| 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 | 06/26/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Seneca Place | 5360 Saltsburg Road<br>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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, clinical record review, and staff interview, it was determined that the facility failed to provide bodily privacy during treatment procedures for one of six residents (Resident R10) and failed to maintain the dignity of two of six residents reviewed (Resident R43) who had an indwelling urinary catheter (a flexible tube inserted into the bladder to drain urine) and (Resident 185) who had an urinary condom catheter (non-invasive external urinary catheter worn like a condom it collects urine as it drains from the bladder and sends it to a collection bag).Findings include:<br><br>Review of the facility policy Dignity dated 5/21/26, indicated demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents; for example: helping the resident to keep urinary catheter bags covered. Staff promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.<br><br>Review of Resident R185's clinical record indicated re-admission date of 6/16/26, with diagnoses of hypertension (high blood pressure), Benign Prostate Hyperplasia (BPH- the prostrate grows and affects the urinary system in men) and anxiety.<br><br>During an observation completed on 6/22/26, at 9:57 a.m. Resident R185 was in bed a urinary catheter bag was viewed hanging on the bedframe. The bag failed to be covered as required.<br><br>Interview completed on 6/22/26, at 9:58 a.m. Registered Nurse (RN) Employee E10 confirmed Resident R185's urinary catheter bag was not covered as required.<br><br>Review of the admission record indicated Resident R43 was admitted to the facility on [DATE].<br><br>Review of Resident R43's Minimum Data Set (MDS- a periodic assessment of care needs) dated 6/9/26, indicated the diagnoses of anemia (the blood doesn't have enough healthy red blood cells), high blood pressure, and obstructive uropathy (a blockage in the urinary tract that prevents normal urine flow).<br><br>Observation on 6/22/26, at 1:29 p.m. Resident R43 was observed lying in bed with a urinary catheter bag filled with urine. The bag failed to be covered as required.<br><br>Interview on 6/22/26, at 1:30 p.m. Nurse Aide (NA) Employee E14 confirmed the urinary catheter bag was not covered as required.<br>(continued on next page) |

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

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|
| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of the clinical record indicated Resident R10 was admitted to the facility on [DATE].<br><br>Review of Resident R10's MDS dated [DATE], indicated diagnoses of high blood pressure, wound infection, and muscle weakness.<br><br>Review of a physician order dated 6/16/26, indicated left medial (inner portion) heel and right heel - cleanse with Dakins (a wound cleanser), apply Medihoney (medical-grade honey used for wound healing), then calcium alginate (a highly absorbent dressing), cover with ABD (a highly absorbent dressing), and wrap with Kerlix (a bandage wrap) every day shift for wound care.<br><br>During a wound care treatment observation on 6/24/26, from 11:34 a.m. through 11:55 a.m. Wound Care Registered Nurse (WCRN) Employee E5 did not close the door or pull the privacy curtain to provide privacy for Resident R10 during the treatment observation.<br><br>During an interview on 6/24/26, at 11:58 a.m. WCRN Employee E5 confirmed the facility failed to provide bodily privacy during a treatment procedure for Resident R17.<br><br>28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.12(d)(1)(3) Nursing services. |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 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 interviews, it was determined that the facility failed to obtain physician orders for management of hypoglycemia (low blood sugar) for one of two residents (Resident R173) failed to obtain physician orders for hypoglycemia and hyperglycemia (high blood sugar) for one of two residents (Resident R15) failed to notify a physician's of a resident with a hypoglycemic episode (low blood sugar) for one of two residents (Resident R173) and failed to obtain orders for a urinary condom catheter (non-invasive external urinary catheter worn like a condom it collects urine as it drains from the bladder and sends it to a collection bag) for one of three residents (Resident R185).Findings include: Review of the facility policy External Male Catheter-Condom Catheter last reviewed 5/21/26, indicated the purpose of this procedure is to prevent urinary tract infection and skin breakdown in an incontinent resident. Verify that there is a physician's order for this procedure. Review of the facility policy Diabetes Clinical Protocol last reviewed 5/21/26, indicated the physician will order desired parameters for monitoring and reporting information related to blood sugar management. The staff will incorporate such parameters into the Medication Administration Record and care plan. Review of Resident R185's clinical record indicated re-admission date of 6/16/26, with diagnosis of hypertension (high blood pressure), Benign Prostate Hyperplasia (BPH- the prostrate grows and affects the urinary system in men) and anxiety. During an observation completed on 6/22/26, at 9:57 a.m. Resident R185 was in bed a urinary catheter bag was viewed hanging on the bedframe. During an interview completed on 6/22/26, at 9:58 a.m. Registered Nurse (RN) Employee E10 confirmed the urinary bag was on the bedframe. Review of Resident R185's clinical admission notes completed on 6/16/26, at 1:20 p.m. revealed: Genitourinary: Resident continent of bladder. Urine is clear yellow. Denies urinary complaints. Genitourinary Note: condom catheter. Review of Resident R185's clinical record failed to include orders for a urinary condom catheter. During an interview completed on 6/24/26, at 9:40 a.m. upon asking Registered Nurse (RN) Employee E9 concerning a urinary catheter for Resident R185 replied when he re-admitted I saw that he had it, it was left on by the staff and confirmed that there were not any physician orders for Resident R185's urinary condom catheter and that the facility failed to obtain orders for a urinary condom catheter for one of three residents (Resident R185). Review of Resident R173's clinical record indicated an admission date of 6/12/26, with the diagnosis of Diabetes (high sugar in the blood) hypertension (high blood pressure) and hyperlipemia (high fat in the blood). During an interview completed on 6/22/26, at 10:22 a.m. upon asking Resident R173 concerning her diabetic care responded I'm a diabetic that is one of the reasons why I am here. I'm going to see the nutritionist later today they are wonderful that work with me. Review of Resident R173's physician orders dated 6/12/26, revealed: Insulin Lispro Injection Solution 100 UNIT/milliliter (ML) Insulin Lispro inject as per sliding scale: if 70 - 140 = 0 units; 141 - 180 = 2 units; 181 - 220 = 4 units; 221 - 260 = 6 units; 261 - 300 = 8 units; 301 - 340 = 10 units, subcutaneously before meals for DM greater (<) 340=12 units and call MD. The orders failed to include parameters for hypoglycemia (low blood sugar levels). Review of Resident R173 nursing progress notes dated 6/22/26, at 5:45 a.m. revealed resident was seen sweating profusely at around 4:00 a.m. Her blood sugar was checked and was 65. Hypoglycemic protocol initiated, sugar went to 109. She is currently sleeping in no acute distress. The note failed to reveal that the physician was notified concerning Resident R173's blood sugar reading of 65. During an interview completed on 6/24/26, at 12:29 p.m. upon asking RN Employee E9 concerning residents that experience hypoglycemia replied they should notify the supervisor if having hypoglycemia, I would like to see the parameters in the order such as if less than 70 notify the physician and confirmed that Resident R173's physician orders failed to include parameters for hypoglycemia and that the physician was not notified of Resident R173's hypoglycemic (low blood sugar) episode that occurred on 6/22/26. Review of the clinical record revealed Resident R15 was admitted to the facility<br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | on [DATE]. Review of Resident R15's MDS dated [DATE], indicated the diagnosis of hypertension (high blood sugar) diabetes (high sugar in the blood) and depression. Review of Resident R15's physician orders dated 6/14/26, revealed:Insulin Lispro 100 UNIT/ML Solution pen-injector: Inject as per sliding scale: 0 - 249 = 0; 250 - 300 = 2 units; 301 - 350 = 4 units; 351 - 400 = 6 units; 401 - 450 = 8 units, subcutaneously before meals and at bedtime for diabetes. The orders failed to include parameters for hypoglycemia and hyperglycemia. During an interview completed on 6/24/26, at 1:19 p.m. RN Employee E9 confirmed that Resident R15's physician orders failed to include parameters for hypoglycemia and hyperglycemia. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18 (b)(1) Management.28 Pa. Code: 211.10 (c)(d) Resident Care policies.28 Pa. Code: 211.12 (d)(1)(2)(3)(5) Nursing services. |

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| F 0698<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide safe, appropriate dialysis care/services for a resident who requires such services.<br><br>**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 (treatment that helps body remove extra fluid and waste products) center for three of three residents (Residents R17, R34, and R86), failed to ensure that monitoring of the residents' access site was accurate and completed for two of three residents (Resident R17 and R86).<br><br>Findings include:<br><br>Review of the facility policy Dialysis Communication Documentation Policy dated 5/21/26, indicated all dialysis-related communication- whether incoming or outgoing- must be documented in the resident's Electronic Medical Record (EMR) under the documents section. Staff receiving dialysis-related communication must document the information in the EMR on the same day it is received.<br><br>Review of facility policy Hemodialysis Catheters - Access and Care of dated 5/21/26, indicated the nurse should document in the resident's medical record every shift location of catheter, condition of dressing (interventions if needed), if dialysis was done during shift, any part of report from dialysis nurse post-dialysis being given, and observations post-dialysis.<br><br>Review of the clinical record indicated Resident R17 was admitted to the facility on [DATE].<br><br>Review of Resident R17's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/21/26, with diagnoses of high blood pressure, End Stage Renal Disease (ESRD, an inability of the kidneys to filter the blood), and muscle weakness.<br><br>Review of a physician order dated 3/21/26, indicated hemodialysis Monday, Wednesday, and Friday.<br><br>Review of Resident R17's comprehensive care plan indicate the resident has chronic renal failure related to end stage renal disease requiring dialysis. Interventions include right AV fistula (arteriovenous fistula - surgically created connection between an artery and a vein that provides reliable vascular access for hemodialysis) for dialysis use only, monitor bruit (whooshing or rumbling sound) and thrill (palpable vibration felt over fistula) every shift - report absence of either to physician, and send dialysis communication book.<br><br>Review of Resident R17s clinical record did not include complete communication forms for six days during the period of 5/1/26 through 6/22/26. The incomplete forms were on the following dates: 5/6/26, 5/11/26, 5/22/26, 5/25/26, 6/1/26, and 6/17/26.<br><br>During an interview on 6/22/26, at 12:56 p.m. Licensed Practical Nurse (LPN) Employee E1 confirmed the above dates did not include complete dialysis communication forms and that the facility failed to provide consistent and complete communication with the dialysis center for Resident R17.<br><br>Review of a physician order dated 10/13/25, indicated monitor right AV fistula site for pain, swelling, redness and warmth at the site and monitor resident for fever, chills, and general weakness. Notify physician with any concerns every shift.<br>(continued on next page) |

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| F 0698<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident R17's June 2026 Treatment Administration Record (TAR) revealed the above treatment was not signed off as completed or refused on the following shifts:<br><br>Review of a physician order dated 5/2/26 indicated left AV fistula - check for bruit every shift.<br><br>6/2/26 7 a.m. - 3 p.m. shift<br><br>6/3/26 7 a.m. - 3 p.m. shift<br><br>6/5/26 7 a.m. - 3 p.m. shift<br><br>6/7/26 7 a.m. - 3 p.m. shift<br><br>6/9/26 7 a.m. - 3 p.m. shift<br><br>6/10/26 7 a.m. - 3 p.m. shift<br><br>6/11/26 7 a.m. - 3 p.m. shift<br><br>6/15/26 3 p.m. - 11 p.m. shift<br><br>6/19/26 7 a.m. - 3 p.m. shift<br><br>6/21/26 3 p.m. - 11 p.m. shift<br><br>Review of Resident R17's June 2026 TAR revealed the above treatment was not signed off as completed or refused on the following shifts:<br><br>6/9/26 7 a.m. - 3 p.m. shift<br><br>6/11/26 7 a.m. - 3 p.m. shift<br><br>Review of a physician order dated 5/2/26, indicated left AV fistula - check for thrill every shift - notify physician if not palpated.<br><br>Review of Resident R17's June 2026 TAR revealed the above treatment was not signed off as completed or refused on the following shifts:<br><br>6/2/26 7 a.m. - 3 p.m. shift<br><br>6/3/26 7 a.m. - 3 p.m. shift<br><br>6/5/26 7 a.m. - 3 p.m. shift<br><br>6/9/26 - 7 a.m. - 3 p.m. shift<br><br>6/10/26 7 a.m. - 3 p.m. shift<br><br>6/11/26 7 a.m. - 3 p.m. shift<br>(continued on next page) |

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| F 0698<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 6/15/26 3 p.m. - 11 p.m. shift<br><br>6/19/26 7 a.m. - 3 p.m. shift<br><br>6/21/26 3 p.m. - 11 p.m. shift<br><br>During an interview on 6/23/26, at 2:03 p.m. the Director of Nursing (DON) stated, We will have to clarify Resident R17's orders, it's confusing having some orders say left AV fistula and some saying right AV fistula.<br><br>During an interview on 6/23/26, at 2:41 p.m. the DON stated, Resident R17 has a fistula in their left arm, we've updated the orders to be accurate. During this interview, the DON confirmed the facility failed to ensure monitoring of Resident R17's dialysis access site was accurate and complete.<br><br>Review of the admission record indicated Resident R34 was admitted to the facility on [DATE].<br><br>Review of Resident R34's MDS dated [DATE], indicated the diagnoses of atrial fibrillation (irregular heart rhythm), anemia (the blood doesn't have enough healthy red blood cells), End Stage Renal Disease (ESRD -kidneys cease to function on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life).<br><br>Review of Resident R34's physician order dated 6/2/26, indicated send communication binder to dialysis Tuesday, Thursday, and Saturday. Ensure communication sheets are completed upon return every day and evening shift every Tuesday, Thursday, and Saturday.<br><br>Review of Resident R34's current care plan indicated resident has ESRD with renal failure and is dialysis dependent.<br><br>Review of Resident R34's communication binder for dialysis indicated that the dialysis communication record on 6/9/26, 6/11/26, and 6/13/26 were incomplete and failed to have correspondence from the dialysis center as required.<br><br>Interview on 6/22/26, at 1:25 p.m. LPN Employee E16 confirmed Resident R34's dialysis communication record on 6/9/26, 6/11/26, and 6/13/26 were incomplete and failed to have correspondence from the dialysis center as required.<br><br>Review of admission record indicated Resident R86 was admitted to the facility 9/5/25.<br><br>Review of Resident R86's MDS dated [DATE], indicated the diagnoses of quadriplegia (paralysis that affects all limbs and body from the neck down), diabetes mellitus (chronic condition that occurs when the body cannot properly use blood sugar (glucose), leading to high blood sugar levels), and dependence on renal dialysis. Section O0100J, Dialysis was coded with an X indicating dialysis was performed within the last 14 days while a resident.<br><br>Further review of Resident R86's physician order dated 4/17/26, indicated right AV (arteriovenous)fistula (an abnormal connection between an artery and vein, most commonly created surgically in the arm for hemodialysis access) - check Thrill (palpable vibration of fistula) every shift, notify physician if thrill not palpated.<br>(continued on next page) |

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| F 0698<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident R86's TAR for June 2026, failed to reveal documentation of Resident R86's Thrill was signed off or refused for 6/1/26, 6/2/26, 6/3/26, 6/5/26, 6/7/26, 6/9/26, 6/11/26, 6/17/26, 6/19/26, and 6/21/26 on the daylight shift, and failed to reveal documentation on 6/15/26 and 6/21/26, on the evening shift.<br><br>Further review of Resident R86's physician order dated 4/17/26, indicated right AV fistula - check Bruit (audible whooshing sound from turbulent blood flow) every shift, if Bruit not auscultated - notify physician.<br><br>Review of Resident R86's TAR for June 2026, failed to reveal documentation of Resident R86's Bruit was signed off or refused for 6/1/26, 6/2/26, 6/3/26, 6/5/26, 6/7/26, 6/9/26, 6/11/26, 6/17/26, 6/19/26, and 6/21/26 on the daylight shift, and failed to reveal documentation on 6/15/26 and 6/21/26, on the evening shift.<br><br>During an interview on 6/22/26, at 2:06 p.m., the DON confirmed that the facility failed to document dialysis specific care as ordered by the physician for Resident R86.<br><br>Review of physician order dated 3/1/26, indicated Renal dialysis Monday, Wednesday, and Friday; chair time 11:30 a.m., pickup 9:30 a.m. for Resident R86.<br><br>Review of Resident R86's physician order dated 9/17/25, indicated send dialysis communication book with resident on dialysis days every day shift Monday, Wednesday, and Friday.<br><br>Review of current plan of care initiated 1/10/25, indicated Resident R86 needs dialysis - renal dialysis Monday, Wednesday, and Friday; send dialysis communication book.<br><br>Review of Resident R86's communication binder for dialysis indicated that the dialysis communication record on 6/10/26, 6/15/26, 6/20/26, and 6/22/26 were incomplete and failed to have correspondence from the dialysis center as required.<br><br>On 6/26/26, at 9:15 a.m., information was disseminated to the DON indicating that Resident R86's dialysis communication book was incomplete by failing to have clinically documented dialysis treatment information available for each treatment.<br><br>During an interview on 6/26/26, at 1:30 p.m., the Nursing Home Administrator (NHA) and DON confirmed that the facility failed to provide consistent and complete communication with the dialysis center for three of three residents (Residents R17, R34, and R86) and failed to ensure that monitoring of the residents' access site was completed for two of three residents (Resident R17 and R86).<br><br>28 Pa. Code: 201.14(a) Responsibility of licensee.<br><br>28 Pa. Code: 201.18(b)(1) Management.<br><br>28 Pa. Code: 211.10(c)(d) Resident care policies.<br><br>28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to properly store medications in one of three medication storage rooms (4th Floor Medication Room) and four of five medication carts (2 East Medication Cart, 2 [NAME] Medication Cart, 3 [NAME] Medication Cart, and 4 [NAME] Medication Cart).<br><br>Findings include:<br><br>Review of the facility policy Labeling of Medication Containers dated 5/21/26, indicated all medications maintained in the facility are properly labeled in accordance with current state and federal guidelines and regulations. Labels for individual medications include all necessary information including the expiration date when applicable.<br><br>Observation completed on 06/22/26, at 12:46 p.m. the 4 [NAME] Medication Cart contained:<br><br>1 Fluticasone Propionate inhaler (prevents symptoms of asthma attack) opened and not labeled with a date as required<br><br>3 Albuterol inhalers (relaxes airway muscles) opened and not labeled with a date as required<br><br>1 bottle of Optase hylo night eye drops (eye lubricant) opened and not labeled with a date as required<br><br>1 tube of Systane eye ointment (lubricates eyes while you sleep) opened and not labeled with a date as required.<br><br>1 bottle of Lantsopropt eye drops (medication that reduces pressure in the eye) opened and not labeled with a date as required.<br><br>1 Lispro (fast acting) insulin pen opened and not labeled with a date as required.<br><br>1 Lantus (long acting) insulin pen opened and not labeled with a date as required.<br><br>1 Insulin Glargine (long acting) pen opened and not labeled with a date as required.<br><br>1 Insulin Glargine pen not stored in a bag as required.<br><br>1 bottle of Ibuprofen liquid (treats pain, fever and inflammation) opened and not labeled with a date as required.<br><br>1 bottle of Peridex rinse (used to treat red, swollen gums) opened and not labeled with a date as required.<br><br>1 bottle of Bismuth (used for digestive comfort) opened and not labeled with a date as required.<br><br>1 bottle of Tylenol (reduces pain and fever) liquid opened and not labeled with a date as required.<br>(continued on next page) |

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| | 395790 | A. Building<br>B. Wing | 06/26/2026 |

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

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 1 tube of Voltaren gel (topical pain relief) opened and not labeled with a date as required and stored with oral medication.<br><br>2 boxes of Ipratropium Bromide (medication to open airways) opened and not labeled with a date as required.<br><br>1 tube of tacrolimus ointment (topical medication used to treat skin rash) opened not labeled with a date as required and stored with oral medications.<br><br>1 Ventolin inhaler (relaxes airway muscles) opened and not labeled with a date as required opened stored in a cup.<br><br>During an interview completed on 6/22/26, at 1:07 p.m. Registered Nurse (RN) Employee E11 confirmed the above observations and that the facility failed to properly store medications in the 4 [NAME] Medication Cart.<br><br>Observation on 6/22/26, at 1:11 p.m. of the 2 [NAME] Medication Cart indicated the following medications not labeled with a date of expiration:<br><br>Budesonide (medication that reduces inflammation).<br><br>Latanoprost (medication that reduces pressure in the eye).<br><br>Timolol (medication that reduces pressure in the eye).<br><br>Interview on 6/22/26, at 1:11 p.m. Licensed Practical Nurse (LPN) Employee E8 confirmed the above medications failed to include a label with the date of expiration.<br><br>Observation on 6/22/26, at 1:29 p.m. of the 3 [NAME] Medication Cart indicated the following medications not labeled with a date of expiration, and one medication unopened that required refrigeration:<br><br>Ipratropium nebulizer solution (medication to open airways).<br><br>Lantus insulin vial (long-acting insulin to manage high blood sugar) was unopened and affixed with a label that indicated refrigerate. The vial failed to include a label with the date of expiration.<br><br>Interview on 6/22/26, at 1:29 p.m. LPN Employee E1 confirmed the above medications failed to include a label with the date of expiration.<br><br>Observation on 6/24/26, at 9:33 a.m. The 4th floor medication room refrigerator contained the following:<br><br>One bottle of Tubersol solution opened and not labeled with a date as required.<br><br>Interview completed on 6/24/26, at 9:38 a.m. Registered Nurse (RN) Employee E9 confirmed the above observations and that the facility failed to properly store medications in the 4th Floor Medication room.<br>(continued on next page) |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Observation on 6/24/26, at 10:35 a.m. of the 2 East Medication Cart indicated the following medication not labeled with a date of expiration:<br><br>albuterol nebulizer solution (medication that opens airways quickly).<br><br>Interview on 6/24/26, at 10:35 a.m. LPN Employee E7 confirmed the above medication failed to include a label with the date of expiration.<br><br>28 Pa. Code: 211.10(c) Resident care policies.<br><br>28 Pa. Code: 211.12(d)(2)(3) Nursing services. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, clinical record review, observations, and staff interviews, it was determined that the facility failed to properly monitor resident personal refrigerator temperatures for one of two refrigerators (Resident R98) which created the potential for food borne illness, failed to handle and wash facility linens in a safe an aseptic (free from disease-causing microorganisms) manner during an observation of the main laundry room, failed to implement infection control practices to prevent cross contamination during a dressing change for one of three residents (Resident R10), and failed to implement a comprehensive program for water management to monitor the potential development and spread of Legionella within the facility.<br><br>Findings include:<br><br>Review of the facility policy Refrigerators and Freezers dated 5/21/26, indicated monthly tracking sheets for all refrigerators and freezers will be posted to record temperatures.<br><br>Review of the facility policy Departmental (Environmental Services) - Laundry and Linen dated 5/21/26, indicated to reprocess any linen that is not visibly clean upon completion of the cycle or any linen that falls onto the floor.<br><br>Review of facility policy Dressings, Dry/Clean dated 5/21/26, indicated steps in the procedure include clean bedside stand, establish a clean field. Place the clean equipment on the clean field. Arrange the supplies so they can be easily reached.<br><br>Review of facility policy Legionella Water Management Program dated 5/21/26, indicated the facility is committed to the prevention, detection and control of water-borne contaminants, including Legionella.<br><br>Review of the admission record indicated Resident R98 was admitted to the facility on [DATE] with the diagnoses of anemia (the blood doesn't have enough healthy red blood cells), chronic obstructive pulmonary disease (COPD- a group of diseases that block airflow and make it hard to breathe), and diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy).<br><br>Observation on 6/23/26, at 1:22 p.m. Resident R98 was observed in bed. A personal refrigerator was in the room and failed to have a temperature log as required.<br><br>Interview on 6/23/26, at 1:22 p.m. Resident R98 indicated they'd have to get a log for June 2026.<br><br>Interview on 6/23/26, at 1:25 p.m. Unit Manager Employee E15 confirmed that the facility failed to properly monitor resident personal refrigerators and that Resident R98's personal refrigerator failed to have a temperature log for June 2026, as required.<br><br>Observation of the main laundry room on 6/24/26, at 8:35 a.m. Laundry Worker Employee E6 was loading clean linens into the facility's dryer. While loading the clean linen into the dryer, a washcloth fell to the floor. Laundry Worker Employee E6 was observed picking the washcloth off the floor and throwing it in the dryer with the clean linens.<br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Interview on 6/24/26, at 8:45 a.m. the Nursing Home Administrator was informed of Laundry Worker Employee E6's actions and that the facility failed to handle and wash facility linens in a safe an aseptic manner.<br><br>Review of the clinical record indicated Resident R10 was admitted to the facility on [DATE].<br><br>Review of Resident R10's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/20/26, indicated diagnoses of high blood pressure, wound infection, and muscle weakness.<br><br>Review of a physician order dated 6/16/26, indicated left medial (inner portion) heel and right heel - cleanse with Dakins (a wound cleanser), apply Medihoney (medical-grade honey used for wound healing), then calcium alginate (a highly absorbent dressing), cover with ABD (a highly absorbent dressing), and wrap with Kerlix (a bandage wrap) every day shift for wound care.<br><br>During a dressing change observation on 6/24/26, from 11:34 a.m. to 11:55 a.m. Wound Care Registered Nurse (WCRN) Employee E5 did not establish a clean field using the bedside stand. WCRN Employee E5 placed a trash can liner on the sheet at the foot of Resident R10's bed and placed opened wound care supplies on the trash can liner during the treatment.<br><br>During an interview on 6/24/26, at 11:58 a.m. WCRN Employee E5 confirmed the above observations and that the facility failed to prevent cross contamination during a dressing change for Resident R10.<br><br>Review of the facility's Water Management Program last reviewed 6/17/26, indicated ice machines have a Legionella culture test performed annually. The Water Management Program failed to indicate any additional areas that have Legionella culture testing performed.<br><br>During an interview on 6/26/26, at 10:25 a.m. the Nursing Home Administrator (NHA) stated, I am unable to find proof of Legionella testing for 2025, I can only find results for 2024. During this interview, the NHA confirmed that the facility failed to implement a comprehensive program for water management to monitor the potential development and spread of Legionella within the facility.<br><br>28 Pa. Code: 201.14 (a) Responsibility of licensee.28 Pa. Code: 201.18 (b)(1)(e)(1) Management.28 Pa. Code: 211.10(c)(d) Resident care policies.28 Pa. Code: 211.12 (d)(1)(2)(5) Nursing services. |

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| F 0554<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Allow residents to self-administer drugs if determined clinically appropriate.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of clinical records, observations and staff interviews, it was determined that the facility failed to determine whether it was safe to self-administer medications for one of six residents (Resident R74). Findings include: Review of the facility policy Self-Administration of Medications dated 5/21/26, indicated facility should comply with policy with respect to resident self-administration of medications. The facility should assess and determine whether self-administration of medications is safe and clinically appropriate, based on the resident's functionality and health condition. Facility should ensure that orders for self-administration list the specific medications the resident may self-administer. Review of the admission record indicated Resident R74 was admitted to the facility on [DATE]. Review of Resident R74's Minimum Data Set (MDS- a periodic assessment of care needs) dated 5/21/26, indicated the diagnoses of heart failure (heart doesn't pump blood as well as it should), high blood pressure, diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy). Review of Resident R74's clinical record failed to include an assessment or physician order to self-administer medications. Observation on 6/22/26, at 11:34 a.m. Resident R74 was sitting on the bed with a bedside table pulled close to the bed. On the bedside table was a container of fluticasone (nasal spray used for inflammation), and an albuterol inhaler (used for asthma). Neither were stored in a bag, and neither were labeled with the date opened. Interview with Resident R74 on 6/22/26, at 11:34 a.m. indicated the resident prefers to keep the medications at bedside so when they need them, they don't have to wait for nursing staff. Interview with Unit Manager Employee E15 on 6/22/26, at 11:36 a.m. confirmed the clinical record failed to include an assessment or physician order to self-administer medications and that the facility failed to determine whether it was safe to self-administer medications for Resident R74. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services. |

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| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, closed resident records and staff interviews, it was determined that the facility failed to notify the resident's family of behavioral concerns for one of three closed resident records (Closed Resident Record CR194).Findings include: The facility Change in a resident's condition or status policy last reviewed on 5/21/26, indicated that the facility promptly notifies the resident, the attending physician, and the resident's representative of changes in the resident's medical/ mental condition and status. A significant change of condition is a major decline in the residents' status. Review of Closed Resident Records CR194's admission record indicated she was admitted on [DATE]. Review of Closed Resident Records CR194's Minimum Data Set assessment: (MDS -a periodic assessment of resident care needs) dated 5/5/26, indicated she had diagnoses that included Parkinson's Disease (a disorder of the central nervous system which affects movement and includes tremors), chronic kidney disease (a loss of kidney function resulting in the swelling of feet, fatigue, high blood pressure and changes in urination), Sjogren syndrome (a chronic autoimmune disease associated with dry mouth symptoms), acute Lyme disease (an illness caused by borrelia bacteria resulting in fever and fatigue) , and altered mental status. Review of Closed Resident Records CR194's clinical nurse notes dated 5/5/26, indicated Resident CR194 was pacing up and down the hallways stating she wanted to leave. Resident CR194 stated if the staff will not let her leave, she will sleep on the floor. Physician notified and the family was called. Review of Closed Resident Records CR194's care plans dated 5/7/26, indicated Resident CR194 was a high fall risk, follow fall protocols, and she had impaired mobility. Review of Closed Resident Records CR194's physician note dated 5/13/26, indicated that Resident CR194 was seen by physician and during the interview, she stated staff told her that she is wandering at night. Resident CR194 did not recall. Review of Closed Resident Records CR194's clinical nurse note dated 5/20/26, indicated Resident CR194 was confused with no witnessed unwanted behaviors. Review of Closed Resident Records CR194's clinical nurse notes dated 5/21/26, indicated she was discharged from the facility at 10:30 a.m. via private transportation and accompanied by family. Review of Closed Resident Records CR194's clinical nurse notes and physician documentation did not include any notifications about Resident CR194's new behavior-kneeling on the floor purposefully while she wandered the nursing unit. Facility investigation document dated 5/29/26, indicated that Social worker Employee E18 observed Resident CR194 randomly kneel while walking in the hallway then stand right back up. Social worker Employee E18 witnessed her do this three times. Social worker Employee E18 asked nursing staff if it was normal and they stated Resident CR194 did this in the evenings. During an interview on 6/23/26, at 9:52 a.m. Speech therapist Employee E17 was asked if he witnessed Resident CR194 on the floor at all and he stated: I was walking down the hallway, and she would place one knee down and placed her knees on the floor in the hallway. He was asked if she did this often and if It was care planned? Resident CR194 wandered a lot. She only did that once. it was sometime in May. Don't know which day it was. This was not care planned. I mentioned it to a nurse. During an interview on 6/23/26, at 11:19 a.m. Social worker Employee E18 was asked if Resident CR194 was on the floor at any time, and she stated: yes, sometimes she would walk and kneel and stand back up. She was hard to redirect. She would kneel in the evenings. Staff was redirecting her. She would kneel while she was walking. Nursing staff was already aware of her behavior. During an interview on 6/23/26, at 1:30 p.m. Registered Nurse (RN) Employee E19 was asked if a resident has new behaviors, should the family be notified and is the care plan updated, she stated: yes. Staff do that all the time: notify the provider, family and the shift supervisor. And yes, we do update the care plan as well and put in a progress note. During an interview on 6/24/26, at 1:37 p.m. information disseminated to the Director of Nursing (DON), Nursing Home Administrator (NHA) and the Director of<br>(continued on next page) |

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| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Regional clinical services Employee E20 that the facility failed to notify the Closed Resident Records CR194's family of behavioral concerns as required. 28 Pa. Code 201.18 (b)(1) Management. 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 0604<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, observation, and staff interviews, it was determined that the facility failed to assess the functional status of the individual resident to determine if the use of a bolster (a long, thick cushion) is a restraint for one of four residents (Residents R23).Findings include: Review of facility policy Use of Restraints dated 5/21/26, indicated physical restraints are defined as any method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. Review of the clinical record indicated Resident R23 was admitted to the facility on [DATE]. Review of Resident R23's Minimum Data Set (MDS - a periodic assessment of care needs) dated 4/25/26, indicated diagnoses of high blood pressure, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and anemia (too little iron in the blood). Review of physician order dated 12/23/24, indicated bolster mattress to bed. Review of Resident R23's care plan dated indicated the resident is at high risk for falls related to confusion, psychoactive drug use, history of fall at home with left hip fracture, and poor balance and safety awareness. Interventions include bolsters to bed when in bed. During an observation on 6/23/26, at 9:47 a.m. Resident R23 was observed lying in bed and the mattress had bilateral (on both sides) raised edges on the top and bottom portions. Review of Resident R23's clinical record failed to identify any assessments or ongoing evaluations for the usage of bolsters on the resident's mattress. During an interview on 6/26/26, at 9:26 a.m. Unit Manager Employee E13 confirmed that the facility failed to assess the functional status of the individual resident to determine if the use of a bolster is a restraint for one of four residents (Residents R23). 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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, closed resident records, and staff interviews, it was determined that the facility failed to review and revise comprehensive care plans to reflect the current care needs and services for one of five sampled resident records (Closed Resident Records CR194).Findings include: The facility Care plans, comprehensive person centered policy last reviewed 5/21/26, indicated that a person-centered care plan includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented. The person-centered care plan reflects currently recognized standards of practice for problem areas and conditions. Care plans are revised as information about the residents' conditions change. Review of Closed Resident Records CR194's admission record indicated she was admitted on [DATE]. Review of Closed Resident Records CR194's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 5/5/26, indicated she had diagnoses that included Parkinson's Disease (a disorder of the central nervous system which affects movement and includes tremors), chronic kidney disease (a loss of kidney function resulting in the swelling of feet, fatigue, high blood pressure and changes in urination), Sjogren syndrome (a chronic autoimmune disease associated with dry mouth symptoms), acute Lyme disease (an illness caused by borrelia bacteria resulting in fever and fatigue) , and altered mental status. Review of Closed Resident Records CR194's clinical nurse notes dated 5/5/26, indicated Resident CR194 was pacing up and down the hallways stating she wanted to leave. Resident CR194 stated if the staff will not let her leave, she will sleep on the floor. Physician notified and the family was called. Review of Closed Resident Records CR194's care plans dated 5/7/26, indicated Resident CR194 was a high fall risk, follow fall protocols, and she had impaired mobility. Review of Closed Resident Records CR194's physician note dated 5/13/26, indicated that Resident CR194 was seen by physician and during the interview, she stated staff told her that she is wandering at night. Resident CR194 did not recall. Review of Closed Resident Records CR194's clinical nurse note dated 5/20/26, indicated Resident CR194 was confused with no witnessed unwanted behaviors. Review of Closed Resident Records CR194's clinical nurse notes dated 5/21/26, indicated she was discharged from the facility at 10:30 a.m. via private transportation and accompanied by family. Review of Closed Resident Records CR194's clinical nurse notes and care plan documents did not include any care plans about Resident CR194's new behavior-kneeling on the floor purposefully while she wandered the nursing unit. Facility investigation document dated 5/29/26, indicated that Social worker Employee E18 observed Resident CR194 randomly kneel while walking in the hallway then stand right back up. Social worker Employee E18 witnessed her do this three times. Social worker Employee E18 asked nursing staff if it was normal and they stated Resident CR194 did this in the evenings. During an interview on 6/23/26, at 9:52 a.m. Speech therapist Employee E17 was asked if he witnessed Resident CR194 on the floor at all and he stated: I was walking down the hallway, and she would place one knee down and placed her knees on the floor in the hallway. He was asked if she did this often and if It was care planned? Resident CR194 wandered a lot. She only did that once. it was sometime in May. Don't know which day it was. This was not care planned. I mentioned it to a nurse. During an interview on 6/23/26, at 11:19 a.m. Social worker Employee E18 was asked if Resident CR194 was on the floor at any time, and she stated: yes, sometimes she would walk and kneel and stand back up. She was hard to redirect. She would kneel in the evenings. Staff was redirecting her. She would kneel while she was walking. Nursing staff was already aware of her behavior. During an interview on 6/23/26, at 1:30 p.m. Registered Nurse (RN) Employee E19 was asked if a resident has new behaviors, should the family be notified and is the care plan updated, she stated: yes. Staff do that all the time: notify the provider, family and the shift supervisor. And yes, we do update the care plan as well and put in a progress<br>(continued on next page) |

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| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | note. During an interview on 6/24/26, at 1:37 p.m. information disseminated to the Director of Nursing (DON), Nursing Home Administrator (NHA) and the Director of Regional clinical services Employee E20 that the facility failed to review and revise comprehensive care plans to reflect the current care and services for Closed Resident Records CR194 as required. 28 Pa. Code 211.10(c)(d) Resident care policies 28 Pa. Code 211.12(d)(1)(5) Nursing services |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>**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 make certain that residents received proper treatment for pressure ulcers for one of five residents (Resident R10).Findings include: Review of facility policy Review of facility policy Charting and Documentation dated 5/21/26, indicated all services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Review of the clinical record indicated Resident R10 was admitted to the facility on [DATE]. Review of Resident R10's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/20/26, indicated diagnoses of high blood pressure, wound infection, and muscle weakness. Review of Resident R10's comprehensive care plan indicated the resident has potential/actual impairment to skin integrity related to deep tissue injury present on admission, stage 3 pressure injury (full thickness tissue loss) to bilateral (both) heels. Interventions include purple offloading boots at all times when in bed - may remove for care and skin checks and wound care as per orders see TAR (Treatment Administration Record). Review of a physician order dated 5/2/26, indicated left medial heel (inner portion of the heel) - cleanse with Dakins (a wound cleanser), apply Medihoney (medical-grade honey used for wound healing), then calcium alginate (a highly absorbent dressing), cover with ABD (a highly absorbent dressing), and wrap with Kerlix (a bandage roll) every day shift for wound care. Review of Resident R10's May 2026 and June 2026 TAR revealed the above treatment was not signed off as completed or refused on the following shifts:5/3/265/5/265/6/265/7/265/15/265/16/265/17/265/26/265/27/265/29/266/2/266/5/266/10/266/14/26 Review of a physician order dated 5/2/26, indicated right heel - cleanse with Dakins 0.125%, apply medihoney, calcium alginate, cover with ABD, and wrap with kerlix every day shift for wound care. Review of Resident R10's May 2026 and June 2026 TAR revealed the above treatment was not signed off as completed or refused on the following shifts:5/3/265/5/265/6/265/7/265/15/265/16/265/17/265/26/265/27/265/29/266/2/266/5/266/10/266/14/26 Review of a physician order dated 5/18/26, indicated purple heel relief boots to both feet while in bed, may remove for care. Review of Resident R10's May 2026 and June 2026 TAR revealed the above treatment was not signed off as completed or refused on the following shifts:5/26/26 7 a.m. - 3 p.m. shift5/27/26 7 a.m. - 3 p.m. shift5/28/26 7 a.m. - 3 p.m. shift5/29/26 7 a.m. - 3 p.m. shift6/2/26 7 a.m. - 3 p.m. shift6/5/26 7 a.m. - 3 p.m. shift6/10/26 7 a.m. - 3 p.m. shift6/15/26 3 p.m. - 11 p.m. shift6/19/26 7 a.m. - 3 p.m. shift6/21/26 3 p.m. - 11 p.m. shift During an interview on 6/25/26, at 2:43 p.m. the Director of Nursing confirmed that the facility failed to make certain that residents received proper treatment for pressure ulcers for Resident R10. 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)(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<br>B. Wing | 06/26/2026 |

| 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 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical records and staff interview, it was determined that the facility failed to provide documentation that medication regimen reviews (MRR) were completed and reviewed by the resident's attending physician monthly for one of five residents (Resident R3). Findings include: Review of the facility policy Medication Regimen Review dated 5/21/26, indicated the consultant pharmacist performs a comprehensive medication regimen review (MRR) at least monthly. Within twenty-four hours of the MRR, the Consultant Pharmacist provides a written report to the attending physicians for each resident identified as having a non-life threatening medication irregularity. Review of the admission record indicated Resident R3 was admitted to the facility on [DATE]. Review of Resident R3's Minimum Data Set (MDS- a periodic assessment of care needs) dated 5/9/26, indicated the diagnoses of anemia (the blood doesn't have enough healthy red blood cells), atrial fibrillation (irregular heart rhythm), and high blood pressure. Review of Resident R3's MRR's on the following dates were signed by a Physician Assistant and not by the physician as required:-1/9/26 - MRR signed by PAC-2/25/26 - MRR signed by PAC-3/29/26 - MRR signed by PAC-5/14/26 - MRR signed by PAC-5/27/26 - MRR signed by PAC Interview on 6/24/26, at 1:19 p.m. the Director of Nursing confirmed that a Physician Assistant signed Resident R3's MRR's on the dates noted instead of the physician as required. 28 Pa Code: 201.14 (a) Responsibility of licensee.28 Pa. Code 211.12(d)(1)(3)(5) Nursing services. |