STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395870	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quality Life Services - Markleysburg	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 - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical records and facility documents, resident and staff interviews, and observations it was determined that the facility failed to properly temperature the hot water prior to giving it to a resident (Resident R11) which resulted in actual harm of second-degree burn (a burn marked by pain, blistering, and damage to the outer layer of skin with redness and swelling of the tissues beneath the burn) to abdomen, and pelvic area. Findings include: Review of the facility policy Safe Provision of Hot Beverages to Residents - Activities last reviewed 5/1/26, indicated its purpose was to ensure the safe preparation, handling, and distribution of hot beverages to residents in order to prevent burns and other avoidable injuries, while supporting resident comfort, dignity, and choice. Beverages are to be served below scalding temperature. DO NOT serve hot liquids greater than 150 F (Fahrenheit). Hot beverage(s) is to sit for at least 15 minutes with the lid off before served to the resident. After 15 minutes have lapsed, temperature should be taken using a food grade thermometer. If temperature is 105 F or below, the lid can be placed on the cup and given to the resident. Do not leave the resident unattended with the hot beverage. 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 2025, 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 impairment Review of the clinical record indicated Resident R11 was admitted to the facility on [DATE], with diagnoses that included unsteadiness on feet, difficulty in walking, generalized muscle weakness, and schizoaffective disorder (mental illness where person experiences psychotic [thinking, seeing, or believing things that aren't real], and mood [extreme mania or depression] symptoms at the same time or in cycles). Review of the Minimum Data Set (MDS - standardized assessment tool for all residents of long-term care facilities) dated 6/9/26, indicated the diagnoses remain current. Review of Section C: Cognitive Patterns; C0500: BIMS Summary Score, indicated a BIMS score of 09. Further review of the MDS, Section GG - Functional Abilities Question G0130 Self-Care; A. Eating indicated Resident R11 required set up or clean up assistance from staff. Review of the facility documents dated 5/5/26, at 10:00 p.m. revealed Resident R11 notified staff that he burnt himself with hot water. He asked for hot water for coffee, was in bed with the hot water, and spilled it on himself. Multiple burns marks were noted on Resident R11's abdomen (stomach) described as large pink/red, dull appearance, approximately four large burn areas and two deeper angry red marks on mid-pelvic area which were smaller and linear (a line), skin still intact. Review of a progress note dated 5/6/26, at 8:17 a.m. wound documentation revealed the wound area measured 20 cm (centimeters) wide by 32 cm deep. Review of a progress note dated 5/6/26, at 9:36 a.m. indicated Resident R11 identified Nurse Aid (NA) Employee E4 as the person who gave him the hot water on 5/5/26. NA Employee E4 gave him hot water with the lid on, but he took it off. As he took the lid off, the hot water spilled on him causing mild first and second-degree burns. Review of a Body Check assessment completed on 5/5/26, at 10:15 p.m. (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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	395870	A. Building B. Wing	06/25/2026

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F 0689 Level of Harm - Actual harm Residents Affected - Few	indicated Resident R11 had a burn on his abdomen and groin, and a blister on the left hip. It was noted series of burns, approximately six. Four large burns traversing across abdomen from right to left, one large blister left lower abdomen. Review of wound documentation dated 5/6/26, indicated the burn area measured 20 cm (centimeters) wide by 32 cm long. The facility failed to provide measurements of individual wounds or blisters Review of the physician orders revealed the following:-On 8/27/25, All hot liquids to be served in a cup with a lid.-On 3/19/26, supervision for bed mobility-On 5/5/26, all fluids in a straw cup only.-On 5/5/26, may apply cool compresses to burns on abdomen if complaints of discomfort or may administer Tylenol (acetaminophen - mild pain reliever) every two hours as needed until healed This is the verbiage from the exact order. -On 5/5/26, Silvadene external cream 1% (silver sulfadiazine - topical antibiotic cream used to prevent infections in second- and third-degree burns). Apply to abdomen burns topically three times a day for burn to skin, cleanse with cold water and mild soap for seven days, apply cream and cover with ABD (thick gauze pad) three times a day until healed. Review of the eMAR for May 2026, revealed treatment was provided to Resident R11's burns from 5/6/26 to 5/13/26, and 5/16/26 to 5/19/26. Review of the care plan initiated 10/28/24, indicated the following interventions:-Monitor and document the location, size, and treatment of any skin impairment-initiated on 3/5/26 and revised 6/11/26, All hot liquids in a cup with a lid. (resident will take lid off of cup by myself regardless of safety and re-education by staff.) During an interview on 6/4/25, at 9:00 a.m. the Nursing Home Administrator (NHA) stated facility staff (Not all staff were educated, the NA that gave the water never signed it) was provided education on Safe Provision of Hot Beverages to Residents - Activities between 5/6/26 and 5/9/26. During an interview on 6/4/26, at 12:30 a.m. Licensed Practical Nurse (LPN) Employee E2 stated they thought the hot fluid temperature was less than 100 degrees Fahrenheit (100 F) or less. LPN Employee E2 was re-educated on hot water temps on 5/7/26. During an interview on 6/4/26, at 12:33 a.m. Activities Director Employee E8 stated the hot fluids had to be less than 150 F. They were able to show temperature logs for coffee temperatures taken prior to giving the resident the cup. During an interview on 6/4/26, at 12:36 p.m. LPN Employee E9 stated they thought the temperature for hot liquids was approximately 112 F but stated they do not provide hot liquids to the residents. That comes from the nourishment room (kitchen) or activities staff. LPN Employee E9 did not receive re-education on hot water temperatures. During an interview on 6/4/26, at 12:40 p.m. NA Employee E10 stated they did not know what temperature the hot liquids needed to be before given to a resident. NA Employee E10 did not receive re-education on hot water temperatures. During an interview on 6/4/26, at 12:45 p.m. Registered Nurse (RN) Employee E1 stated the water temperature should be 98 F or less. RN Employee E1 received re-education on hot water temperature on 5/6/26. During an interview on 6/4/26, at 12:47 p.m. LPN Employee E12 stated hot water should be between 150 F and 175 F or less. They did not receive re-education on hot water temperatures. During an interview on 6/4/26, at 12:49 p.m. LPN Employee E11 stated hot water needed to be 105 F or less. LPN Employee E11 received re-education on hot water temperature on 5/6/26. During an interview on 6/4/26, at 12:50 p.m. NA Employee E13 stated hot water needed to be 105 F or less. They did not receive re-education on hot water temperatures. During an interview on 6/4/26, at 12:50 p.m. NA Employee E14 stated they could not recall the correct temperature for hot liquids before giving to a resident. They did not receive re-education on hot water temperatures. During an interview on 6/4/26, at 12:52 p.m. NA Employee E15 stated hot water temperature needed to be less that 150 F before handed to a resident. NA Employee E15 received re-education on hot water temperatures on 5/6/26. During an interview on 6/25/26, at 8:40 a.m. Resident R11 stated the staff should have taken the temperature of the water, he stated the burn hurt bad and he has a scar about the size of a half dollar on his left side/hip area. During an interview on 6/25/26, at 10:10 a.m. NA Employee E4 stated at approximately 7:15 p.m. Resident R11 was following her around asking for hot water for coffee, so she went into the kitchen and got water from the hot water spout on the coffee machine, put a lid on the cup and handed it to Resident R11. Her shift was over at 7:30 p.m., she was unable to recall if she (continued on next page)

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	395870	A. Building B. Wing	06/25/2026

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F 0689 Level of Harm - Actual harm Residents Affected - Few	told the next shift about the water before her shift was done. She confirmed she did not take the temperature of the hot water before handing it to the resident. She stated that she assumed, since it came from the kitchen, that it would be at the correct temperature for the residents. During an interview on 6/22/26, at 12:40 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to provide hot water at a safe temperature that resulted in actual harm of Resident R45 (second degree burn to abdomen and pelvic area). 201.14(a)Responsibility of Licensee201.18(b)(1)(e)(2)Management201.20(a)(b)(c)(d)Staff Development201.29(j)Resident Rights211.10(c)(d)Resident Care Policies211.12(d)(1)(2)(3)(5)Nursing Services

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on review of facility policy, resident records, observation, and staff interview it was determined that the facility failed to uphold the resident's rights to voice grievances without fear of retaliation for ten residents reviewed (Resident R800, R801, R802, R803, R804, R805, R806, R807, R808, and R809).Findings include: Review of the facility policy Resident Rights last reviewed 5/1/26, indicated a resident has the right to file complaints with any individual or agency and recommend changes in policies, home rules and services of the home without intimidation, retaliation or threat of discharge. During a group meeting on 6/23/26 from 1:30 p.m. to 2:15 p.m., Resident R804 did not want to be interviewed until they confirmed that their name was not going to be mentioned when the state surveyor discussed issues with the facility. They stated they are afraid to speak up against the facility staff in fear of retaliation. Resident R802 stated we don't want to bite the hand that feeds us. Residents R805, R807, R803, and R806 stated they did not want the staff to come back and not take care of them. Resident R809 had concerns that their call bell would be ignored, resident care not given, or staff being mean to them. They also stated they did not want get staff in trouble. These residents requested to remain anonymous. During an interview on 6/25/26, at 12:30 p.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to ensure resident's do not feel retaliated against when voicing complaints or grievances. 28 Pa Code: 201.29 (i) Resident rights.

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on staff interviews it was determined that the facility failed to employ a qualified Food Service Director to manage the daily operations of the Dietary Department for 12 of 12 months (July 2025 through June 25, 2026). Findings include:During an interview on 6/23/26, at approximately 10:30 a.m., the Dietary Supervisor Employee E5 stated that she was the manager and was currently working on her Certification to become a CDM.During an interview on 6/24/26, at approximately 8:58 a.m., Registered Dietician (RD) Employee E6 stated that she comes to this facility usually once a week, she goes to a few facilities.During an interview on 6/24/26, at approximately, 9:00 a.m., the Dietary Supervisor Employee E5 and RD Employee E6 confirmed that the facility currently does not have a Certified Dietary Manager and the Registered Dietician is not employed by the facility full time. The facility failed to show evidence that any staff met the qualifications for the position of Food Service Director.Pa Code: 201.18(e)(6) Management.Pa Code: 211.6(c)(d) Dietary Services.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on resident council interviews, observation of menus and staff interviews, it was determined that the facility failed to provide food in accordance with resident preferences and provide meals following national guidelines and are periodically updated to mitigate the risk of menu fatigue for the current menu cycle. Findings include: Review of CFR S483.60(c)(1)-(7) Menus must-S483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;S483.60(c)(5) Be updated periodically;o Menus meet basic nutritional needs by providing meals based on individual nutritional assessment, the individualized plan of care, and established national guidelines and are periodically updated to mitigate the risk of menu fatigue. During the resident council meeting on 6/23/26, at 1:30 p.m., the consensus was identified that the food menu choices repeat and you get same foods over and over. The residents stated that they have food committee and are fearful to tell staff about concerns due to retaliation. Review of the food committee minutes did not include concerns for menu choices. However, the residents had identified concerns that they are fearful of retaliation. During a review of the menus on the Spring/ Summer Menus, week one, identified white rice repeated three times in one week. Week three identified Chicken repeated four times, three times for lunch and one time for dinner. During an interview on 6/24/26, at 9:10 a.m., with the Registered Dietician Employee E6 and the Dietary Supervisor Employee E5 confirmed that the facility menu choices were repeated which had the potential for menu fatigue. 28 Pa. Code: 211.6(a) Dietary services

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F 0912 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide the required 80 square feet of space per resident for 16 of 25 rooms. Findings include:During an observation of the facility floor plan on 6/22/26, at 2:15 p.m. the below room findings were as follows: room [ROOM NUMBER] (2 beds) 72.69 square feet per resident bed.room [ROOM NUMBER] (2 beds) 73.40 square feet per resident bed.room [ROOM NUMBER] (2 beds) 71.37 square feet per resident bed.room [ROOM NUMBER] (4 beds) 69.52 square feet per resident bed.room [ROOM NUMBER] (3 beds) 70.67 square feet per resident bed.room [ROOM NUMBER] (2 beds) 73.70 square feet per resident bed.room [ROOM NUMBER] (2 beds) 74.61 square feet per resident bed.room [ROOM NUMBER] (2 beds) 71.61 square feet per resident bed.room [ROOM NUMBER] (3 beds) 76.52 square feet per resident bed.room [ROOM NUMBER] (4 beds) 77.06 square feet per resident bed.room [ROOM NUMBER] (3 beds) 70.91 square feet per resident bed.room [ROOM NUMBER] (2 beds) 71.90 square feet per resident bed.room [ROOM NUMBER] (2 beds) 66.12 square feet per resident bed.room [ROOM NUMBER] (2 beds) 64.92 square feet per resident bed.room [ROOM NUMBER] (3 beds) 78.40 square feet per resident bed.room [ROOM NUMBER] (3 beds) 71.56 square feet per resident bed. During an interview on 6/25/26, at 12:02 p.m. the Nursing Home Administrator confirmed that the room sizes were less than 80 square feet as required. 28 Pa. Code: 205.20(f) Resident bedrooms

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	395870	A. Building B. Wing	06/25/2026

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policies, documents, observations, and staff interviews it was determined that the facility failed to provide a dignified dining experience on 6/24/26, during the lunch meal service to one of six residents. (Resident R3) in the main dining room.Findings include:A review of facility Resident Rights Policy policy dated 5/1/26, indicated a resident has the right to file complaints with any individual or agency and recommend changes in policies, home rules and services of the home without intimidation, retaliation or threat of discharge. 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 2023, 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 R3 was admitted to the facility on [DATE], with diagnoses that included stroke with left side weakness, diabetes, and dementia.Review of the MDS dated [DATE], indicated the diagnoses remain current. Resident R3 has a BIMS of 3 and Section GG: Self Care, GG0130 Eating the resident is dependent on staff for meals.Resident R3's care plan dated 9/18/25, indicated the resident needs assistance with eating.During an observation on 6/24/26, at 11:30 am in the dining room revealed 16 residents seated for lunch. The first meal tray was served at 11:35 a.m. Resident R3 was served her meal tray at 11:45 a.m. At 11:55 a.m., Resident R3 stated Can you help me? At 12:05 p.m. staff assisted resident to eat 20 minutes after her meal was served.During an interview on 6/24/26, at 12:05 p.m. Registered Nurse Supervisor (RNS) Employee E1 confirmed the resident lunch tray was delivered at 11:45 a.m. and the Resident R3 was not assisted to eat until 12:05 p.m.During an interview on 6/24/26, at approximately 1:00 p.m. the Director of Nursing confirmed that the facility failed to provide a dignified dining experience on 6/24/26, during the lunch meal service for Resident R3.Pa Code: 201.29(k) Resident rightsPa Code: 207.2(a) Administrator's responsibility

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	395870	A. Building B. Wing	06/25/2026

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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. Based on review of facility policy, resident clinical records, reports submitted to the State, and staff interview, it was determined that the facility failed to report allegations of neglect for one of two sampled resident records (Resident R46).Findings include: Review of the facility policy Resident Protection from Abuse, Neglect, Mistreatment or Exploitation, dated 5/1/26, indicated that when an incident of abuse, neglect, etc., the facility will notify the PA Department of Health via electronic reporting system (ERS) within 24 hours and complete and online PB22 if directed to do so. During a review of a facility submitted report dated 6/2/26, identified that Resident R40 had alleged neglect by Nurse Aide (NA)Employee E4 and when the facility was investigating the allegation, NA Employee E7's statement and Registered Nurse Supervisor (RNS) Employee E1 identified a second resident had been neglected by NA Employee E4, Resident R46. During an interview on 6/25/26, at approximately 10:50 a.m., RNS Employee E1 stated that Resident R46 was found with his bed soiled in feces, which had been left from NA Employee E4. Review of the facility submitted report dated 6/2/26, identified a PB22 for Resident R40 however, an investigation and submission of a PB22 was not reported for Resident R46. During an interview on 6/25/26, at approximately, 11:34 a.m., the Director of Nursing confirmed that the investigation and PB22 for Resident R46 was not submitted to the Department of Health as required. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 201.18 (b) (1) (e) (1) Management.28 Pa. Code: 211.12 (d) (1) (2) (5) Nursing services.

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	395870	A. Building B. Wing	06/25/2026

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on review of facility policy, clinical records, facility documents, and staff interview, it was determined that the facility failed to conduct a thorough investigation involving an allegation of resident neglect for two of three sampled resident records (Resident R40 and R46).Findings include: Review of the facility policy Resident Protection from Abuse, Neglect, Mistreatment or Exploitation, dated 5/1/26, indicated that Neglect is the failure of the facility and or its employees to provide services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress. Identification of any abuse, neglect, etc., will be identified through complaints of abuse and use of incident reports and will be thoroughly investigated and reported to the Administration and the Department of Health with 24 hours, with PB22's as necessary. During a review of the facility submitted report dated 6/2/26, identified that Resident R40 reported that he does not ask for help from Nurse Aide Employee E4 because she refuses to help him and he holds his urine and bowel movements all day until the next shift because of this. During a review of the statements dated 6/2/26, from NA Employee E7 identified that when he came onto his shift, Resident R40's bed was wet with urine, and Resident R46 bed was soiled with dried stool. During a review of Registered Nurse Supervisor's (RNS) statement identified the same as the NA statement and indicated that Resident R40 sleeps all day and won't ask for help from NA Employee E4 if she's working because she will not help him with the urinal, as per his plan of care. She indicated that Resident R46's bed was not touched all day. During an interview on 6/25/25, at approximately 10:50 a.m., RNS stated that she wrote the statement as she saw and reported it to the Assistant Director of Nursing the next day. Review of the facility submitted report did not include an investigation of Resident R46 not receiving care and did not substantiate the allegation of neglect of either resident. During an interview on 6/23/26, at approximately 9:45 a.m., the Director of Nursing confirmed that the facility failed to thoroughly investigate an allegation of resident neglect for two of three sampled resident records (Resident R40 and R46). 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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	395870	A. Building B. Wing	06/25/2026

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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, and staff interviews, it was determined that the facility failed to assess, document, and notify physicians of increased Capillary Blood Glucose (CBG) levels for one of five residents reviewed (Residents R45).Findings include: The Centers for Disease Control define diabetes as: Diabetes Mellitus is a chronic (long-lasting) health condition that affects how your body turns food into energy. Most of the food you eat is broken down into sugar (also called glucose) and released into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy. If you have diabetes, your body either doesn't make enough insulin or can't use the insulin it makes as well as it should. When there is not enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease. Hypoglycemia is a condition that occurs when blood glucose is lower than normal, usually below 70 milligrams per deciliter (mg/dl). If left untreated, hypoglycemia may lead to weakness, confusion, unconsciousness, arrhythmias and even death. People with Diabetes Mellitus may be prescribed injectable insulin to assist in maintaining acceptable levels of CBG's. Hyperglycemia, or high blood glucose, occurs when there is too much sugar in the blood. This happens when your body has too little insulin. Hyperglycemia is blood glucose greater than 125 mg/dL while fasting (not eating for at least eight hours, or a blood glucose greater than 180 mg/dL one to two hours after eating. If you have hyperglycemia and it ' s untreated for long periods of time, you can damage your nerves, blood vessels, tissues and organs. Damage to blood vessels can increase your risk of heart attack and stroke, and nerve damage may also lead to eye damage, kidney damage and non-healing wounds.Review of facility policy Fingerstick Glucose Measurement reviewed 5/1/26, indicated diabetic residents will have blood glucose levels measured by fingerstick, using a portable blood glucose meter, according to physician ordered schedule. Procedure step 1). Verify physician's order. Step 17). Follow up with insulin administration or physician notification as ordered. Step 18). Document blood glucose level in medical record.Review of facility policy Physician Notification reviewed 5/1/26, indicated upon identification of a resident who has clinical changes, change in condition, or abnormal lab values, a licensed nurse will perform appropriate clinical observations and data collection and report to physician as indicated. Upon identification of a change in condition, the Guidelines for Physician Notification may be used as reference to help determine urgent or routine notification.The facility was unable to provide a policy or procedure for Guidelines for Physician Notification.Review of facility policy Resident Change in Condition or Status reviewed 5/1/26, indicated it is facility policy to promptly address all resident changes in condition and to manage them in compliance with applicable standards of care. Documentation must be provided in the resident record regarding any assessment of the resident and findings, all applicable interventions, and all communications. The licensed nurse will notify the resident's attending physician when there is a need to alter the resident's treatment significantly.Review of the clinical record revealed Resident R45 was admitted to the facility on [DATE], with diagnoses that included diabetes, high blood pressure, and depression.Review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 4/26/26, indicated the diagnoses remain current.Review of Resident R45 physician's order revealed the following orders: -On 9/9/25, Accucheck (blood glucose monitoring machine) at bedtime with no coverage.-On 9/10/25, Accucheck before meals with coverage.-On 3/23/26, Lispro insulin per sliding scale. If blood sugar is over 400, give 12 units and notify doctor.Review of the clinical record, and electronic Medication Administration Record (eMAR) revealed the CBG's were as follows: -On 5/2/26, at 9:13 p.m. the CBG was noted to be 411.-On 5/5/26, at 11:55 a.m. the CBG was noted to be 482.-On 5/8/26, at 4:12 p.m. the CBG was noted to be 562.-On 5/9/26, at 9:38 a.m. the CBG was noted to be 407.-On 5/10/26, at 9:54 a.m. the CBG was (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395870	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quality Life Services - Markleysburg	252 Main Street Markleysburg, PA 15459

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	noted to be 404.-On 5/13/26, at 4:29 p.m. the CBG was noted to be 428.-On 5/14/26, at 11:44 a.m. the CBG was noted to be 487.-On 5/18/26, at 8:10 a.m., the CBG was noted to be 401.-On 5/25/26, at 8:22 p.m., the CBG was noted to be 443.-On 5/28/26, at 1:59 p.m., the CBG was noted to be 469.-On 6/5/26, at 8:11 p.m., the CBG was noted to be 420. At 8:19 p.m., a re-check confirmed the results.-On 6/21/26, at 8:06 p.m., the CBG was noted to be 471.Review of Resident R45 eMAR and clinical progress notes indicated the resident was not assessed for hyperglycemia, and the physician order was not followed for notifications, and documentation was not available for the dates listed above.Review of the care plan dated 9/10/25, revealed the following interventions:-Administer medications as ordered. Monitor for effectiveness and any side effects and report them to the physician.-Check blood sugar levels as ordered.-Monitor for signs and symptoms of hyperglycemia and report to the physician. During an interview on 6/25/26, at 11:40 a.m. Licensed Practical Nurse (LPN) Employee E2 stated for blood sugars less than 70 they would give glucose gel and recheck the blood sugar in 25 minutes. For any blood sugar over the ordered parameter range, they would call the doctor, give ordered insulin, and recheck the blood sugar in 30-60 minutes. They would document in the progress notesDuring an interview on 6/25/26, at 11:45 a.m. LPN Employee E3 stated they would monitor the resident for a blood sugar between 65-70 and give the resident glucose gel. They would notify the doctor for blood sugars noted in the ordered parameters, give the ordered insulin, recheck the resident in 30 minutes, and document in the progress notes and the eMAR.During an interview on 6/25,26, at 11:50 a.m. the Director of Nursing confirmed the facility failed to notify the doctor of a change in condition, failed to document an assessment or interventions used related to blood glucose, and failed to follow the physician's orders for Resident R45 28 Pa. Code 201.18 (b)(1) Management 28 Pa. Code 201.29(d) 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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of select facility policies and procedures, current Centers for Disease Control (CDC) guidelines, clinical record review, and staff interview, it was determined that the facility failed to document each resident was offered an influenza and/or pneumococcal immunization for two of five residents reviewed for influenza and pneumococcal immunizations (Residents R2 and R33).Findings include: A review of facility policy, Influenza and Pneumococcal Disease Prevention, dated 5/1/26, indicated to reduce the disease morbidity and mortality associated with influenza and pneumococcal disease, influenza and pneumococcal vaccines are offered to all residents A review of the clinical record indicated Resident R2 was admitted to the facility on [DATE], with diagnoses that included stroke, hemiplegia (weakness on one side of the body), and seizures. A review of the Minimum Data Set (MDS - periodic assessment of care needs) dated 6/19/26, indicated the resident did not receive and was not offered the pneumococcal vaccine. A review of R2's electronic clinical record Immunizations documentation on 6/25/26 at 11:00 a.m., did not include information that the pneumococcal vaccines were offered or declined. A review of the clinical record indicated Resident R33 was admitted to the facility on [DATE], with diagnoses that included stroke, diabetes, and COPD (chronic obstructive pulmonary disease). A review of the MDS dated [DATE], indicated the resident did not receive the influenza and pneumococcal vaccines. A review of R33's electronic clinical record Immunizations documentation on 6/25/26 at 11:00 a.m., did not include information that the influenza and pneumococcal vaccines were offered or declined.During an interview on 6/25/26 at 11:45 a.m., the Director of Nursing confirmed the above findings, and that the facility failed to document each resident was offered an influenza and/or pneumococcal immunization for Residents R2 and R33. 28 Pa. Code 211.5(f)(i)-(xi) Medical records.28 Pa. Code 211.12(d)(1)(5) Nursing services