

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395870	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Quality Life Services - Markleysburg		STREET ADDRESS, CITY, STATE, ZIP CODE 252 Main Street Markleysburg, PA 15459	
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 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. (continued on next page)		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, clinical records, incident reports, and staff interview, it was determined that the facility failed to prevent residents from injury while providing care for one of three residents (Resident R1). Findings include:Review of the facility policy Resident Protection from Abuse, Neglect, Mistreatment, or Exploitation, defines neglect as the failure of the facility, its employees, or service providers to provide goods and services to a resident necessary to avoid physical harm, pain, mental anguish, or emotional distress. Neglect occurs when the facility is aware of, or should have been aware of, goods and services that a resident requires but the facility failed to provide them to the resident, that has resulted in or may result in physical harm, pain, mental anguish, or emotional distress.The facility was unable to provide a policy regarding Activities of Daily Living (ADLs).The facility was unable to provide a policy regarding Resident Transfers.The facility was unable to provide a policy regarding Resident Bed Mobility.The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggest the following distributions:13 - 15: cognitively intact8 - 12: moderately impaired0 - 7: severe impairmentReview of the clinical record indicated Resident R1 was admitted to the facility on [DATE], with diagnoses that included need for assistance with personal care, mixed receptive-expressive language disorder (people struggle with both understanding and using language to express themselves), and anxiety.Review of the Minimum Data Set (MDS - standardized assessment tool for all residents of long-term care facilities) dated 9/15/25, indicated the diagnoses remain current. Further review of the MDS dated [DATE], Section C: Cognitive Patterns, Question C0500 indicated Resident R1 had a BIMS of 03. Section GG: Functional Abilities; G0170: Mobility: A - Roll left and right, indicated Resident R1 required substantial/maximum assistance. Review of the MDS coding instructions for Section GG indicated the following:- 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.- 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.Review of a physician order dated 2/5/25, indicated bilateral assist rails at top of the bed for bed mobility. Review of a physician order dated 3/26/25, indicated transfer with mechanical lift with assistance of two. Review of the care plan dated 6/15/22, indicated to use caution during transfers and when turning and repositioning me in bed to prevent striking my arms, legs, or hands against any sharp or hard surfaces. On 8/7/25, the care plan indicated ADLs and functional mobility self-performance and staff support may fluctuate at times related to my behaviors, diagnosis and/or acute illness. Review of the Kardex dated 11/27/25, failed to indicate bed mobility status. Review of facility documents dated 11/28/25, at 5:25 a.m. indicated Nurse Aid (NA) Employee E3 provided care to Resident R1 when she was being rolled onto her right side using the bed pads, Resident R1 started to push against NA Employee E1. NA Employee E3 stated he felt and heard a pop in her hip/leg and started to scream in pain. Review of NA Employee E3 undated witness statement indicated I rolled the resident onto her side using a standard technique with one hand a few inches below the hip and one hand on the knee to assist with the turn. During the roll, Resident R1's body weight shifted back towards me creating additional resistance. As I applied pressure to counter the additional resistance and complete the turn I heard an audible snap sound from the resident's leg area. I also want to be clear, the additional resistance was caused by the resident pushing the handrail.Resident R3 was suspended pending facility investigation.Review of the Documentation V2 report for September 2025, Resident R1 required assistance of two staff for bed mobility on 22 of 30 days. Review of the Documentation V2 report for October 2025, Resident R1 required assistance of two staff for bed mobility on 26 of 31 days. Review of the Documentation V2 report for November 2025, Resident R1 required assistance of two staff for bed mobility on 24 of 26 daysReview of x-ray results dated 11/28/25, indicated Resident R1 sustained an acute spiral oblique subtrochanteric fracture of the proximal left femur (fracture that usually requires surgical intervention to ensure proper alignment and healing), with modest age-related degenerative changes seen throughout remaining pelvis and hips.During an interview on 12/18/25, at 10:25 a.m. Occupational Therapist (OT) Employee E4 stated therapy only fills out the GG section of the MDS for 'skilled residents' the RNAC</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observations and staff interviews, it was determined that the facility failed to properly date insulin medication vials upon opening, failed to dispose of expired insulin medication vials, and failed to store medications in a safe and sanitary manner in one of two medication carts reviewed (Blue cart). Findings include: Review of facility policy Insulin Vial Use indicated once an insulin vial is removed from the refrigerator and/or opened for use, they will be marked with the resident's name, the date they are opened, and dated for expiration as follows: -Levemir/Lantus (long-acting insulin that works slowly, over about 24 hours) - 42 days -Novolog/Aspart (fast acting insulin that starts to work about 15 minutes after injection, peaks in about one hour, and keeps working for two to four hours) - 28 days -Novolog Mix 70/30 (starts working in two to four hours, peaks in four to ten hours, and keeps working for 12 - 18 hours) - 14 days Review of facility provided Storage and Disposal of Medications and Medical Supplies pages 116 and 117, indicated prescription medications, over-the-counter medications (OTC), Complimentary and Alternative Medication (CAM), and syringes shall be kept in an area or container that is locked. Prescription medications, OTC, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light and in accordance with manufacturer's instructions. Prescription medications, OTC, and CAM that are discontinued, expired, or for residents who are no longer in the facility shall be destroyed in a safe manner according to federal and state regulations. During an observation on [DATE], at 11:50 a.m. Blue Cart was unattended in a resident lounge with the following medications left on top of the cart, assessable to residents, guests, and visitors: -one Aspart insulin vial with open date of [DATE], expiration date [DATE]. -two Aspart insulin vials with open date [DATE]. No expiration date noted (would be [DATE] according to facility policy). -one Lantus insulin vial opened, not dated. -one Aspart insulin vial with expiration date of [DATE]. -three Lantus flex pens opened, not dated and not stored in individual bags, causing risk of cross-contamination. During an interview on [DATE], at 11:52 a.m. LPN Employee E1 confirmed the above observations. During an interview on [DATE], at 12:05 p.m. the Assistant Director of Nursing (ADON) Employee E2 confirmed that the medication vials and insulin pens were not stored in a manner to prevent cross-contamination and medication vials were not dated upon opening or disposed of on the expiration dates in the Blue medication cart. 28 Pa. Code: 211.9 (a) (1) (2) (h) Pharmacy services. 28 Pa. Code: 211.12 (d) (1) (2) (3) (5) Nursing services.</p>		