

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395879	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2025
NAME OF PROVIDER OR SUPPLIER  Quality Life Services - Mercer		STREET ADDRESS, CITY, STATE, ZIP CODE  8221 Lamor Road Mercer, PA 16137	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to follow physician orders for one of two residents reviewed (Closed Record Resident CR2). Findings include: A facility policy entitled, Physician Orders, dated 4/16/25, revealed Policy - Physician orders are followed in accordance with good nursing principles and practices and are transcribed and carried out by persons legally authorized to do so. Purpose - to ensure that the residents receive all medications and treatments that are ordered by the physician in a timely manner. Resident CR2's clinical record revealed an admission date of 6/11/25, with diagnoses that included femur fracture of right leg (fracture of the largest leg bone), metabolic encephalopathy (a condition where brain function is disrupted due to chemical imbalances in the body such as illnesses), diabetes mellitus type two (a chronic health condition when blood sugar is uncontrolled and high), and atrial fibrillation (an irregular and often rapid heart rate that causes poor blood flow). Review of Resident CR2's Medication Administration Record (MAR) revealed a physician's order with start date of 6/11/25, for Xultophy Subcutaneous Solution Pen-Injector 100-3.6 Unit-MG/ML [milligrams/milliliter] (Insulin Degludec Lraglutide)- Inject 5 unit subcutaneously at bedtime for diabetes mellitus type two. Hold date from 6/11/25 to 6/12/25, D/C [discontinue] date 6/17/25. Resident CR2's MAR further revealed for the month of June 2025 that his/her Xultophy insulin was not administered per physician's order on 6/13/25, 6/14/25, 6/15/25, and 6/16/25. During an interview on 7/31/25, at 11:20 a.m. the Director of Nursing confirmed the Xultophy insulin noted above was not administered per physician's order for Resident CR2 during the month of June 2025, due to pharmacy not providing medication. 28 Pa. Code 211.9(d)(f)(1) Pharmacy services 28 Pa. Code 211.12(d)(1) Nursing services 28 Pa. Code 211.12(d)(5) Nursing services</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on review of facility policy, clinical records, observations, and staff interview, it was determined that the facility failed to prevent the potential for cross contamination during a dressing change for one of one residents observed with pressure ulcers (Resident R1). Findings include: A facility policy entitled, Wound Dressing Change, dated 7/08/25, revealed the purpose is to prevent contamination of the wound bed. Procedure steps indicated #10 Explain the procedure and provide privacy. Position the area to be treated while maintaining privacy #11 Cleanse your hands #12 Open dressings to be used without touching the dressing. Keep the dressing and/or gauze within the open packet and place it directly on top of the barrier. Open as many gauze packets as necessary to perform the treatment #13 Open the syringe (for cleaning) and keep it within the open packet. Place it directly on top of the barrier. #14 Open the sterile container #15 Place a plastic bag for soiled dressing supplies within easy reach #16 Open the solution to be used and pour it into an individual container. Do not contaminate the dressings with bottle or tubs in anyway. #17 Apply the ordered medication/ointment to the open dressing #18 Expose the area to be treated and protect privacy. 18.1 Apply clean gloves and remove the soiled dressing 18.2 Place the dressing and gloves into a plastic bag and seal #19 Cleanse your hands. Apply clean gloves #20 Cleanse wound using commercial wound cleanser #21 If using NSS, carefully flush the wound with NSS by projecting over the wound. #22 Wipe any excess fluid from the surrounding skin using a dry gauze wipe #23 Measure wound using disposable wound measuring guide, if indicated #24 Dispose of used supplies in the plastic bag. Remove the soiled gloves and place them in a plastic bag #25 Cleanse your hands. Apply clean gloves #25 Apply treatment medication as ordered using a cotton tipped applicator, sterile tongue blade or gauze pad onto which the medication has been applied. Do not touch the exposed area in any way. #27 Apply clean dressing, touching only the edges of the dressing #28 Secure the dressing with tape. Press edges in place #29 Write the date, time and nurse's initials on the tape and then apply it to the top of the dressing. #30 Remove gloves and place them in a plastic bag #31 Cleanse your hands. Resident R1's clinical record revealed an admission date of 5/20/25, with diagnoses including cellulitis of left lower limb (a bacterial infection that causes redness, pain, and warmth), anxiety, osteoarthritis of knee (occurs when flexible tissue at the ends of the bones wear down in the knee), and diabetes mellitus (a chronic health condition where there is not enough insulin produced to control blood sugar levels). During an observation of wound care on 7/29/25, at 1:00 p.m. Licensed Practical Nurse (LPN) Employee E1 proceeded with gloved hands to cleanse Resident R1's coccyx wound area and apply a new dressing without the benefit of washing hands after the removal of the old dressing. During an interview on 7/29/25, at 1:10 pm. LPN Employee E1 confirmed that he/she did not wash hands during the wound dressing change of R1's coccyx pressure ulcer, potentially cross contaminating the new dressing and the wound. During an interview with the Director of Nursing on 7/29/25, at 1:20 p.m. he/she confirmed that hand hygiene should be performed numerous times with a wound dressing change, including before and after the removal of the old dressing, and application of the new dressing to ensure proper infection control measures are taken to prevent cross contamination and infection. 28 Pa. Code 211.10 (d) Resident care policies 28 Pa. Code 211.12(d)(1)(2)(5) Nursing services</p>		