STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395790	A. Building B. Wing	06/13/2025

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

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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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy and clinical records and staff interview, it was determined that the facility failed to notify the physician or resident representative of a change in condition/status for three of six residents (Resident R54, R119 and R124). Findings include: Review of the facility policy Change in a Resident's Condition or Status dated 5/1/25, indicated the facility promptly notifies the resident, his, or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status. Review of the clinical record indicated that Resident R54 was admitted to the facility on [DATE]. Review of Resident R54's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/12/25, indicated the diagnoses of diabetes mellitus(a chronic metabolic disease characterized by high blood sugar levels), post-traumatic stress disorder and hypotension (medical condition characterized by low blood pressure). Review of Resident R54's progress notes dated 12/19/24 revealed R54 was noted to get on elevator and proceed downstairs to lobby and front door, R54 was later recovered from the front door by Registered Nurse supervisor and floor nurse. Review of Resident R54's Progress notes indicated no notification to the physician or resident representative of resident leaving the unit. Review of the clinical record indicated that Resident R119 was admitted to the facility on [DATE]. Review of Resident R119's MDS dated [DATE], indicated the diagnoses of hypertension (high blood pressure), cancer, and hyperlipidemia (high fats in the blood). Review of Resident R119's progress notes date 5/31/25, at 3:00 p.m. revealed Resident R119 was found on first floor, Resident R119 did not have watchmate (a device that alarms) on wheelchair (w/c) like the order reflects. Supervisor, is going to put a new watchguard on residents w/c. Review of Resident R119's progress notes indicated no notification to the physician or resident representative of resident leaving the unit. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the clinical record indicated that Resident R124 was admitted to the facility on [DATE]. Review of Resident R124's MDS dated [DATE], high blood pressure, bilateral below the knee amputations, and renal insufficiency (condition where the kidneys lose the ability to remove waste and balance fluids). Section C0500 Brief Interview for Mental Status (BIMS a screening test that aides in detecting cognitive impairment) with a score of seven indicated severe impairment. Review of Resident R124's physician order dated 6/10/25, indicated to start pantoprazole 40 mg (milligram) for history of Gastro-intestinal bleeding. Review of Resident R124's progress notes failed to indicate notification to the resident's representative. During an interview on 6/12/25, at 11:00 a.m. Registered Nurse (RN) Employee E3 confirmed Resident R124's resident representative was not notified of the change in medication order from the physician. During an interview on 6/12/25, at 12:35 p.m. Nursing Home Administrator confirmed that the staff failed to notify the physician or resident representatives in Resident R54, R119 and R124's in change of condition/status. 28 Pa. Code: 211.12(d)(1) Nursing services.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **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 implement written policies and procedures to ensure a complete and thorough investigation of an incident involving the potential for neglect for two of five residents (Resident R5, and R119), and failed to conduct a criminal background check prior to the start of employment for two of five staff (Licensed Practical Nurse (LPN) Employee E10, and Registered Nurse (RN) Employee E11). Findings include: Review of the facility Abuse, Neglect, Exploitation and Misappropriation Prevention Program policy last reviewed 5/1/25, indicated residents have the right to be free from abuse, neglect, misappropriation of resident ' s property and exploitation. The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives that include but not inclusive to developing and implementing policies and protocols to prevent and identify abuse or mistreatment and neglect of residents. Conduct employee background checks. Provide staff orientation and training programs that include topics such as abuse prevention, identification and reporting of abuse. Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property. Review of the facility Abuse, Neglect, Exploitation or Misappropriation Reporting and Investigating policy last reviewed 5/1/25, indicated all reports of resident abuse (including injuries of unknown origin), neglect, exploitation, and or theft/misappropriation are reported to local, state and federal agencies and thoroughly investigated by facility management Review of the facility Wandering and Elopements policy last reviewed 5/1/25, indicated the facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents. If identified as at risk for wandering, elopement, or other safety issues, the residents care plan will include strategies and interventions to maintain the resident's safety. If a resident is missing, initiate the elopement/missing resident emergency procedure. Review of the facility Background Screening Investigations policy last reviewed 5/1/25, indicated facility conducts employment background screening checks, reference checks, and criminal conviction investigation checks on all applicants. Review of the clinical record indicated that 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 4/1/25, indicated the diagnosis of hypertension (high blood pressure) diabetes (high sugar in the blood) and hyperlipidemia (high fats in the blood). Review of Resident R5's physician progress note dated 4/10/25, at 11:58 a.m. indicated saw resident today for skin concerns on right toes. Per nursing, she was being pushed in the shower chair and the right foot was drug on carpet causing brush burn. Several faint, scabbed areas noted on three toes of right foot. (continued on next page)

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's incidents dated 12/9/24, through 6/9/25, failed to include information pertaining to Resident R5's abrasions to toes. During an interview completed on 6/12/25, at 11:15 a.m. the Nursing Home Administrator (NHA) confirmed that the incident concerning injuries to Resident R5's toes was not investigated or reported and that the facility failed to follow the facilities policy for investigation. Review of the clinical record indicated that Resident R119 was admitted to the facility on [DATE]. Review of Resident R119's MDS dated [DATE], indicated with the diagnoses of hypertension, cancer, and hyperlipidemia. Review of Resident R119's progress notes date 5/31/25, at 3:00 p.m. revealed Resident R119 was found on first floor, Resident R119 did not have watchmate (a device that alarms) on wheelchair (w/c) like the order reflects. Supervisor, is going to put a new watchguard on residents w/c. Review of the facility's incidents dated 12/9/24, through 6/9/25, failed to include information pertaining to Resident R119's elopement (resident exits to an unsupervised or unauthorized area without the facility's knowledge). During an interview completed on 6/9/25 at 12:42 p.m. the Director of Nursing indicated she was not aware of Resident R119's elopement. During an interview competed on 6/12/25 at 11:15 a.m. the Nursing Home Administrator confirmed that the facility failed to implement written policies and procedures to ensure a complete and thorough investigation of an incident involving the potential for neglect for three of five residents (Resident R5 and R119). Review of Licensed Practical Nurse (LPN) Employee E10's personnel record indicated she was hired on 4/14/25. Review of LPN Employee E10's personnel record did not include a completed state criminal background check prior to date of hire. Review of Registered Nurse (RN) Employee E11's personnel record indicated she was hired on 4/15/25. Review of RN Employee E11's personnel record did not include a completed state criminal background check prior to date of hire. During an interview on 6/11/25, at 1:45 p.m. the Human Resource Employee E6 stated, The background checks should have been completed prior to their start date. During an interview on 6/11/25, at 2:30 p.m. the Nursing Home Administrator confirmed that the facility failed to properly screen LPN Employee E10, and RN Employee E11 by completing a state criminal background check prior to hire, as required. 28 Pa. Code 201.14(a) Responsibility of licensee. (continued on next page)

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	28 Pa. Code 201.18(e)(1) Management. 28 Pa Code: 201.19 Personnel policies and procedures 28 Pa Code: 201.20 (a)(d) Staff development 28 Pa Code: 201.29 (d) Resident Rights

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, clinical record reviews and staff interviews, it was determined that the facility failed to report one of five neglect allegations (Residents R5) to the State Department of Health as required. Findings include: Review of facility Abuse, Neglect, Exploitation and Misappropriation Prevention Program last reviewed 5/1/25, indicated residents have the right to be free from abuse, neglect, misappropriation of resident ' s property and exploitation. The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives that include but not inclusive to developing and implementing policies and protocols to prevent and identify abuse or mistreatment and neglect of residents. Conduct employee background checks. Provide staff orientation and training programs that include topics such as abuse prevention, identification and reporting of abuse. Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property. All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, and or theft/misappropriation are reported to local, state and federal agencies and thoroughly investigated by facility management Review of facility Accidents and Incidents-Investigating and Reporting policy dated 5/1/25, indicated all accidents or incidents occurring on our premises must be investigated and reported to the administrator. Regardless of how minor an accident or incident, injuries of unknown origin, it must be reported to the nursing supervisor and included on the facility 24- hour report. Review of the clinical record indicated that 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 4/1/25, indicated the diagnosis of hypertension (high blood pressure) diabetes (high sugar in the blood) and hyperlipidemia (high fats in the blood). Review of Resident R5's physician progress note dated 4/10/25, at 11:58 a.m. indicated saw resident today for skin concerns on right toes. Per nursing, she was being pushed in the shower chair and the right foot was drug on carpet causing brush burn. Several faint, scabbed areas noted on three toes of right foot. Review of the facility's incidents dated 12/9/24, through 6/9/25, failed to include information pertaining to Resident R5's right foot skin concerns. During an interview completed on 6/12/25, at 11:15 a.m. the Nursing Home Administrator (NHA) confirmed that the incident concerning Resident R5's right foot skin concerns were not reported to the State Department of Health as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(e)(1) Management

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, facility documents, and staff interview, it was determined that the facility failed to identify and investigate an incident of possible abuse and/or neglect for three of five incidents reviewed (Residents R5, R54 and R119). Findings include: The facility Accidents and Incidents-Investigating and Reporting policy dated 5/1/25, indicated all accidents or incidents occurring on our premises must be investigated and reported to the administrator. Regardless of how minor an accident or incident, injuries of unknown origin, it must be reported to the nursing supervisor and included on the facility 24- hour report. Review of the clinical record indicated that 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 4/1/25, indicated the diagnosis of hypertension (high blood pressure) diabetes (high sugar in the blood) and hyperlipidemia (high fats in the blood). Review of Resident R5's physician progress note dated 4/10/25, at 11:58 a.m. indicated saw resident today for skin concerns on right toes. Per nursing, she was being pushed in the shower chair and the right foot was drug on carpet causing brush burn. Several faint, scabbed areas noted on three toes of right foot. Review of the facility's incidents dated 12/9/24, through 6/9/25, failed to include information pertaining to Resident R5's abrasions to toes. During an interview completed on 6/12/25, at 11:15 a.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to conduct an investigation regarding Resident R5's incident, as required. Review of the clinical record indicated that Resident R54 was admitted to the facility on [DATE]. Review of Resident R54's MDS dated [DATE], indicated with the diagnoses of diabetes mellitus (a chronic metabolic disease characterized by high blood sugar levels), post-traumatic stress disorder and hypotension (medical condition characterized by low blood pressure). Review of Resident R54's progress notes dated 12/19/24, revealed Resident R54 was noted to get on elevator and proceed downstairs to lobby and front door, Resident R54 was later recovered from the front door by Registered Nurse supervisor and floor nurse. Review of Resident R54's progress notes dated 5/22/25, revealed Resident R54 tried to go out the front doors to go home. During an interview 6/12/25, at 1:15 p.m. Nursing Home Administrator confirmed the facility did not conduct an investigation regarding Resident R54's incident, as required. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the clinical record indicated that Resident R119 was admitted to the facility on [DATE]. Review of Resident R119's MDS dated [DATE], indicated with the diagnoses of hypertension, cancer, and hyperlipidemia. Review of Resident R119's progress notes date 5/31/25, at 3:00 p.m. revealed Resident R119 was found on first floor, Resident R119 did not have watchmate (a device that alarms) on wheelchair (w/c) like the order reflects. Supervisor, is going to put a new watchguard on residents w/c. Review of the facility's incidents dated 12/9/24, through 6/9/25, failed to include information pertaining to Resident R119's elopement. During an interview completed on 6/9/25, at 12:42 p.m. the Director of Nursing indicated she was not aware of Resident R119's elopement (resident exits to an unsupervised or unauthorized area without the facility's knowledge). During an interview competed on 6/12/25, at 11:15 a.m. the Nursing Home Administrator confirmed the facility failed to identify and investigate an incident of possible abuse and/or neglect for three of five incidents reviewed (Residents R5, R54 and R119). 28 Pa Code: 201.18 (e)(1)(2) Management. 28 Pa Code: 211.12 (a)(c)(d)(1)(3)(5) Nursing services.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, facility policy, clinical records, and staff interviews, it was determined that the facility failed to ensure that a resident's care plan was updated and revised to reflect the resident's specific care needs for three of six residents (Residents R62, R118, and R292). Findings include: Review of facility policy Care Plans, Comprehensive Person-Centered dated 5/1/25, indicated assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. Review of the clinical record indicated Resident R62 was admitted to the facility on [DATE]. Review of Resident R62's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/7/25, indicated diagnoses of anemia (too little iron in the blood), high blood pressure, and muscle wasting. Review of a physician progress note dated 3/13/25, stated, Patient seen and evaluated today for diarrhea and vomiting. 2 episodes of diarrhea and 2 episodes of vomiting this morning. There is concern for norovirus in the facility. Will send out stool sample to confirm. Review of a Lab Results Report indicated Resident R62's stool was positive for Norovirus on 3/13/25. Review of Resident R62's care plan failed to reveal goals and interventions related to the resident's positive Norovirus status. Review of the clinical record indicated Resident R118 was admitted to the facility on [DATE]. Review of Resident R118's MDS dated [DATE], indicated diagnoses of anemia, high blood pressure, and hyperlipidemia (high levels of fat in the blood). Review of a physician order dated 3/19/25, indicated to send stool for C. diff and Norovirus. Review of a Labs Result Report indicated Resident R118's stool was positive for Norovirus on 3/19/25. Review of Resident R118's care plan failed to reveal goals and interventions related to the resident's positive Norovirus status. During an interview on 6/13/25, at 8:28 a.m. the Director of Nursing confirmed that the facility failed to revise Resident R62's and Resident R118's care plans to reflect the residents' specific care needs as required. Review of the clinical record indicated Resident R292 was admitted to the facility on [DATE]. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R292's MDS dated [DATE], indicated diagnoses of high blood pressure, hyperlipidemia, and muscle weakness. Review of the clinical record revealed Resident R292 had a physician's order dated 6/2/25, for an indwelling urinary catheter. Review of Resident R292's care plan failed to reveal goals and interventions related to the resident's indwelling urinary catheter usage. During an interview on 6/10/25, at 2:30 p.m. Registered Nurse Employee E1 confirmed that the facility failed to revise Resident R292's care plan to reflect the resident's specific care needs as required. 28 Pa. Code: 211.12(d)(1)(5) Nursing services.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, resident and staff interview it was determined that the facility failed to have a physician orders for intravenous catheter (IV- a catheter placed into a vein for a medical need of fluids or antibiotics) dressing changes for one of two residents (Resident R56), failed to follow physician orders for wound care for one of five residents (Resident R124), failed to ensure timely follow up physician appointments were ordered for two out of four residents (Residents R2, and R97), and failed to ensure that residents received treatment and care in accordance with standards of practice and physician orders by failing to label a medicated patch with the date and time prior to application for one of three residents (Resident R133) as required. Findings include: Review or the facility policy Central Venous Catheter Care and Dressing Change dated 5/1/25, indicated the purpose of this procedure is to prevent complications associated with intravenous therapy, including catheter related infections that are associated with contaminated, loosened, soiled, or wet dressings. Change the dressing if it becomes damp, loosened, or visibly soiled and at least every seven days. Review of the facility policy Dressings, Dry/Clean dated 5/1/25, indicated verify that there is a physician order for the dressing procedure. Document the date and time the dressing was changed. Review of the facility policy Referrals, Social Services dated 5/1/25, indicated social services personnel shall coordinate most resident referrals with outside agencies. Social services will collaborate with the nursing staff or other pertinent disciplines to arrange for services that have been ordered by the physician. Social services will help arrange transportation to outside agencies, clinical appointments as appropriate. Review of the clinical record indicated that Resident R56 was admitted to the facility on [DATE]. Review of Resident R56's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/2/25, indicated diagnoses of high blood pressure, depression, and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of Resident R56's physician order dated 4/24/25, indicated cefazolin (an antibiotic to treat an infection) intravenous every eight hours for infection. Physician orders failed to indicate an IV dressing change from 4/24/25 through 6/9/25. Review of Resident R56's care plan dated 5/9/25, indicated wound management post-surgical of right knee. Administer antibiotic therapy as prescribed. During an observation on 6/9/25, at 10:00 a.m. an IV dressing on residents left upper arm was loosened and half peeled away from arm with a date of 5/20/25. During an observation on 6/10/25, at 11:45 a.m. an IV dressing on residents left upper arm was loosened and half peeled away from arm with a date of 5/20/25. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 6/10/25, at 11:50 a.m. Registered Nurse (RN) Employee E3 stated that IV dressing changes are done every seven days, and it should have been changed. During an interview on 6/10/25, at 11:52 a.m. RN Employee E3 confirmed that Resident R56's IV dressing was not secure and that the dressing was last changed on 5/20/25. Review of the clinical record indicated that Resident R124 was admitted to the facility on [DATE]. Review of Resident R124's MDS dated [DATE], high blood pressure, bilateral below the knee amputations, and renal insufficiency (condition where the kidneys lose the ability to remove waste and balance fluids). Review of Resident R124's physician order dated 6/3/25, indicated treatment for right and left below the knee amputation (BKA) trauma wounds - cleanse with Dermaklenz (a wound cleanser) and pat dry. Apply bacitracin (antibiotic ointment) ointment dressings to both stumps daily. Review of Resident R124's care plan dated 5/15/25, indicated resident has an amputation of right and left BKA related to diabetes. Review of Resident R124's Treatment Administration Record (TAR) dated June 2025, indicated the dressing was administered on 6/9/24, and 6/10/24. Observation on 6/10/25, at 11:00 a.m. Resident R124 was out of bed in the wheelchair with shorts on exposing both the right and left amputation stumps. The right stump had a dressing dated 6/8/25, and the left did not have a dressing in place at all. During an interview on 6/10/25, at 11:00 a.m. Registered Nurse (RN) Employee E3 confirmed Resident R124's treatments were completed as ordered and verified the date on the dressing of the right stump was 6/8/25, and the left stump did not have a dressing in place as ordered. Review of the clinical record indicated that Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's MDS dated [DATE], indicated diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), diabetes, and spinal stenosis (a narrowing of the spaces within the spine, which causes pain and weakness). Review of Resident R2's physician orders revealed an order written on 5/13/25, that indicated Urology appointment (a physician that specializes in diagnosing and treating diseases of the urinary system). Needs six month follow up scheduled. Review of Resident R2's clinical record indicated that the facility failed to have an active physician order for a urologist follow up appointment. Review of Resident R2's clinical record indicated resident was seen on 4/23/25, by neurology (a physician who specializes in diagnosing, treating, and managing disorders of the brain and nervous system) and returned to facility with follow up directions. Resident R2's consultant record indicated to return to office in three months with weight loss update. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395790	A. Building B. Wing	06/13/2025

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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R2's clinical record indicated that the facility failed to have an active physician order for a follow up neurologist visit in three months. During an interview on 6/12/25, Registered Nurse Employee E8 confirmed that no appointment had been made for Resident R2 with urology or neurology. Review of the clinical record indicated that Resident R97 was admitted to the facility on [DATE]. Review of Resident R97's MDS dated [DATE], indicated diagnoses of high blood pressure, depression, and coronary artery disease (damage or disease in the heart's major blood vessels). Review of Resident R97's physician orders revealed an order written on 5/1/25, that indicated follow up with endocrinology (a physician that specializes in diagnoses and treatment of hormone-related diseases such as diabetes). Resident overdue, last seen 3/2024. Review of Resident R97's clinical record indicated that the facility failed to have an active physician order for a follow up with endocrinology. During an interview on 6/12/25, at 1:21 p.m. Registered Nurse Employee E7 confirmed that no appointment had been made for Resident R97 with endocrinology. Review of the clinical record indicated that Resident R133 was admitted to the facility on [DATE]. Review of Resident R133's MDS dated [DATE], indicated the diagnosis of hypertension (high blood pressure), gastroesophageal reflux disease (GERD- stomach acid flows back up and causes heartburn) and cerebrovascular accident (CVA- loss of blood flow to the brain). Review of 133's physician orders dated 6/3/25, indicated to apply a lidocaine external patch (for pain) 4 % transdermally (to the skin) daily. During a medication pass observation completed on 6/10/25, at 8:57 a.m. Licensed Practical Nurse (LPN) Employee E21 was preparing Resident R133's medication. LPN Employee E21 applied Resident R133's lidocaine patch without labeling with the date and time as required. During an interview completed on 6/10/25, at 9:08 a.m. LPN Employee E21 confirmed applying Resident R133's lidocaine patch without labeling with the date and time as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code: 201.29(a) Resident rights 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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	395790	A. Building B. Wing	06/13/2025

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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 facility policy review, clinical and facility record review, facility provided documents and staff interviews, it was determined that the facility failed to provide adequate supervision resulting in elopement (resident exited to an unsupervised and unauthorized location without staff's knowledge) for two of five residents (Resident R54 and R119). Findings include: The facility Wandering and Elopements policy dated 5/1/25, indicated the facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents. Review of the clinical record indicated that Resident R54 was admitted to the facility on [DATE]. Review of Resident R54's MDS dated [DATE], indicated with the diagnoses of diabetes mellitus (a chronic metabolic disease characterized by high blood sugar levels), post-traumatic stress disorder and hypotension (medical condition characterized by low blood pressure). Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019 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 Resident R54's MDS - Section C: Cognitive Patterns, Question C0100 indicated a BIMS score of 12 - moderately impaired. Review of Resident R54's 12/1/24, Elopement risk screening dated 12/1/24 indicated a score of 6: not at risk Review of Resident R54's progress notes dated 12/19/24, revealed Resident R54 was noted to get on elevator and proceed downstairs to lobby and front door, Resident R54 was later recovered from the front door by Registered Nurse supervisor and floor nurse. Review of Resident R54's progress notes dated 5/22/25, revealed Resident R54 tried to go out the front doors to go home. Review of the clinical record indicated that Resident R119 was admitted to the facility on [DATE]. (continued on next page)

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	395790	A. Building B. Wing	06/13/2025

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R119's MDS dated [DATE], indicated the diagnoses of hypertension (high blood pressure), cancer, and hyperlipidemia (high fats in the blood). Section C: Cognitive Patterns, Question C0100 indicated a BIMS score of 12 - moderately impaired. Review of Resident R119's elopement risk screening dated 5/9/25, indicated a risk score of 20: at risk for elopement. Review of Resident R119's physician orders dated 5/8/25, indicated security bracelet to wheelchair at all times. Check every shift for function. Notify unit manager if problems. Review of Resident R119's care plan initiated 5/8/25, indicated Resident R119 is an elopement risk/wanderer related to impaired safety awareness and attempts to get on elevator unassisted, wanders into other rooms. Review of Resident R119's progress notes date 5/31/25, at 3:00 p.m. revealed Resident R119 was found on first floor, Resident R119 did not have watchmate (a device that alarms) on wheelchair (w/c) like the order reflects. Supervisor is going to put a new watchguard on resident's wheelchair (w/c). During an interview on 6/13/25, at 1:30 p.m. the Nursing Home Administrator confirmed the facility did properly supervise Resident R54 and R119, as required. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code: 201.29(a)(b)(c)(l)(n) Resident rights. 28 Pa. Code 201.18(b)(1) Management.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review facility polices, observations, clinical records, and staff interviews it was determined that the facility failed to make certain that appropriate treatments and services were provided for the use of an indwelling urinary catheter as required for one of three residents (Resident R292). Findings include: Review of facility policy Catheter Care, Urinary dated 5/1/25, indicated to review and document the clinical indications for catheter use prior to inserting. Nursing and the interdisciplinary team should assess and document the ongoing need for a catheter that is in place. Review of the clinical record indicated Resident R292 was admitted to the facility on [DATE]. Review of Resident R292's Minimum Data Set (MDS - a period assessment of care needs) dated 5/29/25, indicated diagnoses of high blood pressure, hyperlipidemia (high levels of fat in the blood), and muscle weakness. Review of the clinical record revealed Resident R292 had a physician's order dated 6/2/25, for an indwelling urinary catheter. Review of the above physician's order did not include a diagnosis for the indwelling urinary catheter as required. During an interview on 6/10/25, at 2:30 p.m. Registered Nurse Employee E1 confirmed that the facility failed to make certain that appropriate treatments and services were provided for the use of an indwelling urinary catheter as required for Resident R292. 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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interview it was determined that the facility failed to provide appropriate respiratory care relating to CPAP/BIPAP (a continuous positive airway pressure machine used to keep airways open while you sleep/a positive airway pressure machine when breathing in and breathing out) for three of three residents (Residents R19, R50, and R93). Findings include: Review of the facility policy CPAP/Bipap Support dated 1/2/25, indicated Bipap delivers continuous positive airway pressure, but allows separate pressure settings for expiration (EPAP -breathing out) and inspiration (IPAP- breathing in). Document in the resident's medical record how the resident tolerated the procedure. Review the physician's order to determine the oxygen concentration and flow, and the pressure measurement for the machine. Review of the admission record indicated Resident R19 was admitted on [DATE]. Review of Resident R19's Minimum Data Set (MDS - a periodic assessment of care needs) dated 6/10/25, indicated the diagnoses of chronic obstructive pulmonary disease (COPD- a group of diseases that block airflow and make it hard to breathe), diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), and high blood pressure. Review of Resident R19's physician order dated 6/6/25, indicated Cpap - central supply to clean face mask and reservoir and change tubing weekly. Review of Resident R19's care plan dated 5/1/25, indicated CPAP settings: 20/4 AUTO. Observation on 6/9/25, at 8:45 a.m. Resident R19 was in bed watching television. On the bedside stand was a Cpap machine with the mask lying on the table not bagged as required. Observation on 6/10/25, at 9:00 a.m. Resident R19 was in bed finishing breakfast. On the bedside stand was a Cpap machine with the mask lying on the table not bagged as required. Interview on 6/10/25, at 9:10 a.m. Registered Nurse (RN) Employee E3 confirmed Resident R19's Cpap mask was lying on the table and not bagged as required. Review of the admission record indicated Resident R50 was admitted on [DATE]. Review of Resident R50's MDS dated [DATE], indicated the diagnoses of stroke (damage to the brain from an interruption of blood supply), hemiplegia (paralysis of one side of the body), and high blood pressure. Review of Resident R50's physician order dated 5/30/25, indicated apply Cpap at bedtime and remove in the morning. Check for placement overnight. Review of Resident R50's current care plan indicated CPAP settings: Dream Station AUTO settings 12/8. (continued on next page)

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	395790	A. Building B. Wing	06/13/2025

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 6/9/25, at 8:50 a.m. Resident R50 was in bed watching television. On the bedside stand was a Cpap machine with the mask lying on the table not bagged as required. Observation on 6/10/25, at 8:55 a.m. Resident R50 was in bed finishing breakfast. On the bedside stand was a Cpap machine with the mask lying on the table not bagged as required. Interview on 6/10/25, at 9:15 a.m. Registered Nurse (RN) Employee E3 confirmed Resident R50's Cpap mask was lying on the table and not bagged as required. Review of the admission record indicated Resident R93 was admitted on [DATE]. Review of Resident R93's MDS dated [DATE], indicated the diagnoses of anemia (the blood doesn ' t have enough healthy red blood cells), diabetes, and high blood pressure. Review of Resident R93's physician order dated 5/30/25, indicated apply Cpap at bedtime and remove in the morning. Check for placement overnight. Review of Resident R93's current care plan indicated Bipap - encourage resident to be compliant with Bipap application. Observation on 6/9/25, at 8:53 a.m. Resident R93 was in bed resting. On the bedside stand was a Cpap machine with the mask lying on the table not bagged as required. Observation on 6/10/25, at 8:58 a.m. Resident R93 was in bed. On the bedside stand was a Cpap machine with the mask lying on the table not bagged as required. Interview on 6/10/25, at 9:15 a.m. Registered Nurse (RN) Employee E3 confirmed Resident R93's Cpap mask was lying on the table and not bagged as required. Interview on 6/13/25, at 11:00 a.m. the Director of Nursing confirmed that the facility failed to provide appropriate respiratory care relating to CPAP/BIPAP for three of three residents (Residents R19, R50, and R93). 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 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 center for two of three residents reviewed (Residents R4 and R44), failed to have physician orders for access device care and management for two of three residents (Resident R4, and R109) and failed to have appropriate care plans for two of three resident's (Resident R4 and R109). Findings include: Review of the facility policy End-Stage Renal Disease (ESRD), Care of Resident With dated 5/1/25, indicated the nature and clinical management of ESRD, the care of grafts and fistulas, and agreements between the facility and the contracted ESRD facility include all aspects of how the resident's care will be managed including how the care plan will be developed and implemented, and how information will be exchanged between facilities. Review of the clinical record indicated that Resident R44 was admitted to the facility on [DATE]. Review of Resident R44's Minimum Data Set (MDS- a periodic assessment of care needs) dated 5/27/25, indicated with the diagnoses of end stage kidney disease (a condition where the kidney reaches advanced state of loss of function), diabetes mellitus (a chronic metabolic disease characterized by high blood sugar levels), and anxiety disorders. Review of R44's physician order dated 5/19/25, indicated the resident has dialysis one time a day every Monday, Wednesday, and Friday. Further review of the physician orders failed to include orders for care and management of access site to right upper arm - fistula (arteriovenous fistula - a connection made by a surgeon of an artery to a vein for vascular access for dialysis). Review of Resident R44's Dialysis Communication Records for from 5/30/25, - 4/4/25, with twenty four days of incomplete or missing communication records 5/30/25, 5/28/25, 5/26/25, 5/23/25, 5/21/25, 5/19/25, 5/16/25, 5/14/25, 5/12/25, 5/9/25, 5/7/25, 5/5/25, 5/2/25, 4/30/25, 4/28/25, 4/25/25, 4/23/25, 4/21/25, 4/18/25, 4/16/25, 4/14/25, 4/11/25, 4/9/25 and 4/4/25. Review of the clinical record indicated that Resident R4 was admitted to the facility on [DATE]. Interview on 6/9/25, at 9:47 a.m. Licensed Practical Nurse (LPN), Employee E10 indicated Resident R4 has a fistula to the right upper arm for dialysis treatments. Observation and interview on 6/10/25, at 10:00 a.m. Resident R4 indicated dialysis uses the right upper arm fistula and pointed to the arm. Interview on 6/10/25, at 1:15 p.m. Registered Nurse (RN) Employee E3 confirmed Resident R4's dialysis communication records were incomplete or missing for fourteen days as listed. Interview on 6/10/25, at 2:00 p.m. the Director of Nursing confirmed Resident R4's physician orders and care plan failed to include care and management of the right upper arm fistula. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395790	A. Building B. Wing	06/13/2025

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the clinical record indicated that Resident R109 was admitted to the facility on [DATE]. Review of Resident R109's MDS dated [DATE], indicated with the diagnoses of end stage kidney disease, dependence on dialysis, and anxiety. Review of R109's physician order dated 2/12/25, indicated the resident has dialysis one time a day every Tuesday, Thursday, and Saturday. Further review of the physician orders failed to include orders for care and management of the tessio catheter (a type of dialysis catheter designed for long-term vascular access in residents undergoing hemodialysis). Review of Resident R109's care plan dated 5/20/25, indicated to monitor, document, and report any signs and symptoms of infection to access site: redness, swelling, warmth or drainage. The plan of care failed to identify the type of access site or its location. Observation and interview on 6/12/25, at 2:37 p.m. Resident R109 indicated dialysis uses the right upper chest tessio catheter and indicated the dressing was changed today at dialysis. Interview on 6/10/25, at 2:00 p.m. the Director of Nursing confirmed Resident R109's physician orders and care plan failed to include care and management of the tessio catheter. Interview on 6/11/25, at 11:00 a.m. the Director of Nursing confirmed the facility failed to provide consistent and complete communication with the dialysis center for two of three residents reviewed (Residents R4 and R44), failed to have physician orders for access device care and management for two of three residents (Resident R4 and R109) and failed to have appropriate care plans for two of three resident's (Resident R4, and R109). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.5(f) Medical records. 28 Pa. Code: 211.12(c)(d)(1)(3)(5) Nursing services.

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	395790	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on review of facility policy, personnel records and staff interviews it was determined that the facility failed to complete annual performance evaluations for four of five nursing staff (Employees E15, E16, E17, and E18). Findings include: Review of facility provided document Performance Evaluators Instructions dated 1/1/25, indicated to rate the employee on the observations listed. Check the rating that best describes the employee's performance. List those skills, qualities or habits that have enabled the employee to perform the duties and responsibilities of the job with strength. List areas that have demonstrated the need for attention or improvement. File the original in the personnel file and provide a copy to the employee. Place on the performance evaluation for annual or other. Review of Nurse Aide (NA) Employee E15's personnel record indicated a hire date of 10/16/95. Review of NA Employee E16's personnel record indicated a hire date of 10/2/17. Review of NA Employee E17's personnel record indicated a hire date of 11/20/23. Review of Licensed Practical Nurse (LPN) Employee E18's personnel record indicated a hire date of 10/1/2002. Review of personnel records did not include an annual performance evaluation based on the date of hire for NA Employees E15, E16, E17, and LPN Employee E18. During an interview on 6/11/25, at 1:55 p.m. Nursing Home Administrator confirmed that the facility failed to complete annual performance evaluations for four of five nursing staff personnel records (Employees E15, E16, E17, and E18). 28 Pa Code: 201.20 (a)(b)(d) Staff development.

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	395790	A. Building B. Wing	06/13/2025

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to store medications and biologicals properly and securely in three of five medications carts (Third floor North Hall, Third floor [NAME] Hall, and Fourth floor East Hall medication carts). Findings include: Review of the facility policy Storage of Medications last reviewed 5/1/25, indicated the facility stores all drugs and biologicals in a safe, secure, and orderly manner. Drugs and biologicals are stored in the packaging, containers or other dispensing systems in which they are received. Only the issuing pharmacy is authorized to transfer medications between containers. Review of the facility policy Administering Medications last reviewed 5/1/25, indicated the expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container. Insulin pens are clearly labeled with the resident's name or other identifying information. During an observation on 6/10/25, at 9:00 a.m. the Third floor [NAME] Hall medication cart contained the following: · One Toujeo insulin pen open and without a cap/lid, not labeled with date opened and not stored in a bag. · One Humalog insulin pen not labeled with date opened. · One Lantus insulin pen not labeled without date opened and no resident identifier. · One Lantus insulin pen not labeled with the date opened. During an interview completed on 06/10/25, at 9:07 a.m. Licensed Practical Nurse (LPN) Employee E21 confirmed the above observations. During an observation completed on 6/11/25, at 8:51 a.m. the Third floor North Hall medication cart contained the following: · (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395790	A. Building B. Wing	06/13/2025

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	One bottle Miralax not labeled with a date opened. · Two tubes of Banophen anti itch cream. · Two tubes of Voltaren gel. During an interview completed on 6/11/25, at 8:56 a.m. LPN Employee E21 confirmed the above observations and stated the topicals go in the treatment cart, they should not be in here. During an observation completed on 6/11/25. at 9:25 a.m. the Fourth floor East Hall medication cart contained the following: - Lispro Insulin (used to treat blood sugar) vial not dated - Tramadol (pain medication) A bag that included an empty pharmacy container, five clear pouches with ten white round pills in each and one clear pouch with three white round pills. During an interview completed on 6/11/25, at 9:30 a.m. Registered Nurse Employee E5 confirmed the above findings, and stated someone probably packaged them like this to make it easier to count. During an interview completed on 6/11/25, at 2:30 p.m. Director of Nursing confirmed that the facility to store medications and biologicals properly and securely in three of five medications carts (Third floor North Hall, Third floor [NAME] Hall, and Fourth floor East Hall medication carts). 28 Pa. Code: 201.14(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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395790	A. Building B. Wing	06/13/2025

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

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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 observation and staff interviews, it was determined that the facility failed to provide food in a form to meet individuals' needs in one of six residents (Resident R13). Findings include: Review of the clinical record revealed that 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 5/3/25, indicated diagnoses of anoxic brain damage, cerebral infarction (a condition where a part of the brain is deprived of blood supply, leading to the death of brain tissue) and chronic obstructive pulmonary disease (group of lung diseases that cause long-term breathing problems) . During a review of Nutrition assessment dated [DATE] indicated Resident R13 had a crab allergy. During a review of Nutrition assessment dated [DATE] indicated Resident R13 had a crab allergy. Review of Resident R13 Progress notes dated 5/13/25 indicated while passing 7 p.m. meds , resident called out and stated he has vomited. when assessed, resident had vomit on L side of leg and floor. vomit had whole content of dinner present. writer was then notified that resident is allergic to seafood. resident did have shrimp alfredo for dinner. Review of Grievance Log indicated a concern form from R13's Granddaughter upset her grandfather was served seafood alfredo pasta knowing that her grandfather has a documented allergy. During a review of Resident R13's physician orders indicated fish, seafood crab allergy. During an interview on 6/12/25, at 10:30 a.m. Dietary Manager confirmed that Resident R13 was not provided the correct diet as indicated. 28 Pa.Code: 201.18(b)(3) Management 28 Pa.Code: 211.10(c) Resident Care Policies

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	395790	A. Building B. Wing	06/13/2025

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, resident clinical records and staff interviews it was determined that the facility failed to ensure residents had the capacity to understand the terms of a binding arbitration agreement (A binding agreement by the parties to submit to arbitration all or certain disputes which have arisen or may arise between them in respect of a defined legal relationship, whether contractual or not). for one of five residents (Resident R11) and failed to ensure an arbitration agreement was signed for one of five residents (Resident R28). Findings include: Review of the facility form arbitration and limitation of liability agreement completed on 6/11/25, indicated this agreement sets forth a dispute resolution procedure by which the parties intend to resolve all disputes which may arise between them concerning the residents stay in the facility. The procedure is intended to be a speedy and economic alternative to court litigation which is often slow, time consuming and expensive. By using private arbitration without the right to appeal, the parties are able to avoid crowded court dockets and lengthy appellate procedures. Further, the stream-lined discovery procedures enable the parties to reduce overall cost and expenses while maintaining the opportunity to develop facts. This agreement contains a waiver of statutory rights please read carefully. Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019 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 admission record indicated Resident R11 was admitted to the facility on [DATE]. Review of Resident R11's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/19/25, indicated the diagnoses of Non-Alzheimer's Dementia (dementia caused by other diseases with symptoms forgetfulness, limited social skills, and impaired thinking abilities that interfere with daily functioning), hyperlipidemia (high fats in the blood) and anxiety. Section C0500 BIMS (Brief Interview for Mental Status - a screening test that aides in detecting cognitive impairment) indicated a score of 6 (score of 0-7 indicated severe impairment). Review of Resident R11's Binding Arbitration Agreement indicated that Resident R11 signed the document on 3/13/25. During an interview competed on 6/11/25, at 11:40 a.m. the admission Director Employee E2 confirmed the facility failed to ensure a resident had the capacity to understand the terms of a binding arbitration agreement for one of five residents (Resident R11). (continued on next page)

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	395790	A. Building B. Wing	06/13/2025

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the admission record indicated Resident R28 was admitted to the facility on [DATE]. Review of Resident R28's MDS indicated diagnoses of high blood pressure, weakness, and dementia. Section C0500 BIMS indicated a score of 14 (score 13-15 indicated cognitively intact). Review of facility provided documents on 6/10/25, at 11:00 a.m. indicated that Resident R28 entered into a Binding Arbitration. Review of Resident R28's Binding Arbitration Agreement indicated that Resident R28 failed to sign the document on 2/6/25. During an interview completed on 6/10/25, at 12:41 p.m. the admission Director Employee E2 confirmed the facility failed to ensure a signature was obtained for a binding arbitration agreement for Resident R28. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(e)(1) Management

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	395790	A. Building B. Wing	06/13/2025

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on facility policy review, review of Quality Assurance attendance records, and staff interview, it was determined that the facility failed to conduct Quality Assessment and Assurance (QAA) meetings at least quarterly with all the required committee members for one of four quarterly meeting (Quarter One of 2025). Findings Include: The facility Quality Assurance and Performance Improvement (QAPI) Program policy dated 5/1/25, indicated that the facility shall develop, implement, and maintain an ongoing, facility-wide, date-driven QAPI program that is focused on indicators of the outcomes of care and quality of life for our residents. Review of Quality assurance and Performance Improvement sign in sheets and attendance records for Quarter One of 2025, failed to reveal the Infection Preventionist was in attendance. During an interview on 6/10/25, at 2:29 p.m. the Director of Nursing confirmed that the facility failed to conduct Quality Assessment and Assurance (QAA) meetings at least quarterly with all the required committee members for one of four quarterly meeting (Quarter One of 2025), as required. 28 Pa Code: 201.18(e)(1)(2)(3)(4) Management.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, observations, and staff interviews, it was determined that the facility failed to follow enhanced barrier precautions for two of three residents (Residents R49 and R109), failed to implement appropriate transmission-based precautions for four of five residents (Residents R62, R118, R142, and R143), and failed to implement an infection control program that included a system of surveillance to identify possible communicable diseases or infections for two of ten months (September 2024, and February 2025) and failed to prevent cross contamination during a medication pass for one of three resident's (Resident R133). Findings include: Review of the facility policy Enhanced Barrier Precautions (EBP) dated 5/1/25, indicated EBP's are used as an infection prevention and control intervention to reduce the spread of multi-drug-resistant organisms (MDRO) to residents. EBP's are indicated for residents with wounds and/or indwelling medical devices regardless of MDRO colonization. Review of facility policy Norovirus Prevention and Control dated 5/1/25, indicated during outbreaks, residents with norovirus gastroenteritis will be placed on Contact Precautions for a minimum of 48 hours after the resolution of symptoms. Review of the CDC (Centers for Disease Control and Prevention) Guidelines indicated Contact Precautions are measures that are intended to prevention transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment. Contact Precautions require the use of gown and gloves on every entry into a resident's room, regardless of the level of care being provided to the resident. Review of facility policy Surveillance for Infections dated 5/1/25, indicated the Infection Preventionist will conduct ongoing surveillance for Healthcare-Associated Infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcomes and that may require transmission-based precautions and other preventative interventions. The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and HAIs, to guide appropriate interventions, and to prevent future infections. Review of the Quality Assurance/Infection Control Preventionist job description indicated responsibilities include develops and implements an ongoing infection prevention control program to prevent, recognize, and control the onset and spread of infections to provide a safe, sanitary, and comfortable environment, and maintains documentation of infection prevention and control program activities. Review of the clinical record indicated that Resident R49 was admitted to the facility on [DATE]. Review of Resident R49's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/5/25, indicated with the diagnoses of end stage kidney disease, dependence on dialysis, and chronic obstructive pulmonary disease (group of lung diseases that cause ongoing breathing problems). (continued on next page)

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	395790	A. Building B. Wing	06/13/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R49's physician order dated 5/19/25, indicated the resident has dialysis one time a day every Monday, Wednesday and Friday. Further review of the physician orders failed to include orders for EBP relating to the indwelling medical device, tessio catheter (a type of dialysis catheter designed for long-term vascular access in residents undergoing hemodialysis) as required. Review of the clinical record indicated that Resident R109 was admitted to the facility on [DATE]. Review of Resident R109's MDS dated [DATE], indicated with the diagnoses of end stage kidney disease, dependence on dialysis, and anxiety. Review of R109's physician order dated 2/12/25, indicated the resident has dialysis one time a day every Tuesday, Thursday, and Saturday. Further review of the physician orders failed to include orders for care and management of the tessio catheter (a type of dialysis catheter designed for long-term vascular access in residents undergoing hemodialysis) and failed to include orders for EBP relating to the indwelling medical device as required. Review of Resident R109's care plan dated 5/20/25, indicated to monitor, document, and report any signs and symptoms of infection to access site: redness, swelling, warmth or drainage. The plan of care failed to include interventions for EBP for indwelling medical device as required. Observation and interview on 6/12/25, at 2:37 p.m. Resident R109 indicated dialysis uses the right upper chest tessio catheter and indicated the dressing was changed today at dialysis. There was not signage on Resident R109's door indicating EBP. Interview on 6/10/25, at 2:00 p.m. the Director of Nursing (DON) confirmed Resident R109's physician orders and care plan failed to include EBP's for indwelling medical device as required. Review of the clinical record indicated Resident R62 was admitted to the facility on [DATE]. Review of Resident R62's MDS dated [DATE], indicated diagnoses of anemia (too little iron in the blood), high blood pressure, and muscle wasting. Review of a physician progress note dated 3/13/25, stated, Patient seen and evaluated today for diarrhea and vomiting. 2 episodes of diarrhea and 2 episodes of vomiting this morning. There is concern for norovirus in the facility. Will send out stool sample to confirm. Review of a Lab Results Report indicated Resident R62's stool was positive for Norovirus on 3/13/25. Review of Resident R62's clinical record failed to reveal documentation to indicate the resident had been placed on Contact Precautions. Review of the clinical record indicated Resident R118 was admitted to the facility on [DATE]. Review of Resident R118's MDS dated [DATE], indicated diagnoses of anemia, high blood pressure, and hyperlipidemia (high levels of fat in the blood). Review of a physician order dated 3/19/25, indicated to send stool for C. diff and Norovirus. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a Labs Result Report indicated Resident R118's stool was positive for Norovirus on 3/19/25. Review of Resident R118's clinical record failed to reveal documentation to indicate the resident had been placed on Contact Precautions. Review of the clinical record indicated Resident R142 was admitted to the facility on [DATE]. Review of Resident R142's MDS dated [DATE], indicated diagnoses of high blood pressure, shortness of breath, and weakness. Review of a Lab Results Report indicated Resident R142's stool was positive for Norovirus on 2/21/25. Review of Resident R142's clinical record failed to reveal documentation to indicate the resident had been placed on Contact Precautions. Review of the clinical record indicated Resident R143 was admitted to the facility on [DATE]. Review of Resident R143's MDS dated [DATE], indicated diagnoses of high blood pressure, anemia, and Vitamin D deficiency. Review of Resident R143's clinical record failed to reveal documentation to indicate the resident had been placed on Contact Precautions. During an interview on 6/12/25, at 1:36 p.m. Infection Preventionist Employee E11 confirmed that the facility failed to implement appropriate transmission-based precautions for four of five residents as required. Review of the facility's Infection Control documentation for the previous ten months (August 2024 - May 2025) failed to reveal surveillance for tracking infections for residents for two of ten months (September 2024 and February 2025). During an interview on 6/11/25, at 2:40 p.m. the DON confirmed that the facility failed to implement an infection control program that included a system of surveillance to identify possible communicable diseases for September 2024, and February 2025. Review of the clinical record indicated that Resident R133 was admitted to the facility on [DATE]. Review of Resident R133's MDS dated [DATE] indicated the diagnosis of hypertension (high blood pressure), gastroesophageal reflux disease (GERD- stomach acid flows back up and causes heartburn) and cerebrovascular accident (CVA- loss of blood flow to the brain). Review of 133's physician orders dated 6/3/25, indicated to apply a lidocaine external patch (for pain) 4 % transdermally (to the skin) daily. (continued on next page)

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	395790	A. Building B. Wing	06/13/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a medication pass observation completed on 6/10/25, at 8:57 a.m. Licensed Practical Nurse (LPN) Employee E21 removed and applied Resident R133's lidocaine patch without utilizing gloves as required. During an interview completed on 6/10/25, at 9:08 a.m. LPN Employee E21 confirmed removing and applying Resident R133's lidocaine patch without utilizing gloves as required. 28 Pa. Code: 201.14 (a) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1)(e)(1) Management. 28 Pa. Code: 211.10 (d) Resident care policies. 28 Pa. Code: 211.12 (d)(1)(2)(5) Nursing services.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 one of ten months (September 2024). Findings include: Review of facility policy Antibiotic Stewardship dated 5/1/25, indicated the purpose of the Antibiotic Stewardship Program is to monitor the use of antibiotics in our residents. Review of the Quality Assurance/Infection Control Preventionist job description indicated responsibility includes oversees the community's antibiotic stewardship program. Review of the facility's Infection Control surveillance for August 2024 through May 2025, failed to include documentation to indicate that antibiotic monitoring was completed for September 2024. During an interview on 6/11/25, at 2:40 p.m. the Director of Nursing confirmed that the facility failed to implement an antibiotic stewardship program for one of ten months (September 2024). 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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	395790	A. Building B. Wing	06/13/2025

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on a review of select facility policy and staff interview, it was determined the facility failed to designate a qualified individual(s) onsite, who is responsible for implementing programs and activities to prevent and control infections (2/10/25 to 3/5/25). Findings included: During an interview on 6/10/25, at 1:24 p.m. the Director of Nursing (DON) stated, Infection Preventionist Employee E12 sent an email on a Saturday saying she quit effective immediately. That's when we put Infection Preventionist Employee E13 into the role. Review of facility documents indicated Infection Preventionist Employee E12 worked from 7/15/24, to 2/9/25. Review of facility documents indicated Infection Preventionist Employee E13 worked from 2/12/25, to 4/21/25. Infection Preventionist Employee E13 did not complete specialized training in infection prevention and control and become certified until 3/6/25. During an interview on 6/11/25, at 2:40 p.m. the DON confirmed that the facility failed to designate a qualified individual(s) onsite, who is responsible for implementing programs and activities to prevent and control infections from 2/10/25, to 3/5/25. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 201.19(3) Personnel records. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.

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	395790	A. Building B. Wing	06/13/2025

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observations, review of facility documentation, and staff interviews, it was determined that the facility failed to make certain that equipment was in safe operating condition for two of two crash carts (First and Second floor). Findings include: Review of the facility's Crash Cart Daily Signature Log dated 5/1/25, indicated the purpose of the form completed daily is to ensure that the emergency crash cart is in order and ready to use in case of emergency. During an observation of the first-floor crash cart (a cart maintained with equipment used in cardiac emergencies) on 6/12/25, at 8:04 a.m. revealed a Crash Cart Daily Signature Log dated June 2025. The last completed entry was conducted on 6/9/25, three days overdue. Interview on 6/12/25, at 9:09 a.m. the Director of Nursing verified the last entry was 6/9/25, and that the audit had not been conducted in three days. During an observation of the second-floor crash cart on 6/12/25, at 8:15 a.m. revealed a Crash Cart Daily Signature Log dated June 2025. The audit was not conducted on 6/9/25, and the signature line was blank. Interview on 6/12/25, at 8:16 a.m. Registered Nurse (RN) Employee E3 verified the audit had not been conducted on 6/9/25, and the signature line was blank. During an interview on 6/13/25, at 11:00 a.m. the Director of Nursing confirmed that the facility failed to make certain that equipment was in safe operating condition for two of two crash carts (First and Second floor). 28 Pa Code: 201.14(a) Responsibility of licensee.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395790	A. Building B. Wing	06/13/2025

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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, facility documents and staff interviews, it was determined that the facility failed to provide Communication training to five of five direct care facility staff reviewed (Employees E15, E16, E17, E18, and E19). Findings include: Review of the facility policy In-Service Training dated 5/1/25, indicated all staff must participate in initial orientation and annual in-service training. The primary objective of the in-service training is to ensure that staff are able to interact in a manner that enhances the resident ' s quality of life and quality of care and can demonstrate competency in the topic areas of the training. Required training topics include the following: - Effective Communication with residents and family - Resident Rights - Preventing Abuse, neglect, exploitation, and misappropriation of resident's property - Quality Assurance and Performance Improvement (QAPI) - Infection Prevention - Behavioral Health - Compliance and Ethics During an interview on 6/11/25, at 9:00 a.m. Human Resources Director Employee E6 stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2024, revealed the following concerns: Review of Nurse Aide (NA) Employee E15's facility provided information did not include training on effective communication. Review of NA Employee E16's facility provided information did not include training on effective communication. Review of NA Employee E17's facility provided information did not include training on effective communication. Review of Licensed Practical Nurse (LPN) Employee E18's facility provided information did not include training on effective communication. Review of Registered Nurse (RN) Employee E19's facility provided information did not include training on effective communication. (continued on next page)

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	395790	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0941 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/11/25, at 2:32 p.m. the Nursing Home Administrator confirmed that the facility failed to provide Communication training to five of five direct care facility staff reviewed (Employees E15, E16, E17, E18, and E19). 28 Pa. Code: 201.14(a) Responsibility of Licensee 28 Pa. Code: 201.20(a) Staff Development

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	395790	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 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, facility documents, and staff interview, it was determined that the facility failed to provide training on Quality Assurance and Performance Improvement (QAPI) for five of five staff members (Employees E15, E16, E17, E18, and E19). Findings include: Review of the facility policy In-Service Training dated 5/1/25, indicated all staff must participate in initial orientation and annual in-service training. The primary objective of the in-service training is to ensure that staff are able to interact in a manner that enhances the resident ' s quality of life and quality of care and can demonstrate competency in the topic areas of the training. Required training topics include the following: - Effective Communication with residents and family - Resident Rights - Preventing Abuse, neglect, exploitation, and misappropriation of resident's property - QAPI - Infection Prevention - Behavioral Health - Compliance and Ethics During an interview on 6/11/25, at 9:00 a.m. Human Resources Director Employee E6 stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2024, revealed the following concerns: Review of Nurse Aide (NA) Employee E15's facility provided information did not include training on QAPI. Review of NA Employee E16's facility provided information did not include training on QAPI. Review of NA Employee E17's facility provided information did not include training on QAPI. Review of Licensed Practical Nurse (LPN) Employee E18's facility provided information did not include training on QAPI. Review of Registered Nurse (RN) Employee E19's facility provided information did not include training on QAPI. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395790	A. Building B. Wing	06/13/2025

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

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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 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/11/25, at 2:32 p.m. the Nursing Home Administrator confirmed that the facility failed to provide QAPI training to five of five direct care facility staff reviewed (Employees E15, E16, E17, E18, and E19). 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (b)(1) Management. 28 Pa Code: 201.20 (a) Staff development.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395790	A. Building B. Wing	06/13/2025

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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 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, facility documents, and staff interview, it was determined that the facility failed to provide training on Infection Control for two of five staff members (Employees E18, and E19). Findings include: Review of the facility policy In-Service Training dated 5/1/25, indicated all staff must participate in initial orientation and annual in-service training. The primary objective of the in-service training is to ensure that staff are able to interact in a manner that enhances the resident's quality of life and quality of care and can demonstrate competency in the topic areas of the training. Required training topics include the following: - Effective Communication with residents and family - Resident Rights - Preventing Abuse, neglect, exploitation, and misappropriation of resident's property - QAPI - Infection Prevention - Behavioral Health - Compliance and Ethics During an interview on 6/11/25, at 9:00 a.m. Human Resources Director Employee E6 stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2024, revealed the following concerns: Review of Licensed Practical Nurse (LPN) Employee E18's facility provided information did not include training on Infection Control. Review of Registered Nurse (RN) Employee E19's facility provided information did not include training on Infection Control. During an interview on 6/11/25, at 2:32 p.m. the Nursing Home Administrator confirmed that the facility failed to provide Infection Control training to two of five direct care facility staff reviewed (Employees E18, and E19). 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (b)(1) Management. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395790	A. Building B. Wing	06/13/2025

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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 0945 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa Code: 201.20 (a) Staff development.