

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395909	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2026
NAME OF PROVIDER OR SUPPLIER Darway Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5865 Route 154 Forksville, PA 18616	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on a review of select facility policies and procedures, staff interview, and review of personnel training records, it was determined that the facility failed to implement measures to protect residents from abuse for one of nine employees reviewed (Employee 2, Resident 1). Findings include: The facility policy entitled, Abuse Policy, last reviewed November 18, 2025, revealed that prevention includes training all staff and practitioners how to resolve conflicts appropriately, helping staff to deal appropriately with stress and emotions, and training staff to understand and manage a resident's verbal or physical aggression. The facility during its orientation program and through ongoing training programs provides all employees with information regarding abuse, including prevention, intervention, and detection and related reporting requirements. Steps will be taken to prevent further potential abuse that include corrective measures. The facility policy entitled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, last reviewed November 18, 2025, revealed that all reports of resident abuse, neglect, exploitation, or misappropriation of resident property are reported to local, state, and federal agencies as required by current regulations and thoroughly investigated by facility management. Findings of all investigations are documented and reported. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies that included the state licensing/certification agency responsible for surveying/licensing the facility. The follow-up investigation report will provide sufficient information to describe the results of the investigation, and indicate any corrective actions taken if the allegation was verified. Clinical record review for Resident 1 revealed that his diagnoses list included dementia (a syndrome characterized by a decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities), bipolar disorder (also known as manic depressive illness or manic depression, is a mental health condition characterized by significant mood swings, including manic (or hypomanic) episodes and depressive episodes), anxiety disorder (a mental health condition characterized by excessive, uncontrollable worry about everyday issues, affecting daily functioning and quality of life), and impulse disorder (a psychiatric condition characterized by the inability to resist urges or impulses that may harm oneself or others). Nursing documentation dated October 18, 2025, at 9:12 AM noted that Resident 1 was, .resistant with cares. Pulling away and not wanting to be touched. Two staff to give a shower to this morning. Unable to verbalize but seems anxious and annoyed when staff approaches. Review of an ERS (Event Reporting System, electronic system of communication between nursing facilities and the local field office of the Department of Health to provide a system to insure consistent data entry and submission of facility events) report dated November 7, 2025, revealed that Employee 1 (nurse aide) verbally abused Resident 1 before another staff witnessed her smack Resident 1 on the back while attempting incontinence care. Review of the facility's investigation of the incident indicated that on November 10, 2025, after the facility completed the investigation, Employee 1 was terminated; and, Whole house education on Abuse and employee's reporting responsibilities initiated. A review of the list of active employees provided by the facility during the onsite survey revealed that Employee 2 (activities aide) was hired on May 26, 2023. Review of the in-service training records entitled, Recording Policy, Etiquette with Residents, and Abuse, dated November 7, 2025, revealed no evidence that Employee 2 completed the trainings (continued on next page)</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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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>initiated in response to Resident 1's incident noted above. Interview with the Nursing Home Administrator and the Director of Nursing on April 25, 2026, at 2:40 PM confirmed that Employee 2's signature was not on the signature sheets that evidenced completed trainings for all staff. The interview confirmed that Employee 2's date of hire was before the November 2025 incident, and that Employee 2 has continued to work with residents since the November 2025 incident for which all staff were to receive education. 28 Pa. Code 201.20(d) Staff development 28 Pa. Code 201.29(c) Resident rights 28 Pa. Code 211.12(d)(1)(2)(3) Nursing services</p>