| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395790 | A. Building<br>B. Wing | 06/02/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Seneca Place | 5360 Saltsburg Road<br>Verona, PA 15147 |

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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Respond appropriately to all alleged violations.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, clinical record reviews and staff interview it was determined that the facility failed to initiate a thorough investigation for a burn for one of three residents reviewed (Resident R2). Findings include:Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's Minimum Data Set (MDS - a periodic assessment of care needs) dated 4/17/26 indicated diagnoses of mood disorder, brain injury without loss of consciousness and dysphagia (trouble moving food or liquids from the mouth to the stomach). Review of documentation provided by the facility dated 2/17/26, stated Resident R2 burned his hands on hot coffee during the 3-11 shift, it caused a red area and blister. On call physician was contacted and recommended Resident R2 be sent to the hospital for evaluation and treatment, Resident R2 refused. During an interview 6/2/26 at 1:30 p.m. Dietary Manager Employee E1 stated they do not take temperatures of their coffee or hot water before or during tray line service because it has nothing to do with food borne illness. Dietary Manager confirmed she does not have coffee temperatures from 2/17/26. Review of Resident R2 facility investigation failed to include a summary of the investigation/findings, witness statements, employee, and or resident interviews as to how the injury may have occurred. During an interview on 6/2/26, at 3:00p.m. the Director of Nursing (DON) confirmed the facility failed to complete a thorough investigation for a burn of a resident of one of three residents (Resident R2) as required. 28 Pa. Code 201.14 (a) Responsibility of Licensee.28 Pa. Code 201.18 (b)(1)(e)(1) Management. |

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

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

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|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and staff interview, it was determined that the facility failed have physician orders for colostomy supplies and care for one of six residents (Resident R1). Findings include: A review of the clinical record indicated Resident R1 was admitted to the facility on [DATE], with diagnoses that included malignant neoplasm vulva, colostomy and anxiety. A review of Resident R1's a MDS 5-Day assessment (minimum data assessment)- periodic assessment of resident care needs) dated 5/6/26, indicated the diagnosis remained current. A review of Resident R1's physician orders dated 5/26/26 indicated:Colostomy Appliance Change Q 7 days and prn- written 5/12/26Conva Tec Natura Plus Pouch Lot #5E013743. 1 1/4- 1 3/4 (33-45mm) [NAME]-Fit-written 5/12/26Colostomy Care-every shift, written 5/12/25 During an interview on 6/2/26, at 2:30 p.m. the Director of Nursing confirmed the facility failed to write colostomy orders on admission for Resident R1 as required. 28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing Services |

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| | 395790 | A. Building<br>B. Wing | 06/02/2026 |

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| Seneca Place | 5360 Saltsburg Road<br>Verona, PA 15147 |

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|---|---|
| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical record review, facility provided documents, and staff interviews, it was determined that the facility failed to ensure a safe environment resulting in a burn for one of three residents (Resident R2). Findings include:Review of the clinical record Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's Minimum Data Set (MDS - a periodic assessment of care needs) dated 4/17/26 indicated diagnoses of mood disorder, brain injury without loss of consciousness and dysphagia (trouble moving food or liquids from the mouth to the stomach). Review of documentation provided by the facility dated 2/16/26, stated Resident R2 burned his hands on hot coffee during the 3-11 shift, it caused a red area and blister. Intact Blister on the second finger knuckle to the top of the right hand measuring approximately 2cm x2cm (centimeters). Review of facility provided investigation dated 2/17/26 indicated coffee temperature from the kitchen approximately 172-178 at time of tray set up with loss of 30-40 degrees during delivery to units and rooms, estimated approximate temperature upon arrival in room [ROOM NUMBER] degrees. During an interview 6/2/26 at 1:30 p.m. Dietary Manager Employee E1 stated they do not take temperatures of their coffee or hot water before or during tray line service because it has nothing to do with food borne illness, they do test trays and take the temperatures of their hot beverages for customer service reasons. Review of test tray monitor & evaluation documentation dated 1/25/26 indicated coffee temperature was 168.7 Fahrenheit when tray was built in the kitchen. When tray was served on the unit, coffee temperature was 147.3 Fahrenheit. Total time of 18 minutes, 21.4-degree Fahrenheit temperature loss. During an interview 6/2/26 at 1:00 p.m. Director of Nursing stated Resident R2 did not tell anyone when the coffee spill happened but waited till later that evening to tell nursing staff. Resident R2 refused to go to the hospital. During an interview on 6/2/26, at 2:30 p.m. the Nursing Home Administrator confirmed that the facility failed to ensure a safe environment resulting in a burn for one of three residents (Resident R2). 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 |