

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395877                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>02/13/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Highland View Rehabilitation & Healthcare Center                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>90 Main Street<br>Brockway, PA 15824 |                                                 |
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| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, review of facility policies and documents, and staff interview, it was determined that the facility failed to provide housekeeping services necessary to maintain a clean environment for five of 27 resident rooms (Resident rooms 2, 3, 5, 8, and 12). Findings include: A facility policy entitled Daily Resident/Patient Room Cleaning dated 1/02/26, indicated that staff is expected to dust mop the floor and sweep all trash and debris to the door and pick it up with the dustpan, empty and clean the trashcans, and wet mop the room. A facility policy entitled Restroom Cleaning dated 1/02/26, indicated that staff disinfect and clean all parts of the toilet, and damp mop the room. A facility policy entitled Cleaning Adaptive Equipment dated 1/2/26, indicated All reusable equipment will be cleaned and disinfected as frequently as necessary or when visibly soiled. Observations on 2/10/26, between 12:40 p.m. and 1:04 p.m. and 2/11/26, between 9:45 a.m. and 10:15 a.m. revealed the following: room [ROOM NUMBER], a tube of Chapstick on floor between bed one and recliner, alcohol pad and salt wrapper on floor between bed two and the window, clear ointment in a clear plastic medicine cup on top of bed two's dresser, a white hairbrush on the floor under the bathroom sink and a built-up of a black substance around toilet base.room [ROOM NUMBER], two clear plastic lids on the floor under bed one, food crumbs under bed one, a bedpan laying on the floor under the bathroom sink, and a built-up of a black substance around toilet base.room [ROOM NUMBER], clear plastic cup on the floor under bed one, a used tissue on the floor behind the bathroom trashcan, and a built-up of a black substance around toilet base.room [ROOM NUMBER], food crumbs on the floor under bed one, and a built-up of a black substance around toilet base.room [ROOM NUMBER], fall mats lying on the floor beside the bed with scattered areas of a dry white substance and scattered areas of a dark brown substance that appeared to be feces. During an interview on 2/11/26, at 10:20 a.m. the Nursing Home Administrator confirmed the following observations: room [ROOM NUMBER], alcohol pad and salt wrapper remained on the floor between bed two and the window, clear ointment remained in the clear plastic medicine cup on top of bed two's dresser, a white hairbrush remained on the floor under the bathroom sink, and a built-up of a black substance around toilet base.room [ROOM NUMBER], a yellow wet floor sign situated at the doorway, food crumbs remained under bed one, a bedpan remained laying on the floor under the bathroom sink, and a built-up of a black substance around toilet base.room [ROOM NUMBER], clear plastic cup remained on the floor under bed one, a used tissue remained on the floor behind the bathroom trashcan, and a built-up of a black substance around toilet base.room [ROOM NUMBER], a yellow wet floor sign situated at the doorway, food crumbs remained under bed one, and a built-up of a black substance around toilet baseroom [ROOM NUMBER], fall mats lying on the floor beside the bed with scattered areas of a dry white substance and scattered areas of a dark brown substance that appeared to be feces. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 201.18(e)(2.1) Management</p> |                                                                                   |                                                 |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to provide a clinical rationale for the continued use of a PRN (as needed) psychotropic (affecting the mind) medication beyond 14-days and failed to provide evidence that non-pharmacological interventions (interventions attempted to calm a resident other than medication) were attempted prior to the administration of a PRN psychotropic (mind altering) medication, and failed to provide evidence of attempted gradual dose reductions (GDR) and/or evidence that a GDR was clinically contraindicated for two of six residents reviewed (Residents R35 and R13). Findings include: A facility policy entitled Psychotropic Medication Use dated 1/2/26, indicated. Non-pharmacological approaches are used (unless contraindicated) to minimize the need for medications. PRN orders for psychotropic medications are limited to 14 days. , and residents on psychotropic medications receive GDRs, unless clinically contraindicated, in an effort to discontinue these medications. Review of Resident R35's clinical record revealed an admission date of 11/21/25, with diagnoses that included anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), and altered mental status (a condition that changes a person's mental functions that can cause confusion, and difficulty in thinking or communicating). Review of Resident R35's physician's orders revealed an order dated 1/5/26, to administer Ativan (anti-anxiety) 0.5 milligrams (mg) by mouth every 12 hours PRN for anxiety and lacked the required clinical rationale for continued use beyond 14 days. Review of Resident R35's January 2026, and February 2026, Medication Administration Records (MARs) revealed that the PRN Ativan was used on 1/5/26, 1/7/26, 1/8/26, 1/15/26, 1/18/26, 1/28/26, 1/29/26, 1/31/26, 2/1/26, 2/6/26, and 2/11/26. The clinical record lacked evidence of non-pharmacological interventions being attempted prior to the administration of the PRN Ativan for the eight administrations in January 2026 and for the three administrations in February 2026. Resident R13's clinical record revealed an admission date of 5/23/22, with diagnoses that included stroke with right-sided paralysis (complete or partial loss of function), mood disorder, dementia, and muscle weakness. Resident R13's clinical record revealed a physician's order dated 4/16/25, for Lorazepam (Ativan) 0.5 milliliters under the tongue every four hours as needed for seizures and lacked the required clinical rationale for continued use beyond 14 days. Resident R13's clinical record also contained a physician's order dated 5/10/25, for Ativan one milligram by mouth daily and lacked evidence of a GDR and/or clinically contraindication for dose reduction. During an interview on 2/12/26, at 10:42 a.m. the Director of Nursing (DON) confirmed that Resident R35's PRN Ativan lacked the required stop date within 14 days or a clinical rationale for continued use beyond 14 days and lacked evidence that non-pharmacological interventions were being attempted prior to administering the PRN Ativan. During an interview on 2/13/26, at 12:43 p.m. the DON confirmed that Resident R13's PRN Ativan lacked the required stop date within 14 days or a clinical rationale for continued use beyond 14 days and lacked evidence of clinical contraindication for an attempted GDR for Resident R13's routine Ativan. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p> |                                                                                   |                                                 |

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| <p>F 0628</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on review of facility policies, clinical records, and staff interviews it was determined that the facility failed to provide the resident and/or resident representative with a written notice of the facility bed-hold policy (explanation of how long a bed can be held during a leave of absence and the cost per day), and failed to make certain that the necessary resident information was communicated to the receiving health care provider upon transfer to the hospital for two of four residents reviewed (Residents R1 and R44). Findings include: Review of facility policy entitled Transfer or Discharge, Facility-Initiated dated 1/2/26, indicated Notice of facility bed-hold and return policies are provided to the resident and representative within 24 hours of emergency transfer. And Should a resident be transferred or discharged for any reason, the following information is communicated to the receiving facility or provider: Contact information of the practitioner responsible for the care of the resident. Resident representative information including contact information. Advance directive information. All other information necessary to meet the resident's needs. All special instructions and/or precautions for ongoing care. Comprehensive care plan goals. All other information necessary to meet the resident's needs including but not limited to: Resident status. Diagnosis and allergies. Medications. Most relevant labs. Review of Resident R1's clinical record revealed an admission date of 8/8/25, with diagnoses that included Chronic Obstructive Pulmonary disease (a disease that obstructs air flow from the lungs), diabetes (a health condition that is caused by the body's inability to produce enough insulin), and chronic respiratory failure (a condition where your lungs don't exchange air properly). Review of Resident R1's progress notes revealed a note dated 11/29/25, indicating transfer to the hospital. The clinical record lacked evidence that his/her necessary clinical information was communicated to the receiving health care provider. His/her clinical record also lacked evidence indicating that he/she and/or his/her representative were provided with a copy of the bed-hold policy upon transfer on 11/29/25. Review of Resident R44's clinical record revealed an admission date of 12/9/24, with diagnoses that included diabetes (a health condition that is caused by the body's inability to produce enough insulin), hypertension (high blood pressure), and obstructive sleep apnea (a condition when a person repeatedly stops and starts breathing when they are sleeping). Review of Resident R44's progress notes revealed a note dated 12/10/25, indicating transfer to the hospital. The clinical record lacked evidence that his/her necessary clinical information was communicated to the receiving health care provider. His/her clinical record also lacked evidence indicating that he/she and/or his/her representative were provided with a copy of the bed-hold policy upon transfer on 12/10/25. During an interview on 2/12/26, at 1:38 p.m. the Director of Nursing (DON) confirmed that Resident R1's clinical record lacked evidence that the necessary clinical information was provided to the receiving healthcare provider and lacked evidence indicating that he/she and/or his/her representative were provided with a copy of the bed-hold policy upon transfer. He/she also confirmed when the transfers occurred clinical information should have been provided to the receiving healthcare provider and bed hold policy should have been provided to the resident/representative upon transfer. During an interview on 2/13/26, at 11:15 a.m. the DON confirmed that Resident R44's clinical record lacked evidence that the necessary clinical information was provided to the receiving healthcare provider and lacked evidence indicating that he/she and/or his/her representative were provided with a copy of the bed-hold policy upon transfer. He/she also confirmed when the transfers occurred clinical information should have been provided to the receiving healthcare provider and bed hold policy should have been provided to the resident/representative upon transfer. 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 201.29(c.3) (2) Resident rights</p> |                                                                                   |                                                 |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical records and Minimum Data Set (MDS - federally mandated standardized assessment conducted at specific intervals to plan resident care), and staff interview, it was determined that the facility failed to ensure that MDS assessments accurately reflected the status of two of 14 residents reviewed (Residents R27 and R40). Findings include: MDS instructions for section N Medications, subsection N0350A Insulin Injections Record the number of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days. MDS instructions for section N Medications, subsection N0350B Orders for Insulin Record the number of days the physician (or authorized assistant or practitioner) changed the resident's insulin orders during the last 7 days or since admission/entry or reentry if less than 7 days. Resident R27's clinical record revealed an admission date of 8/21/25, with diagnoses that included Diabetes (a health condition caused by the body's inability to produce enough insulin), Multiple Sclerosis (MS - is an autoimmune disease that affects the central nervous system resulting in a range of physical and cognitive symptoms), and High Blood Pressure. Resident R27's quarterly MDS with an Assessment Reference Date (ARD- a look back period of time for the MDS assessment) of 11/3/25, revealed section N0300 Injections Record the number of days that injections of any type were received during the 7 days or since admission/entry or reentry if less than 7 days was coded as 7. Resident R27's quarterly MDS with an ARD of 11/3/25, revealed section N0350 Insulin Injections Record the number of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days was coded as 7. Resident R27's quarterly MDS with an ARD of 2/2/26, revealed section N0350 Insulin Injections Record the number of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days was coded as 1. Review of R27's physician orders from 8/21/25, through 2/28/26, revealed Resident R27 received Mounjaro (weekly injection that is used to help control blood sugar levels. It is not an insulin but is a Glucagon-like-peptide-1). During an interview on 2/12/26, at 8:35 a.m. Registered Nurse Assessment Coordinator (RNAC) confirmed that Resident R27's 11/3/25, quarterly MDS sections N0300 should have been coded as 1 and section N0350 should have been coded as 0, and 2/2/26, quarterly MDS section N0350 should have been coded as 0. Resident R40's clinical record revealed an admission date of 11/01/19, with diagnoses that included Duchenne Muscular Dystrophy (condition that causes skeletal and heart muscle weakness that quickly gets worse with time), Schizoaffective Disorder, bipolar type (mental health condition with a mix of hallucinations, delusions, and mood disorders causing extreme mood swings, from manic highs to depressive lows, that significantly disrupt daily life and functioning), and seizures. Further review of Resident R40's clinical record revealed a Level I Preadmission Screening and Resident Review (PASRR- federal requirement to help ensure that individuals are not inappropriately placed in Nursing Facilities for long term care) dated 10/29/19, indicated that Resident R40 had a positive screen and required a further PASRR Level II evaluation completed. A Level II letter from the Pennsylvania Department of Human Services dated 11/01/19, indicated that Resident R40 was appropriate for nursing facility placement. Resident R40's Annual MDS dated [DATE], Section A1500 was coded No (does not have a serious mental illness and/or ID/DD (intellectual disabilities/developmental disabilities) or a related condition. During an interview on 2/12/26, at 10:12 a.m. the RNAC confirmed that the annual MDS dated [DATE], Sections A1500 and was coded incorrectly for Resident R40. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 211.5(f)(ix) Medical Records</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395877                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>02/13/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Highland View Rehabilitation & Healthcare Center                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>90 Main Street<br>Brockway, PA 15824 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                 |
| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to review and revise comprehensive care plans to reflect the current care and services for one of 14 residents reviewed (Resident R2). Findings include: Facility policy dated 1/2/26, entitled Care Plans, Comprehensive Person-Centered revealed a comprehensive, person-centered care plan that includes measurable objectives, and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implement for each resident. The policy further stated that assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. Resident R2's clinical record revealed an admission date of 11/5/24, with diagnoses that include Down Syndrome (congenital condition caused by defect involving chromosome 21 characterized by a distinctive pattern of physical characteristics including a flattened skull, pronounced folds of skin in the inner corner of the eyes, large tongue, and short stature and by some degree of limitation of intellectual ability and social and practical skills), Seizures, and Percutaneous Endoscopic Gastrostomy (PEG) tube (a feeding tube placed into your stomach used to give nutrition, medications, and fluids when you cannot safely chew or swallow). Resident R2's physician orders dated 11/20/25, revealed Enteral Tube site care with soap and water and apply split gauze at site daily and as needed for drainage / dislodgement, Flush PEG Tube with 100 cubic centimeters (cc) of water every shift for patency, Flush PEG but with 30 cc water before and after medications and 5 cc between medications every shift, and Ok to give all medications by mouth (crushed) when accepted by resident. If he/she refused to take medications by mouth, may still administer via PEG tube. Resident R2's care plan revealed a goal Will have no complications related to tube feeding or presence of tube was resolved on 7/15/25, and care plan lacked any current goals or interventions related to presence of PEG tube or related orders. During an interview on 2/12/26, at 10:36 a.m. Director of Nursing confirmed that Resident R2 should have a care plan for his/her PEG tube and related orders and his/her clinical record lacked evidence of having one in place. 28 Pa. Code 211.5(f)(ix) Medical records 28 Pa. Code 211.10(c)(d) Resident care policies</p> |                                                                                   |                                                 |