STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395906	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quality Life Services - Henry Clay	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **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 document notifications of medical providers of increased and decreased capillary blood glucose levels and/or failed to document recheck of out-of-range blood sugar levels for three of seven residents (R25, R25, and R72).Findings:Review of the facility policy, Physician Notification dated 1/22/26, 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. The policy further stated to document findings related to the change in condition and physician notification and response.Review of the facility policy, Hypoglycemia Protocol dated 1/22/26, indicated that for hypoglycemia (low blood sugar level) or hyperglycemia (high blood sugar level) the facility staff should Recheck the blood sugar and Notify the MD (doctor of medicine).Review of the clinical record indicated Resident R11 admitted to the facility on [DATE].Review of the Minimum Data Set (MDS, periodic assessment of resident care needs dated 5/11/26, included diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) and dementia (a group of symptoms that affects memory, thinking and interferes with daily life).Review of Resident R11's care plan initiated 10/14/19, revised on 4/30/26, for diabetes indicated to monitor for signs and symptoms of hyperglycemia and hypoglycemia and notify provider and indicated to provide insulin as ordered by the physician. Review of a current physician order dated 1/15/25, indicated to inject Novolin insulin (an injectable medication to treat diabetes) per sliding scale, and indicated if Resident R25's blood sugar level was less than 60 (milligrams per deciliter) to call the MD (Doctor of Medicine) and document in the progress notes.Review of Resident R11's blood sugar record revealed the following decreased blood sugar levels without documentation that the provider was notified:5/06/26, at 7:34 a.m. - 61 mg/dL (milligrams per deciliter), no documentation of recheck.5/15/26, at 8:18 a.m. - 57 mg/dL, no documentation of recheckReview of the clinical record indicated Resident R25 admitted to the facility on [DATE].Review of the MDS dated [DATE], included diagnoses of diabetes and high blood pressure.Review of Resident R25's care plan initiated 9/24/24, revised on 3/17/26, for diabetes indicated to monitor for signs and symptoms of hyperglycemia and hypoglycemia and notify provider and indicated to administer diabetes medications as ordered. Review of a physician order dated 9/14/25-4/21/26, indicated to inject Novolog insulin (an injectable medication to treat diabetes) per sliding scale, and indicated if Resident R25's blood sugar level was less than 60 (mg/dL) to call the MD.Review of a physician's order dated 4/29/25, indicated to administer glucagon emergency injection kit as needed for hypoglycemic protocol for Accu-check less than or equal to 70 (mg/dL) and resident UNRESPONSIVE or UNABLE to swallow. Administer Glucagon IM (intra-muscularly) and recheck in 15 minutes. Review of a physician's order dated 6/20/25, indicated to administer glucose gel 40% as needed for hypoglycemia. If unresponsive and Accu-check (blood sugar check) is less than 70 (mg/dL) administer glucose gel, contact physician, and enter PN (progress note).Review of Resident R25's blood sugar record, medication administration record (MAR), and progress notes for (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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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5/20/26, revealed the following:-7:14 a.m. - Blood sugar check 61 mg/dL, no documentation of recheck.-11:32 a.m. - Blood sugar check 472 mg/dL. -4:00 p.m. - MAR: Glucose gel 40% given.-4:00 p.m. - Note: Resident was leaning over in w/c (wheelchair), diaphoretic, warm and clammy touch, BS 29 (mg/dL) resident in and out of responsiveness, glucose gel administered as resident was able to swallow without difficulty. This progress note had no further documentation of notification to the provider.-4:15 p.m. - Blood sugar check 46 mg/dL-4:30 p.m. - Blood sugar check 37 mg/dL-4:30 p.m. - Note: Glucose gel is ineffective.-4:36 p.m. - Administration of glucagon injection.-4:36 p.m. - Note: Resident's BS (blood sugar) showing minimal improvement, resident remains in and out of unresponsiveness, warm, clammy, and diaphoretic, Glucagon injection administered per order. This progress note had no further documentation of notification to the provider.-4:47 p.m. - Blood sugar check 79 mg/dL-4:47 p.m. - Note: Glucagon injection is effective.Review of the clinical record indicated Resident R72 admitted to the facility on [DATE].Review of the MDS dated [DATE], included diagnoses of diabetes and osteomyelitis (inflammation of the bone or bone marrow, usually due to infection).Review of Resident R72's care plan initiated 10/6/25, revised on 3/17/26, for diabetes indicated to monitor for signs and symptoms of hyperglycemia and hypoglycemia and notify the provider. Review of a physician order dated 3/16/26, reordered 4/18/26 (discontinued 4/29/26), indicated to inject insulin lispro (an injectable medication to treat diabetes) per sliding scale, and indicated if Resident R72's blood sugar level was less than 60 or greater than 400 mg/dL to call the MD.Review of a current physician order dated 4/29/26, and reordered 5/5/26, indicated to inject insulin lispro per sliding scale, and indicated if Resident R72's blood sugar level was less than 70 or greater than 450 mg/dL to call the MD.Review of Resident R72's blood sugar record and progress notes revealed the following elevated blood sugar levels without documentation that the provider was notified or documentation of a blood sugar recheck:4/11/26, at 7:46 p.m. - 425 mg/dL4/24/26, at 8:54 p.m. - 406 mg/dL4/28/26, at 8:30 p.m. - 554 mg/dL5/28/26, at 8:01 p.m. - 476 mg/dL6/04/26, at 8:31 p.m. - 491 mg/dL6/06/26, at 1:10 p.m. - 466 mg/dLDuring an interview on 6/18/26, at 10:24 a.m. the Director of Nursing confirmed that the clinical record failed to reveal documentation of a notification to the provider and or documentation of blood sugar rechecks completed for the above residents. During an interview on 6/18/26, at approximately 12:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to document notifications of medical providers of increased and decreased capillary blood glucose levels and/or failed to document recheck of out-of-range blood sugar levels for three of seven residents.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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documentation, observations, and staff interviews, it was determined that the facility failed to make certain that equipment was in safe operating condition for one of five suction units (Harmony Hills Hall Room-29 D).Findings include: Review of a facility document Facility Assessment last reviewed 4/24/26, indicated the facility has a list of medical equipment identified for routine inspection, maintenance checks weekly and recommended maintenance through the manufacturer. Included in the list for routine inspection, maintenance for medical equipment are suction machines (suction used to keep an airway open by removing mucus or other material that a person cannot clear from their airway). During an observation completed on 6/18/26, at 9:00 a.m. the Harmony Hills Hall room [ROOM NUMBER]-D at the bedside of a resident with a tracheostomy (surgical opening in the neck that helps a person breathe), was a suction unit that did not have an inspection/testing log. During an interview completed on 6/18/26, at 9:00 a.m. Registered Nurse (RN) Employee E1 confirmed the Harmony Hills Hall room [ROOM NUMBER]-D suction unit did not have documentation of inspection/testing of the unit and confirmed the facility failed to make certain that equipment was in safe operating condition. During an interview completed on 6/18/26, at 9:10 a.m. Licensed Practical Nurse (LPN) Employee E2 confirmed the Harmony Hills Hall room [ROOM NUMBER]-D suction unit did not have documentation of inspection/testing of the unit and confirmed the facility failed to make certain that equipment was in safe operating condition. During an interview completed on 6/18/26, at 9:20 a.m. Licensed Practical Nurse (LPN) Employee E23 confirmed the Harmony Hills Hall room [ROOM NUMBER]-D suction unit did not have documentation of inspection/testing of the unit and confirmed the facility failed to make certain that equipment was in safe operating condition. During an interview on 6/18/26, at 10:00 a.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to make certain equipment was in safe operation condition. 28 Pa. Code: 201.14(a) Responsibility of licensee.