

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395906	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2025
NAME OF PROVIDER OR SUPPLIER  Quality Life Services - Henry Clay		STREET ADDRESS, CITY, STATE, ZIP CODE  5253 National Pike 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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to develop and implement a comprehensive care plan for resident and care needs for one of eight residents (Resident R3). Findings include:Review of the facility policy Care Plan and Interdisciplinary Care Conference dated 1/29/25, indicated an individualized, interdisciplinary care plan is initiated within 24 hours for each resident as part of the delivery process. The care plan is a working tool that is reviewed and revised at specific intervals and as needed to reflect response to care and changing needs and goals.Review of the clinical records indicated Resident R3 was admitted to the facility on [DATE].Review of the Minimum Data Set (MDS-periodic assessment of resident care needs) dated 7/14/25, included diagnoses of history of transient ischemic attack (TIA) and cerebral infarction without residual deficit (a TIA is a temporary blockage of blood flow in the brain and cerebral infarction is a stroke that does cause permanent damage to brain tissue. This diagnosis means that the patient experienced has experienced both and at that time did not have lasting neurological deficits), bipolar disorder (a disorder associated with episodes of mood swings ranging from depression lows to manic highs), morbid obesity(having too much body fat, which increases the risk of health problems), chronic pain syndrome (persistent pain lasting longer than 3 months, significantly impacting daily life), hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (common consequence of a cerebral infarction (stroke) affecting one side of the body), diabetes (blood sugar too high or too low).Review of Resident R3's facility diagnosis list included history of transient ischemic attack and cerebral infarction without residual deficits, morbid obesity, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, chronic pain syndrome, diabetes.Review of the clinical record revealed that Resident R3's comprehensive care plan initiated on 6/20/25, failed to include plans of care with goals and interventions for diabetes. Review of the diagnoses list revealed the diagnosis of diabetes was added on 6/20/25 after resident had been transferred to the hospital for evaluation of symptoms (diaphoresis (sweating), thirsty, blurred vision, headache, elevated blood sugar levels) related to new diagnosis of diabetes.During an interview on 7/31/25, at approximately 12:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to develop and implement a comprehensive care plan for resident and care needs for one of eight residents.28 Pa. Code: 211.10(d) Resident care policies.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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