

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/18/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on review of clinical records and staff interviews, it was determined the facility failed to provide personal care in accordance with the comprehensive person-centered care plan for one of 16 residents reviewed (Resident R7). Findings include: Review of a current facility policy entitled Activities of Daily Living revealed that residents will be provided equipment and instruction for mouth care, shaving, make-up and hair care. Resident R7's clinical record revealed an admission date of 8/25/26, with diagnoses that included memory deficit, arthritis and right sided weakness. Resident R7 was identified with cognitive impairment. Resident R7's Care Plan dated 5/25/26, revealed will will have all my physical, medical and psychological needs met during the duration of my stay in this home. Observation on 6/17/2026 at approximately 1:40 p.m. revealed Resident R7 to not be shaven and had long fingernails with dirt underneath the nails. During an interview on 6/17/26, at 2:40 p.m. the Director of Nursing confirmed that Resident R7 had not been shaven and had long fingernails with dirt under them. 28 Pa Code 211.12(d)(1)(5) Nursing services		

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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on review of a facility policy, observations and staff interviews, it was determined that the facility failed to ensure that food was stored in accordance with standards for food safety in one of two refrigerators on the nursing unit (resident refrigerator utilized for food brought in from the community). Findings include: A facility policy entitled Food Brought in From Outside Sources dated 1/26, revealed the purpose of this policy is to ensure the nursing homes have procedures in place for the safe and sanitary storage, handling and consumption of food including food and fluids purchased through third party vendors and brought in by family members and other visitors. Observation on 6/15/26, at 1:20 p.m. revealed a refrigerator with freezer in the residents' dining room with six individual ice packs for resident care stored amongst resident food items in the freezer. Interviews at the time of the observation with the Dietary Manager and Dietitian confirmed that the ice packs for resident care stored along with the residents' food were unsanitary and are not permitted to be stored with the residents' food. Interview with the Nursing Home Administrator (NHA) on 6/15/26, at 3:10 p.m. confirmed that resident care items, such as ice packs, are not permitted to be stored with resident food to ensure all food items have safe and sanitary storage. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3) Management		