

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395908	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2026
NAME OF PROVIDER OR SUPPLIER Bradford Ecumenical Home, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Saint Francis Drive Bradford, PA 16701	
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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on review of clinical records, and staff interview, it was determined that the facility failed to inform the resident and/or resident representative in advance of the risks and benefits of psychotropic medications (medications that affect the persons mental state, emotions and behavior) and the treatment alternatives prior to initiating the administration of the medication for one of five residents reviewed for psychotropic medications (Resident R11). Findings include: Review of Resident R11's clinical record revealed an admission date of 5/15/24, with diagnoses that included depression (a persistent feeling of sadness or hopelessness that lasts for a long time and affects how a person feels, thinks, and acts, with a general sense of unhappiness that doesn't go away), and mood disorder (a condition that affects how a person feels emotionally, long lasting and can make functioning in daily life difficult.). Review of Resident R11's physician's orders revealed an order dated 5/21/25, for Zoloft (antidepressant) 100 mg (milligrams) once a day. Resident R11's clinical record lacked evidence that he/she and/or his/her representative were informed in advance of the risks, benefits, and alternative treatments prior to administration of Zoloft. During an interview on 7/30/26, at 4:01 p.m. the Director of Nursing confirmed that Resident R11's clinical record lacked evidence that he/she and/or his/her representative were informed in advance of the risks, benefits, and alternative treatments prior to the administration of Zoloft. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services 28 Pa. Code 201.18(b)(1) Management		

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