a review of policy, observation and staff interview, it was determined that the facility failed to properly maintain kitchen equipment in a sanitary condition creating the potential for cross contamination in the main kitchen of the facility.Findings include: A review of facility policy Sanitation Inspection dated 1/7/25, indicated as part of the sanitation program, facility will conduct inspections to ensure food service areas are clean, sanitary, and in compliance with applicable state and federal regulations. All food service areas shall be kept clean, sanitary, free from litter, rubbish, and protected from rodents, roaches, and flies and other insects. During an observation on 9/15/25, at 10:05 a.m., of the walk-in cooler in the main kitchen, conducted with Certified Dietary Manager (CDM) Employee E22, revealed that the cold air condenser unit had a build-up of dust, grime, and dark colored debris around the fan covers and ceiling immediately forward of the fans. CDM Employee E22 confirmed observation by surveyor when viewed. During an interview on 9/15/25, at 10:10 a.m., CDM Employee E22 confirmed that the facility failed to properly maintain kitchen equipment, walk-in cooler, in a sanitary condition creating the potential for cross contamination in the main kitchen of the facility. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1) Management.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on review of facility policy, observation and staff interview it was determined that the facility failed to properly contain and dispose of garbage in outside dumpsters to prevent the potential for rodent and insect infestation.Findings include: Review of facility policy Disposal of Garbage and Refuse, dated 1/7/25 indicates that the facility shall dispose of kitchen garbage and refuse. Containers and dumpsters shall be kept covered when not being loaded. Surrounding area shall be kept clean so that accumulation of debris and insect/rodent attractions are minimized. Garbage should not accumulate or be left outside the dumpster. During an observation and interview of the facility's outdoor trash compactor on 9/15/25, at 10:00 a.m. with Certified Dietary Manager (CDM) Employee E22 confirmed that there were trash and debris collecting in the disposal area, and that the facility failed to properly contain and dispose of garbage in outside dumpster area to prevent potential rodent and insect infestation. 28 Pa. Code 201.18(b)(3) Management.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review, facility documents, observation, and staff interview, it was determined that the facility failed to ensure proper hand hygiene, failed to prevent cross contamination during a dressing change for one of three residents (Resident R74), and failed to implement an infection control program that included a system of surveillance to identify possible communicable diseases or infections, identify floor mapping for three of five months (July, August, and September 2025) and failed to implement Covid outbreak response timely for one of three residents (Resident R72). Finding include: Review of facility policy Hand Hygiene dated 1/7/25, indicated that all staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. Alcohol-based hand rub with 60 to 95% alcohol is the preferred method of cleaning hands in most clinical situations. All staff will perform proper hand hygiene procedures to prevent the spread of infections to other personnel, residents, and visitors. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to putting gloves on, and immediately after removing gloves. Review of the facility policy Clean Dressing Change reviewed 1/7/25, indicated the facility will provide wound care in a manner to decrease potential for infection and cross-contamination. Physician's orders will specify type of dressing and frequency of changes. Review of facility policy Infection Prevention and Control Program dated 1/7/25, indicated an infection prevention and control program is established to maintain and provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Surveillance tools are used for identifying the occurrence of infections, recording their numbers and frequency, detecting outbreaks and epidemics, monitoring employee infection, monitoring adherence to infection prevention and control practices, and detecting unusual pathogens with infection control implications. Review of a resident representative concern dated 9/2/25, stated that The hand sanitizer stations are empty. During an observation on 9/15/25, from 1:00 p.m. to 1:05 p.m. seven out of seven hand sanitizer stations were found to be empty through the Third and Fourth floors. During an interview on 9/15/25, at 1:05 p.m. Registered Nurse Employee E31 confirmed that the hand sanitizer dispensers are empty and added That's been going on for weeks. During an interview on 9/15/25, the Nursing Home Administrator (NHA) confirmed that the facility has not had hand sanitizers, as the brand that was being used was recalled by the manufacturer and they had to be removed, but will refill the dispensers with another product. During an observation on 9/16/25, at 10:07 a.m. hand sanitizer stations remained empty. During an interview on 9/16/25, at 10:20 a.m. the NHA confirmed that the facility failed to ensure proper hand hygiene was being completed due to not having hand sanitizer readily available. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of Resident R74's clinical record indicated resident was admitted to the facility on [DATE]. Review of Resident R74's MDS dated [DATE], indicated diagnoses of high blood pressure, diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and venous insufficiency (a condition in which the veins enlarge due to malfunction of their valves causing improper flow of blood, and pooling). Section M- Skin conditions coded as “4”- total number of venous ulcers present. Review of Residents R74's physician orders dated 7/10/25, indicate to cleanse with soap and water lightly scrubbing legs, apply triamcinolone cream (a steroid cream used to reduce inflammation) in a thin layer, then ammonium lactate (lotion used to treat dry scaly skin conditions) cream, then Adaptic (a non-adherent wound dressing) over open areas. Secure with Kerlix (cotton gauze bandage rolls) every three days. During an observation on 9/18/25 at 10:52 a.m. Licensed Practical Nurse (LPN) Employee E7 entered Resident R74's room to complete a dressing change. LPN Employee E7 placed a barrier for supplies. Then placed a towel under Resident R74's leg. LPN Employee E7 unwrapped bandage off residents' leg and changed gloves. She failed to wash her hands. New gloves put on. LPN Employee washed leg per order, took gloves off, and failed to wash hands. New gloves put on. Medication applied. Gloves taken off, failed to wash hands between medications. New gloves put on. LPN Employee E7 removed scissors from her pocket and failed to clean them prior to use. Scissors were put back into pocket. Dressing secured with Kerlix. Date and initials added to dressing appropriately. Gloves taken off, failed to wash hands. Upon leaving the room, SA (State Agency) reminded LPN Employee to wash hands prior to leaving the room. During an interview on 9/18/25, at 11:15 a.m. LPN Employee E7 confirmed that no hand washing was completed during the dressing change or afterwards, failed to clean scissors prior to use, and failed to prevent cross contamination during a dressing change for one of three residents (Resident R74). - Asymptomatic residents with close contact with someone with SARS-CoV-2 infection should have a series of three viral test for SARS-CoV-2 infection. Testing is recommended immediately (but not earlier than 24 hours after exposure) and, if negative, again 48 hours after the first negative test and, if negative again 48 hours after the second negative test. This will typically be at day one (whereby day of exposure is day zero), day three, and day five. Review of the facility's monthly tracking of surveillance on 9/18/25, failed to include a system of surveillance to identify possible communicable diseases or infections, and identify floor mapping for three of six months (July, August, and September 2025). Interview on 9/18/25, at 12:09 p.m. the Director of Nursing confirmed the facility failed to implement an effective infection control plan as required for the months of July, August, and September 2025, and was unable to produce the documents with surveillance including floor mapping. Interview on 9/16/25, at 9:44 a.m. the Director of Nursing (DON) indicated the facility had one resident test positive for Covid at 5:00 a.m. (Resident R72). -Registered Nurse (RN) Employee E33 tested positive on Saturday, 9/12/25, and didn't inform the (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations and staff interview, it was determined that the facility failed to determine it was safe to self-administer medications for three of eleven residents (Resident R4, R26 and R61).Findings include: Review of the facility policy Resident Self -Administration of Medications dated 1/7/25, indicated residents will be permitted to self-administer medication after evaluation by their interdisciplinary team and approval from their medical provider. If the interdisciplinary team indicates that a resident is able to safely self-administer medications the provider will write an order authorizing the resident to self-administer the medication. Review of the clinical record indicated Resident R4 was admitted to the facility on [DATE]. Review of R4's Minimum Data Set (MDS- a periodic assessment of care needs) dated 9/5/25, indicated the diagnoses of chronic obstructive pulmonary disease (COPD- a group of diseases that block airflow and make it hard to breathe), anxiety (intense, excessive, and persistent worry and fear about everyday situations), and depression. Observation on 9/15/25, at 10:00 a.m. of Resident R4's room indicated a tube of zinc oxide ointment (topical cream used to treat and prevent rashes from brief use) on the bedside stand. Review of Resident R4's physician orders failed to include an order for self-administration of medications. Review of Resident R4's care plan failed to address self-administration of medications. Review of the clinical record indicated Resident R26 was admitted to the facility on [DATE]. Review of resident R26's MDS dated [DATE], indicated the diagnoses of diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), stroke (damage to the brain from an interruption of blood supply), and high blood pressure. Observation on 9/15/25, at 10:05 a.m. of Resident R26's room indicated two tubes of medication on the window sill: mupirocin cream (used to prevent infections) and miconazole cream (antifungal medication). Review of Resident R26's physician orders failed to include an order for self-administration of medications. Review of Resident R26's care plan failed to address self-administration of medications. Review of the clinical record indicated Resident R61 was admitted to the facility on [DATE]. Review of Resident R61's MDS dated [DATE], indicated diagnoses of high blood pressure, diabetes, and dementia (a general term for loss of memory, language, problem solving and other thinking abilities that are severe enough to interfere with daily life). Observation on 9/15/25, at 10:09 a.m. of Resident R61's room indicated a medication cup with a brown pill in it on the bedside table. Interview with Resident R61 indicated the resident did not want to take the pill. Review of Resident R61's physician orders failed to include an order for self-administration of medications. Review of Resident R61's care plan failed to address self-administration of medications. During a tour and interview on 9/15/25, at 10:11 a.m. with Registered Nurse (RN) Employee E10 confirmed the medications at bedside for Residents R4, R26 and R61 and confirmed the absence of a physician order or care plan to self-administer medications for Residents R4, R26, and R61. 28 Pa. Code 201.18(b)(1)(3) Management28 Pa. Code: 211.12(d)(1)(5) Nursing services.

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Rochester Residence and Care Center	174 Virginia Avenue Rochester, PA 15074

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy and documentation, staff and resident interviews it was determined that the facility failed to protect residents from neglect and verbal abuse for three of three residents (Resident R13, R26, and R32). Findings include: Review of facility policy Abuse, Neglect, Mistreatment and Misappropriation of Resident Property dated 1/7/25, indicated: Neglect is the failure of the home, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. Verbal abuse means the use of oral, written or gestured communication or sounds that willfully include disparaging and derogatory terms to residents. Review of the Resident Assessment Instrument 3.0 User's Manual, effective October 2024, indicated that a Brief Interview for Mental Status (“BIMS”) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions: 13-15: cognitively intact8-12: moderately impaired0-7: severe impairment Review of the clinical record indicated Resident R13 was admitted to the facility on [DATE]. Review of Resident R13's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 6/25/25, indicated diagnoses of high blood pressure, anemia (too little iron in the body causing fatigue), and difficulty swallowing. Question C0500 BIMS Summary Score indicated the resident scored a 15, cognitively intact. Question H0300 Urinary Continence indicated the resident was coded 3 always incontinent (no episodes of continent voiding). Review of a facility submitted document dated 7/19/25, indicated the following: Resident R13 reported that she had not been changed at all on the previous shift. Resident reports that prior to the daylight nurse aide providing care on 7/19/25, she had not been changed for incontinence since seven or eight p.m. the previous night. Review of Resident R13's witness statement dated 7/19/25, indicated that the last time she was changed for incontinence was around 7:00- 8:00 p.m. on 7/18/25. Resident reported that she slept on and off throughout the night but was never woken to be changed by staff. Resident reports that she woke up this morning at around 7:20 a.m. when a staff member came in to provide her with fresh ice water. Review of a written witness statement from Licensed Practical Nurse Employee E30 dated 7/19/25, indicated that Resident R13 informed nurse that she was not changed by the aide last night, and that resident stated she was wet until the daylight aides came in to change them. During an interview on 9/16/25, at 11:12 a.m. Resident R13 confirmed the above incident and added I was soaked, went 12hours without being checked. During an interview on 9/18/25, at 2:17 p.m. the Director of Nursing confirmed that staff should have checked on Resident R13, and that If residents are asleep, you still have to change them. That should not have happened., and that the facility failed to prevent an incident of neglect for Resident R13. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the clinical record indicated Resident R26 was admitted to the facility on [DATE]. Review of resident R26's MDS dated [DATE], indicated the diagnoses of diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), stroke (damage to the brain from an interruption of blood supply), and high blood pressure. Review of Resident R26's progress note dated 9/10/25, at 11:45 a.m. indicated resident told this nurse that on 11-7 shift the night before, the Nurse Aide (NA) whom resident could not remember the name of double briefed the resident and resident ended up leaking urine out the side as the NA did not have the briefs on right and then the NA preceded to the resident they are not getting any more water for the night. Administrator, Director of Nursing, and unit manager notified. Skin assessment done. Moisture areas noted to bottom of buttocks. Cream applied. Review of facility provided documentation dated 9/8/25, indicated Resident R26 reported to staff on 9/10/25, two nights before (9/8/25) a staff member put two briefs on the resident and told the resident they were not getting any more water for the night. Resident's skin assessed and a moisture associated area was identified on the left gluteal fold (horizontal skin crease on the lower part of the buttocks that separates them from the posterior upper thigh). Review of Nurse Aide (NA) Employee E18's witness statement dated 9/12/25, indicated NA did care for the resident, removed the brief and washed and changed the resident. At no time did the NA see or apply two briefs. NA also denied telling the resident they could not have any water. Review of Resident R26's Skin Alteration evaluation dated 9/10/25, indicated left gluteal fold, new moisture areas noted to bottom of buttocks RE: double briefing from 11-7 shift the night before. Interview on 9/17/25, at 9:00 a.m. Resident R26 indicated NA Employee E18 did double brief the resident, and the resident indicated that it was not allowed, and resident knew it was not allowed to deny the resident water. Interview on 9/17/25, at 12:57 p.m. [NAME] President of Operations Employee E11 confirmed that the facility failed to protect residents from neglect and verbal abuse for one of three residents (Resident R26). Review of the clinical record indicated Resident R32 was admitted to the facility on [DATE]. Review of Resident R32's MDS dated [DATE], indicated diagnoses of high blood pressure, need for assistance with personal care, and muscle weakness. Question C0500 BIMS Summary Score indicated the resident scored a 15, cognitively intact. Question H0300 Urinary Continence indicated the resident was coded 2 frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding). Review of a facility submitted document dated 9/16/25, indicated the following: Resident R32 reported that on 9/16/25 an aide grabbed her blankets and said you have to stop this, you're old enough to know to not wet these blankets. Review of Resident R32's witness statement indicated the resident stated, I don't know her name, but someone said it was NA Employee E4. She came in and grabbed my blankets and said, you have to stop this, you're old enough to know not to wet all these blankets. I apologized to her and today she (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	was very nice. I don't want to report anyone, and I don't want to get anyone in trouble, but I don't want anyone to be treated the way I was treated. Review of a witness statement dated 9/16/25, indicated Occupational Therapist (OT) Employee E8 stated, When therapist arrived initially, first time, NA Employee E4 just finished attending to resident [Resident R32]. NA Employee E4 reported she just finished stripping resident's bed. Therapist seen resident later in morning. Resident asked therapist the CNA (Certified Nurse Aide) name who was present this morning stripping bed. Resident was upset how staff treated her this morning. Resident reported that she was never treated that way before. Therapist followed up with nursing manager. Review of a witness statement dated 9/19/25, completed by NA Employee E4 stated, I did not say that to her. All I said to her was [NAME] you gotta be laying here freezing, why didn't you ring and let them know or ask for the bed pan she said she didn't know she could do that I told her that she is allowed to ring any time she wants. As I was changing the bed OT Employee E8 came in the room to tell me she did an ADL (activities of daily living) on one of the residents. I had all the wet linens on the floor, and she asked me if she wet the bed, I said yes and OT Employee E8 told her that she is capable of ringing for the bed pan.During an interview on 9/19/25, at 9:29 a.m. the Nursing Home Administrator confirmed that the facility failed to protect Resident R32 from verbal abuse. 28 Pa. Code: 201.14(a) Responsibility of licensee28 Pa. Code: 201.18(b)(1) Management.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(5) Nursing services.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, clinical record review, and staff interview, it was determined that the facility failed to make certain resident medication regimens were free from potentially unnecessary psychotropic (substances that act on the brain to alter cognition, perception, and mood) medications for four of five residents (Residents R1, R6, R28, and R33).Findings include: Review of facility policy Psychotropic Medication Use dated 1/7/25, indicated residents do not receive psychotropic medications that are not clinically indicated and necessary to treat a specific condition documented in the medical record. Medications in the following categories are considered psychotropic medications and are subject to prescribing, monitoring, and review requirements specific to psychotropic medications: anti-psychotics, anti-depressants, anti-anxiety medications, and hypnotics/sedatives. Review of facility policy Medication Regimen Reviews (MRR) dated 1/7/25, indicated a licensed pharmacist reviews the medication regimen of each resident at least monthly. The consultant pharmacist provides the Director of Nursing (DON) and medical director with a copy of all medication regimen reports. Upon receiving the MRR report from the pharmacist, the DON reviews the recommendations with the attending physician, responds to the report, and documents what (if any) actions were taken to address them. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/30/25, indicated diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life), bipolar (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), and depression. Review of Resident R1's psychiatric note dated 7/24/25, indicated a recommendation of a gradual dose reduction (GDR) for bupropion 300mg daily to 150mg. Review of Resident R1's clinical record revealed a Note to Attending Physician/Prescriber completed by the consultant pharmacist on 7/26/25, indicated resident is prescribed miscellaneous psychotropic bupropion ER 300mg (milligrams, antidepressant) every day and Lamictal (mood stabilizer) 25mg twice daily for the treatment of bipolar disorder since 1/8/25. The facility must show evidence that a gradual dose reduction has been attempted unless clinically contraindicated. Review of the above document for Resident R1 on 9/18/25, failed to reveal that the physician addressed and signed the MRR dated 7/26/25/25, or that a GDR was completed as recommended by psychiatry. During an interview on 9/18/25, at 10:50 a.m. Registered Nurse (RN) Employee E2 confirmed that the facility failed to make certain resident medication regimens were free from potentially unnecessary psychotropic medications for Resident R1. Review of the clinical record indicated Resident R6 was admitted to the facility on [DATE]. (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R6's MDS dated [DATE], indicated diagnoses of adjustment disorder with mixed anxiety and depressed mood, pseudobulbar affect (neurological condition characterized by uncontrolled episodes of laughing or crying that are often disproportionate to the emotional context), and vascular dementia (type of dementia caused by brain damage from impaired blood flow). Review of Resident R6's physician order dated 8/20/25, indicated to administer Xanax (antianxiety medication, also known as Alprazolam) oral tablet 0.25 MG (milligrams) give 1 tablet by mouth every 12 hours as needed for Anxiety. Review of Resident R6's physician order failed to include a 14 day stop date and there was no documented rationale by the physician for the medication to extend past 14 days for Resident R6's PRN Xanax. Review of Resident R6's Medication Administration Record dated September 2025, indicated that resident received Xanax PRN six times. Review of Resident R6's clinical record on 9/19/25, failed to indicate any documented non-pharmacological interventions used by staff prior to administering Resident R6's Xanax PRN. Further review of Resident R6's clinical record revealed no evidence that the facility had implement behavior monitoring for psychotropic medication use. Review of the clinical record revealed that Resident R28 was admitted to the facility on [DATE]. Review of Resident R28's MDS dated [DATE], indicated diagnoses of dementia, heart failure (a progressive heart disease that affects pumping action of the heart muscles), and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of Resident R28's care plan indicated that the resident requires use of psychotropic medication and is at risk for adverse side effects. Review of Resident R28's clinical record failed to include a completed response from the physician to the pharmacy's recommendations made for May 2025. Review of Resident R28's clinical record revealed a Note to Attending Physician/Prescriber completed by the consultant pharmacist on 5/21/25, indicated resident is prescribed miscellaneous psychotropic hydroxyzine (a medication used for anxiety) 10 mg every day at bedtime. The facility must show evidence that a gradual dose reduction has been attempted unless clinically contraindicated. Review of the above document for Resident R28 on 9/18/25, failed to reveal that the physician addressed and signed the MRR dated 5/21/25. Review of the clinical record revealed that Resident R33 was admitted to the facility on [DATE]. Review of Resident R33's MDS dated [DATE], indicated diagnoses of dementia, heart failure, and high blood pressure. Review of Resident R33's current orders indicated to monitor for side effects related to use of psychotropic medications. (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R33's clinical record failed to include a written response from the physician to the pharmacy's recommendations made for July 2025. Review of Resident R33's clinical record revealed a Note to Attending Physician/Prescriber completed by the consultant pharmacist on 7/28/25, indicated resident is prescribed miscellaneous psychotropic Buspar (a medication used to treat anxiety) 7.5mg (milligrams, antidepressant) twice a day. The facility must show evidence that a gradual dose reduction has been attempted unless clinically contraindicated. Review of the above document for Resident R33 on 9/18/25, failed to reveal that the physician addressed and signed the MRR dated 7/28/25. During an interview conducted on 9/19/25, at 10:45 a.m., the Director of Nursing (DON) confirmed that the facility failed to ensure that residents medication regime was free from unnecessary psychotropic medication for four of five residents (Resident R1, R6, R28, and R33). 28 Pa Code: 201.14(a) Responsibility of licensee.28 Pa. Code 211.5(f) Medical records.28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records and staff interview, it was determined that the facility failed to properly monitor weight and nutrition status by failing to obtain weights for four of four residents (Residents R7, R10, R29, and R56) reviewed.Findings included: Review of facility policy Weight Monitoring, dated 1/7/25, indicated the facility will ensure that all residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise. A weight monitoring schedule will be developed upon admission for all residents. Review of the clinical record indicated Resident R7 was admitted to the facility on [DATE]. Review of Resident R7's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/18/25, indicated diagnoses of high blood pressure, muscle weakness, and need for assistance with personal care. Review of a physician order dated 8/20/25, indicated to obtain weekly weights for four weeks every Wednesday due to weight loss. Review of Resident R7's clinical record failed to include a documented weight on 9/3/25, and 9/10/25. Review of the clinical record indicated Resident R10 was admitted to the facility on [DATE]. Review of Resident R10's MDS dated [DATE], indicated diagnoses of End-Stage Renal Disease (ESRD - an inability of the kidneys to filter the blood), aphasia (language disorder that affects communication), and hemiplegia (paralysis on one side of the body). Review of a physician order dated 8/18/25, indicated to obtain weights weekly post-dialysis for consistency every Wednesday to monitor for changes. Review of Resident R10's clinical record failed to include a documented weight on 8/27/25, and 9/10/25. Review of clinical record indicated that Resident R29 was originally admitted to facility 7/8/25, and recently readmitted [DATE]. Review of Resident R29's MDS dated [DATE], indicated diagnoses of right femur (thigh bone) fracture, dementia (general term for a decline in cognitive function that affects memory, thinking, and social abilities, significantly interfering with daily life), and venous insufficiency (condition where the veins in the legs are unable to effectively return blood to the heart). Section K0300, Weight Loss was coded as a 2, indicating weight loss of 5% or more in the last month or loss of 10% or more in the last 6 months. Review of physician order dated 8/20/25, indicated to weigh Resident R29 weekly times four weeks then monthly every day shift Friday for four weeks. Review of Nutritional Risk assessment dated [DATE], revealed Resident R29 had significant weight (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	loss past 30 days; requested readmission weight and continue weekly weights. Review of Resident R29's Treatment Administration Record (TAR) for August 2025, and September 2025, failed to reveal a weight was obtained on 8/22/25, 9/5/25, and 9/12/25 as ordered. Review of Resident R29's Weight summary revealed the following: - 8/28/25, 125.5 pounds - 8/6/25, 125.1 pounds = significant weight loss of 17.4 lbs (12%) since 7/8/25 - 8/2/25, 124.5 pounds - 7/24/25, 141 pounds - 7/23/25, 140.2 pounds - 7/8/25, 142.5 pounds During an interview on 9/17/25, at 11:15a.m., Registered Dietitian (RD) Employee E5 confirmed that the facility failed to obtain weights as ordered for Resident R29. Review of the clinical record indicated Resident R56 was admitted to the facility on [DATE]. Review of Resident R56's MDS dated [DATE], indicated diagnoses of abnormal weight loss, Down Syndrome (a genetic condition that affects how a person's body and brain develop, leading to physical and developmental challenges), and need for assistance with personal care. Review of a physician order dated 8/14/25, indicated to obtain weekly weights for four weeks every Thursday due to weight loss. Review of Resident R56's clinical record failed to include a documented weight for 9/4/25.During an interview on 9/17/25, at 1:00 p.m. RD Employee E5 confirmed that the facility failed to obtain weights as ordered for Residents R7, R10, and R56. 28 Pa Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.12(d)(1)(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, observations, staff interviews, and clinical record review, it was determined that the facility failed to provide appropriate respiratory care for three of four residents (Residents R4, R10, and R17).Findings include: Review of facility policy Nebulizer Therapy dated 1/7/25, indicated care of equipment includes clean after each use, disassemble parts after every treatment, rinse the nebulizer (a machine used to deliver aerosolized medications) cup and mouthpiece with sterile or distilled water, and once completely dry, store the nebulizer cup and the mouthpiece in a Ziplock bag. Change nebulizer tubing every seventy-two hours or per facility policy. Review of the clinical record indicated Resident R4 admitted to the facility on [DATE]. Review of R4's Minimum Data Set (MDS - a periodic assessment of care needs) dated 9/5/25, indicated the diagnoses of chronic obstructive pulmonary disease (COPD- a group of diseases that block airflow and make it hard to breathe), anxiety (intense, excessive, and persistent worry and fear about everyday situations), and depression. Observation on 9/15/25, at 10:00 a.m. of Resident R4's room indicated a nebulizer on the stand, not dated or stored in a bag as required. Review of Resident R4's physician orders on 9/15/25, indicated Ipratropium-Albuterol Solution (medication that makes breathing easier) inhale orally every four hours as needed for shortness of breath or wheezing. Interview on 9/15/25, at 10:02 a.m. Resident R4 indicated they use the nebulizer multiple times a day. Interview on 9/15/25, at 11:00 a.m. Licensed Practical Nurse (LPN) Employee E7 confirmed the nebulizer was on the stand and not dated or stored in a bag as required. Review of the clinical record indicated Resident R10 was admitted to the facility on [DATE]. Review of Resident R10's MDS dated [DATE], indicated diagnoses of End-Stage Renal Disease (ESRD - an inability of the kidneys to filter the blood), aphasia (language disorder that affects communication), and hemiplegia (paralysis on one side of the body). Review of a physician order dated 6/27/25, indicated to administer Ipratropium-Albuterol inhalation solution 0.5-2.5 (3) milligrams/3 milliliters. Inhale orally via nebulizer every 6 hours as needed for shortness of breath. During an observation on 9/16/25, at 9:19 a.m. Resident R10's nebulizer machine was observed on the bedside table with the facemask on the bedside table, not stored in a bag while not in use. The connecting tubing was dated 7/8. During an interview on 9/16/25, at 9:20 a.m. Registered Nurse (RN) Employee E2 confirmed Resident R10's nebulizer mask was not stored in a bag while not in use and the tubing was dated 7/8. During this interview, RN Employee E2 confirmed that the facility failed to provide appropriate respiratory (continued on next page)

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	care for Resident R10. Review of the clinical record indicated Resident R17 was admitted to the facility on [DATE]. Review of Resident R17's MDS dated [DATE], indicated diagnoses of high blood pressure, multiple sclerosis (a disease that affects the central nervous system), and respiratory failure (a medical condition where the lungs are unable to exchange oxygen and carbon dioxide between the body and the environment). Review of a physician order dated 9/3/25, indicated to administer Ipratropium-Albuterol inhalation solution 0.5-2.5 (3) milligrams/3 milliliters. Inhale orally via nebulizer as needed for shortness of breath or wheezing (an abnormal lung sound). During an observation on 9/15/25, at 9:10 a.m. Resident R17's nebulizer machine was observed on the bedside stand with the handheld nebulizer lying beside the machine, not stored in a bag while not in use. The nebulizer connecting tubing was not dated. During an interview on 9/15/25, at 9:13 a.m. Resident R17 stated, I've had the same mouthpiece for weeks. During an interview on 9/15/25, at 11:29 a.m. RN Employee E2 confirmed Resident R17's handheld nebulizer was not stored in a bag while not in use and the tubing was not dated. During this interview, RN Employee E2 confirmed that the facility failed to provide appropriate respiratory care for Resident R17. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.10(c)(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of resident clinical records, facility policy and staff interview it was determined the facility failed to provide consistent and complete communication with the dialysis (a machine that filters wastes, salts, and fluid from your blood when your kidneys are no longer healthy enough to do this work adequately) center for three of three residents (Residents R10, R34, and R72), and failed to develop a comprehensive person-centered care plan to address resident needs for one of three residents (Resident R72).Findings include: Review of facility policy Hemodialysis dated 1/7/25, indicated the facility will provide the necessary care and treatment, consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences, to meet the special medical, nursing, mental, and psychosocial needs of residents receiving hemodialysis. The licensed nurse will communicate to the dialysis facility via telephonic communication or written format, such as a dialysis communication form or other form. Review of the clinical record indicated Resident R10 was admitted to the facility on [DATE]. Review of Resident R10's Minimum Data Set (MDS - a periodic assessment of care needs) dated 9/6/25, indicated diagnoses of End-Stage Renal Disease (ESRD - an inability of the kidneys to filter the blood), aphasia (language disorder that affects communication), and hemiplegia (paralysis on one side of the body). Review of a physician order dated 6/27/25, indicated Resident R10 receives dialysis at an outside facility every Monday, Wednesday, and Friday. Review of a physician order dated 6/27/25, indicated to assess resident prior to dialysis, obtain vital signs. Fill out sheet in dialysis folder and send folder with resident every Monday, Wednesday, and Friday. Review of Resident R10's clinical record did not include complete communication forms for four days during the period of 9/1/25, through 9/18/25. The incomplete forms were on the following dates: 9/1/25, 9/8/25, and 9/12/25. No communication form was located for 9/5/25. During an interview on 9/18/25, at 9:27 a.m. Registered Nurse (RN) Employee E2 confirmed the above dates did not include complete dialysis communication forms and that the facility failed to provide consistent and complete communication with the dialysis center for Resident R10.Review of the clinical record indicated Resident R34 was originally admitted to the facility on [DATE], recently readmitted [DATE]. Review of Resident R34's MDS dated [DATE], indicated diagnoses of metabolic encephalopathy (brain dysfunction caused by systemic metabolic disturbances, leading to symptoms like confusion, memory loss, and altered consciousness), anemia (condition characterized by not having enough healthy red blood cells to carry oxygen to the body's tissues), and heart failure. Review of Resident R34's readmission physician order dated 9/9/25, indicated dialysis days: Monday, Wednesday, and Friday, revised on 9/16/25, to include chair time at 10:00 a.m. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R34's current plan of care, initiated 8/14/25, indicated nursing staff to provide communication folder to the dialysis provider regarding the resident's condition and treatment provisions each dialysis treatment day, and as needed; and if no written report is received upon return from dialysis, nursing staff will call dialysis provider to receive report. Review of Resident R34's clinical record did not include complete communication forms for four days during the period 9/9/25, through 9/18/25. The incomplete forms were on the following date: 9/12/25. No communication form was located for 9/10/25, 9/15/25, and 9/17/25. During an interview on 9/18/25, at 10:48 a.m., RN Employee E2 confirmed that the facility failed to make certain consistent dialysis communication was maintained for Resident R34. Review of the clinical record indicated Resident R72 was admitted to the facility on [DATE]. Review of Resident R72's MDS dated [DATE], indicated diagnoses of end stage renal disease (kidneys cease to function on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life), high blood pressure, and diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy). Review of Resident R72's physician order dated 9/16/25, indicated dialysis days: M-W-F Time for Pick up: 12:00 p.m. Chair time: 1:00 p.m. Review of physician order dated 9/8/25, indicated external hemodialysis catheter (of lumens) two (location): Right Chest with dry dressing. Do not change END caps every shift related to end stage renal disease. Review of Resident R72's current plan of care, failed to contain a care plan for dialysis or the external catheter. Interview on 9/17/25, at 2:13 p.m. the Director of Nursing confirmed the care plan failed to include dialysis and the external catheter. Review of Resident R72's clinical record did not include complete communication forms for two days 9/15/25, and 9/17/25. Interview on 9/18/25, at 10:52 a.m. Registered Nurse (RN) Employee E2 confirmed the dialysis communication forms were not completed as required on 9/15/25, and 9/17/25. Interview on 9/19/25, at 1:30 p.m. the Director of Nursing confirmed the facility failed to provide consistent and complete communication with the dialysis (a machine that filters wastes, salts, and fluid from your blood when your kidneys are no longer healthy enough to do this work adequately) center for three of three residents (Residents R10, R34, and R72), and failed to develop a comprehensive person-centered care plan to address resident needs for one of three residents (Resident R72). 28 Pa. Code 201.18(b)(1)(3) Management28 Pa. Code: 211.12(d)(1)(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 review of facility policy, resident observations, resident and staff interviews, 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 on four of five days (9/15/25, 9/16/25, 9/17/25, and 9/18/25).Findings include: Review of facility policy Nursing Services Sufficient Staff dated 1/7/25, indicated the facility will provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. During an interview on 9/15/25, at 12:32 p.m. Nurse Aide (NA) Employee E1 stated, We've been having a problem for a while now. Weeks, at least a month. We don't have enough towels, wash cloths, fitted sheets. We 100% have not been able to give baths or showers because we don't have enough staff or supplies. We have to pick and choose who gets a bath because we don't have enough supplies to give them.During an interview on 9/15/25, at 12:45 p.m. NA Employee E14 stated, There were a lot of call offs yesterday, they had to pull and aide from upstairs, there were only two nurses. We couldn't give proper care because we didn't have enough staff. During an interview on 9/15/25, at 12:46 p.m. NA Employee E4 stated, Our residents are in peed over beds because we don't have enough staff to do care. Observation on 9/15/25, at 1:04 p.m. staff on the fourth floor were passing lunch trays to the residents' rooms. Interview on 9/15/25, at 1:05 p.m. Nurse Aide (NA) Employee E32 indicated We haven't had the dining room in a long while. It's because you need one NA in the dining room which would leave only three of us on the floor. Interview on 9/15/25, at 1:15 p.m. Registered Nurse (RN) Employee E10 confirmed the fourth-floor dining room is not used to her knowledge and RN had been at facility approximately seven months. Observation on 9/16/25, at 9:15 a.m. Licensed Practical Nurse (LPN) Employee E7 was observed at the medication cart on the fourth floor. Interview on 9/16/25, at 9:16 a.m. LPN Employee E7 indicated I'm the only nurse on the floor, which means I have all three carts. It'll probably take me until noon to pass my morning medications. We have 49 residents up here. Observation on 9/16/25, at 12:45 p.m. the dining room on the fourth floor was being utilized for lunch. Interview on 9/16/25, at 12:46 p.m. an unidentified visitor indicated this is the first time they've had lunch in here. Normally it's only used for holidays or special celebrations. Interview on 9/16/25, at 9:30 a.m. the Director of Nursing confirmed that the other nurse for the fourth floor who was scheduled to start at 7:00 a.m. wasn't coming in until 11:00 a.m. and confirmed LPN Employee E7 was the only nurse on the floor. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 9/17/25, at 12:00 p.m. fourth floor staff indicated they had four NA's on the floor and one NA was sitting one on one with a resident, which left only three for the floor. If they were to do the dining room for lunch it would only leave two NA's on the floor. Interview on 9/17/25, at 12:15 p.m. LPN Employee E7 confirmed there were only four NA's on the floor. Interview on 9/18/25, at 12:20 p.m. fourth floor staff indicated they had four NA's on the floor and one NA was sitting one on one with a resident, which left only three for the floor. If they were to do the dining room for lunch it would only leave two NA's on the floor. Interview on 9/18/25, at 12:30 p.m. Registered Nurse (RN) Employee E10 confirmed there were only four NA's on the floor. Interview on 9/18/25, at 1:30 p.m. the Director of Nursing 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 on four of five days (9/15/25, 9/16/25, 9/17/25, and 9/18/25). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1)(e)(6) Management.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(4)(5)(f.1)(i) Nursing services.

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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, clinical records and staff interviews, it was determined that the facility failed to provide documentation of medication regimen reviews (MRR) were completed at least monthly for four of five sampled resident records (Resident R1, R3, R28, and R33). Findings include: The facility Medication Regimen Review policy last reviewed 1/7/25, indicated the drug regimen of each resident is reviewed at least once a month by a licensed pharmacist and includes a review of the resident's medical chart. Mediation Regimen Review (MRR), or Drug Regimen Review, is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication. Written communication from the pharmacist shall become a permanent part of the resident's medial record. The pharmacist shall communicate any recommendations and identified irregularities via written communication within 10 working days of the review. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/30/25, indicated diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life), bipolar (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), and depression. Review of Resident R1's clinical record failed to include a completed response from the physician and nursing to the pharmacy's recommendations made for May, June, and July 2025. Interview on 9/18/25, at 10:50 a.m. Registered Nurse (RN) Employee E2 confirmed the facility failed to include a completed response from the physician and nursing to the pharmacy's recommendations made for May, June, and July 2025 for Resident R1. Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE]. Review of Resident R3's Minimum Data Set (MDS - a period assessment of care needs) dated 8/22/25, indicated diagnoses of bipolar disorder (chronic mental health condition characterized by extreme mood swings, including emotional highs (mania or hypomania) and lows (depression)), diabetes mellitus (chronic condition characterized by high blood sugar levels due to the body's inability to produce or effectively use insulin), and chronic kidney disease. Review of Resident R3's care plan indicated that the resident requires psychotropic medication and is at risk for adverse side effects. Review of Resident R3's clinical progress notes did not include a pharmacy notation or review by a licensed pharmacist for May 2025, June 2025, July 2025, and August 2025. During an interview on 9/19/25, at 10:45 a.m., the Director of Nursing (DON) confirmed that the MRR has not been completed due to staff turnover, that she receives the monthly reviews via email from pharmacy, and that she has not reimplemented the process of MRR communication since May 2025. Review of the clinical record revealed that Resident R28 was admitted to the facility on [DATE]. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R28's MDS dated [DATE], indicated diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life), heart failure (a progressive heart disease that affects pumping action of the heart muscles), and diabetes. Review of Resident R28's care plan indicated that the resident requires use of psychotropic medication and is at risk for adverse side effects. Review of Resident R28's clinical record failed to include a completed response from the physician to the pharmacy's recommendations made for May 2025, and June 2025. Review of the clinical record revealed that Resident R33 was admitted to the facility on [DATE]. Review of Resident R33's MDS dated [DATE], indicated diagnoses of dementia, heart failure, and high blood pressure. Review of Resident R33's current orders indicated to monitor for side effects related to use of psychotropic medications. Review of Resident R33's clinical record failed to include a written response from the physician to the pharmacy's recommendations made for May 2025, July 2025, and August 2025. During an exit interview on 9/19/25, at 1:30 p.m. the Director of Nursing confirmed the facility failed to provide documentation of medication regimen reviews (MRR) were completed at least monthly for four of five sampled resident records (Resident R1, R3, R28, and R33). 28 Pa. Code: 201.14 (a) Responsibility of licensee.28 Pa. Code 211.5(f) Medical records.28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on review of facility documents, resident council group interviews, and staff interviews, it was determined the facility failed to consistently provide snacks as desired by residents for of one of two Nursing Units (Fourth Floor). Findings include: Review of Dietary Tray line Start Times indicated the following meal schedule:Breakfast 7:15 a.m.Lunch 11:30 a.m.Dinner 4:45 p.m. Review of the above schedule revealed a span of 14.5 hours from the start of dinner tray line to the start of breakfast tray line. Resident Council Meeting Minutes dated 8/13/25, stated that Residents on the 4th floor ask nurses/aides for a snack and that it is served on occasion. Review of Resident Council Meeting Minutes dated 8/20/25, stated New business 4th floor snack cart- evening snacks are not being passed out. Review of Resident Council Meeting Minutes dated 9/10/25, stated New business- some residents are receiving snacks on their evening meal tray, others not receiving depending on staff working. During a group interview on 9/16/25, at 1:30 p.m. the following statements were made regarding snacks: Group Resident GR1 stated When you ask for a snack the staff will tell you they don't have any but then you see them eating the snacks. Group Resident GR2 confirmed that they do not always receive snacks, and added I don't want to go 12 to 14 hours without eating. Group Resident GR3 stated that not receiving snacks has been an ongoing issue that has not been fixed. During an interview on 9/18/25, at 10:58 a.m. Dietary Manager Employee E22 stated that the Dietary Department prepares the evening snacks and takes them up to the nursing floors around lunchtime, but it is the responsibility of the Nurse Aides to pass the snacks to the resident in the evening. During an interview on 9/19/25, at 11:05 a.m. the Nursing Home Administrator confirmed that the facility failed to consistently provide snacks as desired for one of two Nursing Units. 28 Pa. Code 211.12 (d)(3)(5) Nursing services.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. Based on review of the facility's infection control policies and procedures and staff interview, it was determined that the facility failed to implement an antibiotic stewardship program for three of five months (July, August, and September 2025).Findings include: Review of facility policy Antibiotic Stewardship Program dated 1/7/25, indicated Antibiotic Stewardship Program (ASP) is implemented as part of the facility's overall infection prevention and control program. The purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use. Review of the facility's Infection Control surveillance for April 2025 - September 2025 failed to include documentation to indicate that antibiotic monitoring was completed for July, August, and September 2025. Interview on 9/18/25, at 12:09 p.m. the Director of Nursing confirmed that the facility failed to implement an antibiotic stewardship program for three of five months (July, August, and September 2025). 28 Pa. Code: 211.10(c)(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review and staff interview, it was determined that the facility failed to provide accurate and timely documentation related to the Influenza vaccine for three of five residents (Resident R1, R4, and R72) and related to the pneumonia vaccine for four five residents (Resident R1, R4, R29, and R72). Findings include: Review of facility policy Influenza, Prevention and Control of Seasonal dated 1/7/25, indicates this facility follows current guidelines and recommendations for the prevention and control of seasonal influenza. All residents and staff are offered the vaccine prior to the onset of the influenza season. Review of the facility policy Pneumococcal Vaccine last reviewed 1/7/25, indicates all residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series and when indicated will be offered the vaccine series within thirty days of admission to the facility unless medically contraindicated or the resident had already been vaccinated. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/30/25, indicated diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life), bipolar (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), and depression. Review of Resident R1's clinical record on 9/18/25, indicated that the Influenza and Pneumonia vaccination was not entered and was blank. Review of the clinical record indicated Resident R4 was admitted to the facility on [DATE]. Review of R4's MDS dated [DATE], indicated the diagnoses of chronic obstructive pulmonary disease (COPD- a group of diseases that block airflow and make it hard to breathe), anxiety (intense, excessive, and persistent worry and fear about everyday situations), and depression. Review of Resident R4's clinical record on 9/18/25, indicated that the Influenza and Pneumonia vaccination was not entered and was blank. Review of the clinical record indicated Resident R29 was admitted to the facility on [DATE]. Review of R29's MDS dated [DATE], indicated the diagnoses of high blood pressure, hip fracture and dementia (a general term for loss of memory, language, problem solving and other thinking abilities that are severe enough to interfere with daily life). Review of Resident R29's clinical record on 9/18/25, indicated that the Pneumonia vaccination was not entered and was blank. Review of the clinical record indicated Resident R72 was admitted to the facility on [DATE]. Review of Resident R72's MDS dated [DATE], indicated diagnoses of end stage renal disease (kidneys cease to function on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life), high blood pressure, and diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy). Review of Resident R72's clinical record on 9/18/25, indicated that the Influenza and Pneumonia vaccination was not entered and was blank. Interview on 9/18/25, at 10:00 a.m. Infection Preventionist (IP) Employee E12 confirmed the facility failed to provide accurate and timely documentation related to the Influenza vaccine for three of five residents (Resident R1, R4, and R72) and related to the pneumonia vaccine for four five residents (Resident R1, R4, R29, and R72). 28 Pa. Code 211.5(f)(i)-(xi) Medical records.28 Pa. Code 211.12(d)(1)(5) Nursing services

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to accommodate the call bell needs for one of five residents (Resident R10).Findings include: Review of facility policy Call Lights: Accessibility and Timely Response dated 1/7/25, indicated staff will ensure the call light is within reach of resident and secured, as needed. The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room. Review of the clinical record indicated Resident R10 was admitted to the facility on [DATE]. Review of Resident R10's Minimum Data Set (MDS - a periodic assessment of care needs) dated 9/6/25, indicated diagnoses of End-Stage Renal Disease (ESRD - an inability of the kidneys to filter the blood), aphasia (language disorder that affects communication), and hemiplegia (paralysis on one side of the body). During an observation on 9/16/25, at 9:18 a.m. Resident R10 was observed laying in their bed. Resident R10's call bell was observed on the floor to the right of the resident's bed, out of the resident's reach. During an interview on 9/16/25, at 9:20 a.m. Registered Nurse Employee E2 confirmed Resident R10's call bell was not accessible and unavailable for use to the resident and that the facility failed to accommodate Resident R10's call bell needs. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(5) Nursing services.

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Rochester Residence and Care Center	174 Virginia Avenue Rochester, PA 15074

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on review of facility policy, Resident Group interviews, Resident Council meeting minutes, and staff interview it was determined the facility failed to consider the views of a resident and/or family and act promptly on grievances and recommendations concerning issues of resident care and life in the facility for three of four months (July, August, September 2025).Findings include: Review of facility policy titled Resident and Family Grievances dated 1/7/25, indicated that grievances may be voiced as a verbal complaint during resident or family council meetings. The facility will make prompt efforts to resolve grievances. Review of Dietary Tray line Start Times indicated the following meal schedule:Breakfast 7:15 a.m.Lunch 11:30 a.m.Dinner 4:45 p.m. Review of the above schedule revealed a span of 14.5 hours from the start of dinner tray line to the start of breakfast tray line. Review of Resident Council Meeting Minutes dated 7/2/25, stated Foods are served on foam plates. Would like to have soup in a different container. Not Styrofoam. Resident Council Meeting Minutes dated 8/13/25, stated that Residents on the 4th floor ask nurses/aides for a snack and that it is served on occasion. Review of Resident Council Meeting Minutes dated 8/20/25, stated New business 4th floor snack cart- evening snacks are not being passed out. Review of a Resident Representative concern dated 9/8/25, stated All silverware is plastic. No plates, Styrofoam container. Review of Resident Council Meeting Minutes dated 9/10/25, stated New business- some residents are receiving snacks on their evening meal tray, others not receiving depending on staff working. During a group interview on 9/16/25, at 1:30 p.m. the following statements were made regarding snacks: Group Resident GR1 stated When you ask for a snack the staff will tell you they don't have any but then you see them eating the snacks. Group Resident GR2 confirmed that they do not always receive snacks, and added I don't want to go 12 to 14 hours without eating. Group Resident GR3 stated that not receiving snacks has been an ongoing issue that has not been fixed. During a Group interview on 9/16/25, at 1:30 p.m. five out of five residents stated that they receive food on Styrofoam and plastic silverware on a regular basis. During an Interview on 9/18/25, at 10:54 a.m. Dietary Manager Employee E22 stated that the facility has been experiencing a shortage of plates, bowls, plate warmers, and silverware since she started at the facility in August 2025. During an interview on 9/18/25, at 10:58 a.m. Dietary Manager Employee E22 stated that the Dietary Department prepares the evening snacks and takes them up to the nursing floors around lunchtime, but it is the responsibility of the Nurse Aides to pass the snacks to the resident in the evening. During an interview on 9/18/25, at 2:30 a.m. the Nursing Home administrator confirmed that the facility failed to provide a dignified dining experience for three of six months by serving on disposable dinnerware. The facility could not provide documentation that the facility investigated and provided a resolution of the Resident Council concerns. During an interview on 9/19/25, at 11:05 a.m. the Nursing Home Administrator confirmed that the facility failed to address ongoing concerns with disposable dinnerware, and snacks not being passed to residents. 28 Pa. Code: 201.18(e)(4) Management28 Pa. Code: 201.29(i) Resident Rights

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F 0575 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. Based on observations and staff interview, it was determined that the facility failed to post complete contact information for Adult Protective Services as required, on two of two nursing units (Third Floor, and Fourth Floor Nursing Units). Findings include: During observations completed on 9/18/25, of the Third Floor, and Fourth Floor Nursing Units failed to reveal contact information including, name, mailing address, email address, and phone number for Adult Protective Services posted in a form and manner accessible and understandable to residents or resident representatives. During interview, on 9/18/25, at 1:24 p.m., the Nursing Home Administrator confirmed that the facility failed to post contact information for Adult Protective Services as required, on two of two nursing units. 28 Pa. Code: 201.14(a)Responsibility of licensee.28 Pa. Code: 201.18(e) Management.

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F 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of resident records, admission documentation and staff interview, it was determined that the facility failed to maintain admission documentation for one of two residents (Resident R48).Findings include: Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2024 indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:13-15: cognitively intact 8-12: moderately impaired 0-7: severe impairment Review of the clinical record revealed that Resident R48 was admitted to the facility on [DATE]. Review of Resident R48's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 6/27/25, indicated diagnoses that include abdominal pain, anemia (too little iron in the body causing fatigue), and generalized edema (an accumulation of fluid in the body's tissues). Section C0500 includes a BIMS of 15, which indicated resident is cognitively intact. Review of Resident R48's clinical record on 9/17/25, revealed no admission packet was part of the resident's clinical record. During an interview on 9/18/25, at 1:15 p.m. Admissions Employee E29 confirmed that Resident R48 never had admission paperwork completed as required. 28 Pa Code: 211.5 (f)(i)(xi) Medical records.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **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 that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider for one of three residents sampled with facility-initiated transfers (Resident R5), and failed to notify the resident or resident's representative of the facility bed-hold policy (an agreement for the facility to hold a bed for an agreed upon rate during a hospitalization) for one of three resident hospital transfers (Resident R5).Findings include: Review of facility policy Transfer and Discharge (including AMA) dated 1/7/25, indicated for a transfer to another provider, for any reason, the following information must be provided to the receiving provider:Contact information of the practitioner who was responsible for care of the resident;Resident representative information, including contact information;Advance directive information;All other information necessary to meet the resident's needs, which includes, but may not be limited to: resident status, diagnoses and allergies, medications (including when last received), and most recent relevant labs, other diagnostic test, and recent immunizationsAll special instructions and/or precautions for ongoing care, as appropriate;The resident's comprehensive care plan goalsDocument assessment findings and other relevant information regarding the transfer in the medical record. Review of facility policy Bed Hold Notice dated 1/7/25, indicated in the event of an emergency transfer of a resident, the facility will provide written notice of the facility's bed-hold policies to the resident and/or the resident representative within 24 hours. Review of the clinical record indicated Resident R5 was admitted to the facility on [DATE]. Review of Resident R5's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/5/25, indicated diagnoses of high blood pressure, Wernicke's encephalopathy (a neurological disorder caused by thiamine deficiency, and marked by mental confusion, abnormal eye movements, and unsteady gait), and muscle weakness. Review of the clinical record indicated Resident R5 was transferred to the hospital on 6/18/25, and returned to the facility on 6/27/25. Review of Resident R5's clinical record revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transferred and expected to return, which included the resident's care plan goals, advanced directive information, specific instructions for ongoing care, resident representative information, and all information necessary to meet the resident's specific needs at the receiving facility. Review of Resident R5's clinical record failed to include documented evidence that the resident or the resident's representative were provided with written information about the facility's bed hold policy at the time of the transfer to the hospital on 6/18/25.During an interview on 9/18/25, at 12:06 p.m. the Director of Nursing confirmed that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider for one of three residents sampled with facility-initiated transfers (Resident R5) and failed to notify the resident or resident's representative of the facility bed-hold policy for one of three resident hospital transfers (Resident R5). 28 Pa. Code: 201.29 (a)(c.3)(2) Resident rights.

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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 policies, clinical records, and staff interviews, it was determined that the facility failed to develop comprehensive care plans to meet resident communication care needs for one of five residents (Resident R10).Findings include: Review of facility policy Comprehensive Care Plans dated 1/7/25, indicated the facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and all services that are identified in the resident's comprehensive assessment and meet professional standards of quality. Review of facility policy Use of Assistive Devices dated 1/7/25, indicated the facility will provide a reliable process for the proper and consistent use of assistive devices for those residents requiring equipment to maintain or improve function and/or dignity. Assistive devices are tools, products, types of equipment, or technology that help individuals perform tasks and activities. They may help the individual move around, see, communicate, eat, or get dressed. The use of assistive devices will be based on the resident's comprehensive assessment, in accordance with the resident's plan of care. Review of the clinical record indicated Resident R10 was admitted to the facility on [DATE]. Review of Resident R10's Minimum Data Set (MDS - a periodic assessment of care needs) dated 9/6/25, indicated diagnoses of End-Stage Renal Disease (ESRD - an inability of the kidneys to filter the blood), aphasia (language disorder that affects communication), and hemiplegia (paralysis on one side of the body). Review of a Skilled Charting note dated 9/11/25, stated, Cognition: Alert, expressively aphasic, communicates with gestures, attempting to speak and communication board. During an observation on 9/16/25, at 9:16 a.m. a communication board was present on Resident R10's bedside table. When asked, Do you use the communication board to communicate with staff? Resident R10 nodded their head yes. Review of Resident R10's care plan on 9/17/25, failed to include the use of a communication board and other communication methods for Resident R10. During an interview on 9/19/25, at 10:25 a.m. Registered Nurse Assessment Coordinator (RNAC) Employee E9 confirmed that the facility failed to develop a comprehensive care plan to meet Resident R10's communication needs. 28 Pa Code: 201.14(a) Responsibility of licensee.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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observations, and staff interviews, it was determined that the facility failed to ensure a resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility for one of two residents (Resident R10).Findings include: Review of the clinical record indicated Resident R10 was admitted to the facility on [DATE]. Review of Resident R10's Minimum Data Set (MDS - a periodic assessment of care needs) dated 9/6/25, indicated diagnoses of End-Stage Renal Disease (ESRD - an inability of the kidneys to filter the blood), aphasia (language disorder that affects communication), and hemiplegia (paralysis on one side of the body). Review of a physician order dated 7/28/25, indicated to have right resting hand splint with digit separators on right hand during night. Apply with evening care and remove with morning care. Check skin upon application and removal. Review of a physician order dated 8/1/25, indicated to wear rolled washcloth in right hand during day shift as tolerated. [NAME] with morning care and remove at bedtime. During an observation on 9/16/25, at 9:19 a.m. Resident R10 was observed without their resting hand split or a rolled washcloth in their right hand. During an interview on 9/16/25, at 9:20 a.m. Registered Nurse (RN) Employee E2 stated, Resident R10 is supposed to have a washcloth in their right hand. During an interview on 9/16/25, at 9:20 a.m. RN Employee E2 confirmed that the facility failed to ensure Resident R10 received appropriate services, equipment, and assistance to maintain or improve mobility. 28 Pa. Code: 201.14(a) Responsibility of licensee.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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, facility policy, clinical records, and staff interviews, it was determined that the facility failed to make certain each resident received adequate monitoring of elopement (leaving an area without permission) prevention devices for one out of three residents (Resident R5).Findings include: Review of facility policy Elopements and Wandering Residents dated 1/7/25, indicated the facility ensures that residents who exhibit wandering behavior and/or are at risk for elopement receive adequate supervision to prevent accidents, and receive care in accordance with their person-centered plan of care addressing the unique factors contributing to wandering or elopement risk. The facility shall establish and utilize a systemic approach to monitoring and managing residents at risk for elopement or unsafe wandering, including identification and assessment of risk, evaluation and analysis of hazards and risks, implementing interventions to reduce hazards and risks, and monitoring for effectiveness and modifying interventions when necessary. Review of facility policy Documentation in Medical Record dated 1/7/25, indicated each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation. Review of the clinical record indicated Resident R5 was admitted to the facility on [DATE]. Review of Resident R5's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/5/25, indicated diagnoses of high blood pressure, Wernicke's encephalopathy (a neurological disorder caused by thiamine deficiency, and marked by mental confusion, abnormal eye movements, and unsteady gait), and muscle weakness. Review of a physician order dated 7/21/25, indicated to check placement and function of Wanderguard (a wearable electronic monitoring device) system every shift. Document location of device. Review of Resident R5's September 2025 Treatment Administration Record (TAR) revealed that Wanderguard placement and function was not completed as ordered on the following shifts:9/6/25, evening shift9/7/25, evening shift9/11/25, evening shift9/11/25, night shift9/16/25, evening shift Review of a physician order dated 7/21/25, indicated to notify supervisor if Wanderguard is not in place or non-functional every shift. Review of Resident R5's September 2025 TAR revealed that notification to the supervisor regarding the function of Resident R5's Wanderguard was not completed as ordered on the following shifts:9/6/25, evening shift9/7/25, evening shift9/11/25, evening shift9/11/25, night shift9/16/25, evening shift Review of a physician order dated 7/21/25, indicated to check Wanderguard tag battery using accutech machine every night shift for assessment. Review of Resident R5's September 2025 TAR revealed the Wanderguard tag battery was not checked as ordered on the following shifts:9/11/25 Review of a physician order dated 7/21/25, indicated to check skin under/surrounding Wanderguard system every shift for new issues. Review of Resident R5's September 2025 TAR revealed the resident's skin check was not performed as ordered on the following shifts:9/6/25, evening shift9/7/25, evening shift9/11/25, evening shift9/11/25, night shift9/16/25, evening shift During an interview on 9/18/25, at 2:33 p.m. the Director of Nursing confirmed that the facility failed to make certain each resident received adequate monitoring of elopement prevention devices for one out of three residents (Resident R5). 28 Pa. Code: 201.14 (a) Responsibility of licensee.28 Pa. Code: 201.18 (b)(1) Management.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12 (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 facility policy, observation and staff interviews, it was determined the facility failed to dispose of or reconcile discontinued medication in a timely manner for one of two medication rooms reviewed (Fourth Floor Medication Room). Findings: Review of facility Destruction of Unused Drugs policy dated [DATE], indicated that all unused, contaminated, or expired prescription drugs shall be disposed of. Unused, unwanted and non-returnable medications should be removed from their storage area. A non-controlled medication destruction record must be maintained for all non-controlled drugs. During a medication room review on [DATE], at 9:53 a.m. three bags with medications was observed sitting on a table, unsecured and unaccounted for. The medications observed were: - Sertraline (used to treat depression) 23 pills- Famotidine (used to treat acid reflux) 23 pills- Lisinopril (used to treat high blood pressure) 24 pills- Metformin (used to treat high blood sugar) 47 pills- Keppra (used to treat seizures) 24 pills- Aspirin 79 pills- Pantoprazole (used to treat acid reflux) 21 pills- Docusate Sodium (used to treat constipation) 168 pills- Midodrine (used to treat low blood pressure) 168 pills- Atorvastatin (used to treat high cholesterol) 56 pills- Lasix (used to treat fluid retention) two bottles and 24 pills- Warfarin (used to prevent blood clots or heart conditions) four pills- Hydralazine (used to treat high blood pressure) one bottle- Allergy Relief one bottle- Hydrochlorothiazide (used to treat high blood pressure) one bottle - Synthroid (used to treat thyroid levels) one bottle- Trazodone (used to treat depression) one bottle - Omeprazole (used to treat acid reflux) one bottle- Gas Relief one bottle- Hyoscyamine (used for decreasing secretions) one bottle- Dulcolax (used to treat constipation) 10 pills- Haldol (used to treat anxiety) 1 bottle- Zofran (used to treat nausea) one bottle and nine pills- Metoprolol (used to treat high blood pressure) 14 pills- Amlodipine (used to treat high blood pressure) nine pills During an interview on [DATE], at 9:57 a.m. When asked, What do you do with pharmacy returns? Registered Nurse Employee E2 responded, I have no clue. I'll be honest with you, I don't know what we do or how we destroy them. Some of these medications in here belong to a resident that passed away a couple months ago. During an interview on [DATE], at 10:10 a.m. Licensed Practical Nurse E10 stated that medications that are discontinued or if a resident passes away, should be taken off our medication cart and wasted by the end of your shift. During an interview on [DATE], at 10:22 a.m. Director of Nursing (DON) stated that pharmacy comes twice a day and that the medications should have been sent back to pharmacy. During an interview on [DATE], at 10:25 a.m. the DON confirmed that the facility failed to dispose of or reconcile discontinued medication in a timely manner for one of two medication rooms reviewed (Fourth Floor Medication Room). 28 Pa. Code211.12(d)(1)(3)(5) Nursing services.

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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 policies, observations, and staff interviews, it was determined that the facility failed to properly store medications in one of two medications rooms (Fourth Floor Medication Room), and one of three medication carts (Lilac Lane Medication Cart).Findings include: Review of facility policy Medication Storage dated [DATE], indicated the facility will ensure all medications housed on the premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. During an observation on [DATE], at 10:10 a.m. of the Fourth Floor Medication Room revealed the following: - Lantus (a long-acting Insulin used to treat high blood sugars) – opened with no expiration date. - Two Debridement (used for wounds) Kits expired [DATE]. - One Urethral Cath Kit expired [DATE]. - Two Urethral Cath Kit expired [DATE]. - Four Yanker Suctioning devices expired [DATE]. During an interview on [DATE], at 9:26 a.m. Registered Nurse Employee E2 confirmed the above observations, and the facility failed to properly store medications and supplies in the Fourth Floor Medication Room. During an observation on [DATE], at 9:21 a.m. of the Lilac Lane Medication Cart revealed the following: -Resident R62's lantus vial (a long-acting insulin, stored in a multi-dose vial), no open or expiration date noted. -Resident R100's lantus pen (a prefilled pen that injects long-acting insulin under the skin), no open or expiration date noted. -A plastic, disposable 1 fluid ounce medication cup full of black-green circular pills. The medication cup did not contain a cover or any writing indicating what the medication was or whom it belonged to. During an interview on [DATE], at 9:26 a.m. Licensed Practical Nurse (LPN) Employee E6 stated the medication cup full of pills were an iron supplement and confirmed the above observations. During this interview, LPN Employee E6 confirmed that the facility failed to properly store medications in the Lilac Lane Medication Cart. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code: 201(a) Responsibility of licensee.28 Pa. Code: 211.9(a)(1)(k) Pharmacy services.28 Pa. Code: 211.12(d)(1)(2)(3)(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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **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 obtain laboratory services as ordered for one of two residents (Resident R33).Findings Include: A review of the facility Laboratory Services and Reporting reviewed 1/7/25, indicated the facility must provide or obtain laboratory services when ordered by a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with state law. The facility must provide or obtain laboratory to meet the needs of its residents. The facility is responsible for the timeliness of the service. A review of the facility Provision of Physician Ordered Services last reviewed 1/7/25, indicated the facility will provide a reliable process for the proper and consistent provision of physician ordered services according to professional standards of quality. The facility will maintain a schedule of diagnostic tests (laboratory and radiology) in accordance with the physician orders. Review of the clinical record revealed that Resident R33 was admitted to the facility on [DATE]. Review of Resident R33's MDS dated [DATE], indicated diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life), heart failure (a progressive heart disease that affects pumping action of the heart muscles), and high blood pressure. Review of Resident R33's completed physician orders on 8/15/25, indicated to obtain a urinalysis with culture and sensitivity (UA- a medical test that analyzes the urine for signs of infection and identifies its susceptibility to antibiotics) for confusion. Review of a progress note dated 8/15/25, stated UA collected, placed in 3rd floor refrigerator. Lab called to have UA picked up. Review of Pharmacist's Medication Regimen Review dated 8/31/25, indicated a UA was ordered for 8/15/25, and completed. There is nothing in the progress notes about the outcome. Please add. During an interview on 9/18/25, at 1:20 p.m. the Director of Nursing (DON) confirmed the lab site utilized by the facility failed to include a UA that was ordered on 8/15/25, for Resident R33. DON stated, If it's not on the lab site, it wasn't done. During an interview on 9/18/25, at 1:29 p.m. the DON confirmed that the facility failed to obtain laboratory services as ordered for one of two residents (Resident R33). 28 Pa. Code: 201.14(a)(c) Responsibility of licensee.28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, review of clinical record, observations, and staff interviews, it was determined that the facility failed to provide food in a form to meet an individuals' needs in one of three residents ordered a regular diet (Resident R28), and failed to provide drinks in a form to meet individuals' needs in one of three residents (Resident R76).Review of the facility policy Therapeutic Diets dated 1/7/25, indicated that the facility provides all resident with food in the appropriate form and the appropriate nutritive content as prescribed by a physician to support the resident's treatment, plan of care with his or her goals and preferences. Mechanically altered diet is one in which the texture or consistency of food is altered to facilitate oral intake. Examples include soft solids, pureed foods, ground meat, and thickened liquids. Review of the clinical record revealed that Resident R28 was admitted to the facility on [DATE]. Review of Resident R28's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 6/27/25, indicated diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life), heart failure (a progressive heart disease that affects pumping action of the heart muscles), and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of Resident R28's physician's orders on 6/5/25, indicated that resident was ordered a regular diet, thin liquid consistency. During an observation on 9/15/25, at 12:43 p.m. Resident R28 was observed in her room eating lunch with a tray that was minced meat (chopped up meats) consistency. Resident R28's meal ticket stated the resident should have received a regular food consistency diet for lunch. During an interview on 9/15/25, at 12:46 p.m. Resident R28 stated: They always give me the wrong kind of food. I'm not supposed to have my food in little pieces. During an interview on 9/15/25, at 1:01 p.m. Registered Nurse Employee E2 confirmed that Resident R28 should have received a regular consistency lunch tray and was given the wrong type of diet for her lunch. Review of the clinical record revealed that Resident R76 was admitted to the facility on [DATE]. Review of Resident R76's MDS dated [DATE], indicated diagnoses of high blood pressure, diabetes, and hemiplegia (weakness on one side of the body). Section K Swallowing Nutritional Status K0520 C indicated mechanically altered diet or thickened liquids and was check marked -while a resident. Review of Resident R76's physician's orders on 9/5/25, indicated that resident was ordered consistent carbohydrate, dysphagia advanced texture, nectar consistency (thickened liquids). During an observation on 9/15/25, at 12:48 p.m. Resident R76 was observed lying in her bed eating lunch. A bag of potato chips in a clear bag and a pitcher of thin liquid water was on her overbed table, within reach. During an interview on 9/15/25, at 12:50 p.m. Speech Therapist Employee E23 stated that she moved Resident R76's water pitcher away from her because it wasn't thickened and that she should not have potato chips and confirmed the above observations. During an interview on 9/15/25, at 2:35 p.m. the Director of Nursing confirmed that the facility failed to provide food in a form to meet individuals' needs in one of three residents ordered a regular diet (Resident R28) and failed to provide drinks in a form to meet individuals' needs in one of three residents (Resident R76). 28 Pa. Code:201.18(b)(3) Management28 Pa. Code: 211.10(c) Resident Care Policies

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, family interview, and staff interviews, it was determined that the facility failed to ensure a clean, sanitary, and functional environment on the nursing unit for one of two floors (Fourth Floor).Findings include: Review of the facility policy Preventative Maintenance Program last reviewed 1/7/25, indicated a program shall be developed and implemented to ensure the provision of a safe, functional, sanitary environment for residents, staff, and the public. During an observation completed on 9/15/25, at 10:50 a.m. room [ROOM NUMBER]'s bathroom revealed that no water was coming out of the hot water spigot and was not in working order. During an interview on 9/15/25, at 11:09 a.m. Registered Nurse (RN) Employee E2 confirmed that hot water is needed to give bed bathes, and the hot water was not in working order. During an interview on 9/15/25, at 1:32 p.m. Nurse Assistant (NA) Employee E28 stated, I have to go to another resident's room or to the shower room to get water for the residents in that room. During a resident representative interview on 9/18/25, at 11:45 a.m. revealed concerns about a bathroom not working in the activity room on the fourth floor and stated she likes to wash her mother's hair, but the beautician sink is not working. During an observation and an interview on 9/18/25, at 12:05 p.m. Maintenance Employee E13 confirmed that the activity restroom had no working water, and the beautician sink would not drain. During an observation on 9/19/25, at 11:02 a.m. a sign hanging on two restrooms located in the hallway by the nurse's station stated - These restrooms are for visitors and staff only. Both restrooms were locked. During an interview on 9/19/25, at 11:33 a.m. Maintenance Employee E13 unlocked the left-hand side restroom, and the hot water spigot did not work, and the toilet handle failed to work. The restroom was locked again after observation. During an interview on 9/19/25, at 11:37 a.m. Maintenance Employee E13 was unable to find the key to unlock the restroom on the right side and stated Well I can tell you that it's not in working order. We had to take the toilet out of it, so there is no toilet. During an interview on 9/19/25, at 1:01 p.m. Nursing Home Administrator confirmed that the facility failed to ensure a clean, sanitary, and functional environment on the nursing unit for one of two floors (Fourth Floor). 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(3) Management.

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F 0941 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members. Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Effective Communication for two of five staff members (Registered Nurse (RN) Employee E19, and Nurse Aide (NA) Employee E20).Findings include: Review of facility policy Training Requirements dated 1/7/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum Effective Communication. Review of RN Employee E19's personnel file indicated a hire date of 7/5/22, and failed to include Effective Communication training between 7/5/24, and 7/5/25. Review of NA Employee E20's personnel file indicated a hire date of 1/1/22, and failed to include Effective Communication training between 1/1/24, and 1/1/25. During an interview on 9/18/25, at 8:36 a.m. Human Resources Employee E21 confirmed that the facility failed to provide training on Effective Communication for two of five staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.20(a) Staff Development.

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F 0942 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents. Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Resident Rights for two of five staff members (Registered Nurse (RN) Employee E19, and Nurse Aide (NA) Employee E20).Findings include: Review of facility policy Training Requirements dated 1/7/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum Resident Rights. Review of RN Employee E19's personnel file indicated a hire date of 7/5/22, and failed to include Resident Rights training between 7/5/24, and 7/5/25. Review of NA Employee E20's personnel file indicated a hire date of 1/1/22, and failed to include Resident Rights training between 1/1/24, and 1/1/25. During an interview on 9/18/25, at 8:36 a.m. Human Resources Employee E21 confirmed that the facility failed to provide training on Resident Rights for two of five staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.20(a) Staff development.

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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 policy and documents, and staff interview, it was determined that the facility failed to provide training on Abuse, Neglect, and Exploitation for two of five staff members (Registered Nurse (RN) Employee E19, and Nurse Aide (NA) Employee E20).Findings include: Review of facility policy Training Requirements dated 1/7/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum Abuse, Neglect, and Exploitation Prevention. Review of RN Employee E19's personnel file indicated a hire date of 7/5/22, and failed to include Abuse, Neglect, and Exploitation training between 7/5/24, and 7/5/25. Review of NA Employee E20's personnel file indicated a hire date of 1/1/22, and failed to include Abuse, Neglect, and Exploitation training between 1/1/24, and 1/1/25. During an interview on 9/18/25, at 8:36 a.m. Human Resources Employee E21 confirmed that the facility failed to provide training on Abuse, Neglect, and Exploitation for two of five staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.20(a) Staff development.

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct mandatory training, for all staff, on the facility?s Quality Assurance and Performance Improvement Program. Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on the Quality Assurance and Performance Improvement (QAPI) program for two of five staff members (Registered Nurse (RN) Employee E19, and Nurse Aide (NA) Employee E20).Findings include: Review of facility policy Training Requirements dated 1/7/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum QAPI program. Review of RN Employee E19's personnel file indicated a hire date of 7/5/22, and failed to include QAPI training between 7/5/24, and 7/5/25. Review of NA Employee E20's personnel file indicated a hire date of 1/1/22, and failed to QAPI training between 1/1/24, and 1/1/25. During an interview on 9/18/25, at 8:36 a.m. Human Resources Employee E21 confirmed that the facility failed to provide training on QAPI for two of five staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.20(a) 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 policy and documents, and staff interview, it was determined that the facility failed to provide training on Infection Control for two of five staff members (Registered Nurse (RN) Employee E19, and Nurse Aide (NA) Employee E20).Findings include: Review of facility policy Training Requirements dated 1/7/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum Infection Prevention, and Control Program. Review of RN Employee E19's personnel file indicated a hire date of 7/5/22, and failed to include Infection Control training between 7/5/24, and 7/5/25. Review of NA Employee E20's personnel file indicated a hire date of 1/1/22, and failed to include Infection Control training between 1/1/24, and 1/1/25. During an interview on 9/18/25, at 8:36 a.m. Human Resources Employee E21 confirmed that the facility failed to provide training on Infection Control for two of five staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.20(a) Staff development.

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F 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide training in compliance and ethics. Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Compliance and Ethics for two of five staff members (Registered Nurse (RN) Employee E19, and Nurse Aide (NA) Employee E20).Findings include: Review of facility policy Training Requirements dated 1/7/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum Compliance and Ethics Program. Review of RN Employee E19's personnel file indicated a hire date of 7/5/22, and failed to include Compliance and Ethics training between 7/5/24, and 7/5/25. Review of NA Employee E20's personnel file indicated a hire date of 1/1/22, and failed to include Compliance and Ethics training between 1/1/24, and 1/1/25. During an interview on 9/18/25, at 8:36 a.m. Human Resources Employee E21 confirmed that the facility failed to provide training on Compliance and Ethics for two of five staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.20(a) Staff development.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 policy, personnel records, and staff interview it was determined that the facility failed to ensure that one of four sampled Nurse Aides (NA) received a minimum of 12 hours of in-service education per year (NA Employee E20).Findings include: Review of facility policy Required Training, Certification and Continuing Education of Nurse Aides dated 1/7/25 indicated that the facility will provide at least 12 hours of in-service training annually, based on the employment date, not calendar year. Review of facility nurse aide training records revealed that NA Employee E20 did not receive 12 hours of in-service training in the last year. The facility was unable to provide documented evidence that NA Employee E20 had received a minimum of 12 hours of in-service training yearly. During an interview on 9/18/25, at 8:36 a.m. Human Resources Employee E21 confirmed that the facility did not have evidence that NA Employee E20 received the required 12 hours of yearly in-service training 28 Pa. Code: 201.14(a) Responsibility of Licensee.28 Pa. Code: 201.20(c) Staff Development.

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F 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide behavior health training consistent with the requirements and as determined by a facility assessment. Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Behavioral Health for two of five staff members (Registered Nurse (RN) Employee E19, and Nurse Aide (NA) Employee E20).Findings include: Review of facility policy Training Requirements dated 1/7/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum Behavioral Health. Review of RN Employee E19's personnel file indicated a hire date of 7/5/22, and failed to include Behavioral Health training between 7/5/24, and 7/5/25. Review of NA Employee E20's personnel file indicated a hire date of 1/1/22, and failed to include Behavioral Health training between 1/1/24, and 1/1/25. During an interview on 9/18/25, at 8:36 a.m. Human Resources Employee E21 confirmed that the facility failed to provide training on Behavioral Health for two of five staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.20(a) Staff development.