STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395977	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bella Healthcare Center	410 Terrace Drive Uniontown, PA 15401

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interviews, it was determined that the facility failed to provide a dining experience that promoted resident dignity for 1 of 5 residents (Resident R62). Findings include:A review of the facility Resident Rights policy dated 3/28/25, indicated that the resident has a right to a dignified existence.A review of the clinical record indicated Resident R62 was admitted to the facility on [DATE] with diagnoses that included epilepsy, intellectual disability, diabetes, and need for assist with personal care. A review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 8/6/25, indicated Resident R62 has severely impaired cognition and requires supervision and assistance of one person for eating. During meal observations in the main dining room of the second-floor nursing unit on 8/27/25 at 12:00 p.m., it was revealed that five residents were seated at the dining table including Resident R62. Four residents were served meal trays at 12:05 p.m. and were eating. Resident R62 was sitting at the same table, and was not served his meal until 12:40 p.m.During an interview on 8/27/25, at 12:40 p.m. Licensed Practical Nurse (LPN) Employee E1 confirmed that the facility failed to provide a dignified dining experience for Resident R62, during lunch in the main dining room of the Second-Floor nursing unit. 28 Pa. Code: 201.29(j) Resident rights.28 Pa. Code: 211.12(d)(1)(2)(3)(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395977	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bella Healthcare Center	410 Terrace Drive Uniontown, PA 15401

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395977	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bella Healthcare Center	410 Terrace Drive Uniontown, PA 15401

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, facility records, resident, and staff interviews, it was determined that the facility failed to make certain call lights were accessible for six of twelve residents as required (Resident R1, R20, R72, R94, R109, and R502).Based on a review of facility policy, facility records, resident, and staff interviews, it was determined that the facility failed to make certain call lights were accessible for six of twelve residents as required (Resident R1, R20, R72, R94, R109, and R502). Findings include: The facility policy Resident Rights dated 3/28/25, indicated Call light or bell access will be within reach of the resident as one method to communicate needs to staff. Review of Resident R1's clinical record indicated the resident was originally admitted to the facility on [DATE]. Review of the resident's care plan documented interventions initially dated 5/1/23 and revised on 3/31/25 place call bell within reach, remind resident to call for assistance. Review of the resident's bed safety evaluation dated 6/21/25 indicated the resident is not capable of using their call light. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 6/25/25, indicated diagnoses of non-Alzheimer's dementia (loss memory and cognitive functions), malnutrition (imbalance between the nutrients your body needs to function), and psychotic disorder (disconnection from reality symptoms of delusions, hallucinations and disorganized thinking). Review of Section GG: Functional Abilities GG0130, indicated that Resident R1 is dependent with all care helper does all of the effort, resident does none of the effort to complete activity or assistance of two or more helpers is required. During an interview on 8/26/25 at approximately10:00 a.m. Resident R72 was unaware of the location of the call light. During an observation with the Nursing Home Administrator (NHA) confirmed on 8/26/25 at approximately 11:00 a.m. Resident R1 call light was on the resident's nightstand next to the resident's bed, out of the reach of the resident. No alternative method was noted to be in place for the resident to communicate needs as per facility policy. Review of Resident R20's clinical record indicated the resident was originally admitted to the facility on [DATE]. Review of the resident's care plan documented interventions initially dated 10/27/22 and revised on 3/13/25 place call bell within reach, remind resident to call for assistance. Review of the resident's bed safety evaluation dated 6/13/25 indicated the resident is capable of using their call light. Review of Resident R20's MDS dated [DATE], indicated diagnoses of non-Alzheimer's dementia, anxiety disorder (feelings of fear, dread or apprehension without an appropriate cause), and malnutrition (imbalance between the nutrients your body needs to function). Review of Section GG: Functional Abilities GG0130, indicated that Resident R20 is dependent with care helper does all of the effort, resident does none of the effort to complete activity or assistance of two or more helpers is required. During an interview on 8/26/25 at 10:50 a.m. Resident R20 was unaware of the location of the call light. During an observation rounds with NHA confirmed on 8/26/25, at approximately 11:00 a.m. Resident R20 call light was on Resident R1's nightstand next to Resident R1's bed, out of reach of Resident R20. Review of Resident R72's clinical record indicated the resident was originally admitted to the facility on [DATE]. Review of the resident's care plan documented interventions initially dated 1/26/23 and revised on 3/13/25 place call bell within reach, remind resident to call for assistance. Review of the resident's bed safety evaluation dated 7/27/25 indicated the resident is capable of using their call light. Review of Resident R72's MDS dated [DATE], indicated diagnoses of non-Alzheimer's dementia, anxiety disorder (feelings of fear, dread or apprehension without an appropriate cause), and hypertension (high blood pressure). Review of Section GG: Functional Abilities GG0130, indicated that Resident R72 is dependent with oral, personal, toileting, and shower hygiene, helper does all of the effort, resident does none of the effort to complete activity or assistance of two or more helpers is required. During an interview on 8/26/25 at approximately 9:30 a.m. Resident R72 was unaware of the location of the call light. During an observation rounds Licensed Practical Nurse (LPN) Employee E2 confirmed on 8/26/25 at approximately 11:10 a.m. Resident R72's call light was wrapped around the call system connection port in the middle of the room, out of reach of Resident R72. Review of Resident R94's clinical record indicated the resident was originally admitted to the facility on [DATE]. Review of the resident's care plan documented interventions initially dated 12/17/24 and revised on 3/13/25 place call bell within reach, remind resident to call for assistance. Review of the resident's bed safety evaluation dated 7/3/25 indicated the resident is capable of using their call light. Review of Resident R94's MDS dated [DATE], indicated diagnoses of malnutrition (imbalance between the nutrients your body needs to function), anxiety disorder (feelings of fear, dread or apprehension without an appropriate cause), and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395977	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bella Healthcare Center	410 Terrace Drive Uniontown, PA 15401

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation, and staff interview, it was determined that the facility failed to ensure the comprehensive care plan was implemented related to assisting/cueing a resident for eating for one of five residents (Resident R70). Findings include:Review of facility policy Plan of Care Overview dated 3/28/25, indicated that the facility will provide resident centered care that meets the psychosocial, physical, and emotional needs and concerns of each resident. The plan provides guidance to the facility to support the inclusion of the resident in the plan to enable the resident to live with dignity and supports the resident's goals, choices and preferences related to their daily routines.Review of the clinical record indicated Resident R70 was admitted to the facility on [DATE].Review of Resident R 70's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/8/25, indicated diagnoses of diabetes, bilateral cataracts, lung disease, anxiety, cognitive deficit, and dementia and muscle weakness. Section GG0130(Self Care) indicated Eating as requiring supervision/touching assistance.Review of Resident R70's care plan dated 7/11/25, indicated Resident R70 will receive supervision/ touching assistance where helper touches or cues the resident while eating.During an observation on 8/27/25, at 8:40 a.m., Resident R70 was having difficulty eating, when asked Resident R70 stated she was not okay and began shaking. Staff were not in her room cueing/assisting her with her meal. When the tray was removed, only the oatmeal had been eaten.During an interview on 8/27/25, at 8:42 a.m., Nurse Aide (NA) Employee E2 was removing Resident R70's tray and the NA stated, she told me she was done. During an interview on 8/27/25, at 11:40 a.m., The Assistant Director of Nursing (ADON) Employee E3 stated that Resident R70 feeds herself, however, after reviewing the plan of care, ADON Employee E3 confirmed that the facility failed to ensure the comprehensive care plan was implemented related to Resident R70 being assisted with eating. 28 Pa. Code 211.10(c)(d) Resident care policies.28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395977	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bella Healthcare Center	410 Terrace Drive Uniontown, PA 15401

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation, clinical record review, and staff interview, it was determined that the facility failed to provide Activity of Daily Living (ADL) assistance for one of five residents (Residents R70). Findings include:Review of the facility policy Routine Resident Care, dated 3/28/25, indicated that the facility will promote resident centered care by attending to the total medical, nursing, physical, emotional, mental, social and spiritual needs. During an observation on 8/27/25, at 8:40 a.m., Resident R70 was in her room having difficulty eating. Resident had slip indicating a Kennedy cup (assistive aide drinking cup) which was not identified on her tray, there were no staff assisting the resident and she appeared to be having difficulty getting food into her mouth and food was not cut up for her to have the ability to spoon food. Resident was asked if she was ok, she stated No, then began shaking when attempting to scoop food items. Staff indicated that she feeds herself. During a continued observation on 8/27/25, at 9:00 a.m., Nurse Aide (NA) Employee E3 had entered Resident R70's room and came out with an uneaten tray except the oatmeal. When asked what the Resident ate, NA Employee E3 stated she said she was done.Review of the clinical record indicated Resident R70 was admitted to the facility on [DATE].Review of Resident R 70's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/8/25, indicated diagnoses of diabetes, bilateral cataracts, lung disease, anxiety, cognitive deficit, and dementia and muscle weakness. Section GG 0130 (Self-care) indicated eating requiring supervision/touching assistance.Review of Resident R70's care plan dated 7/11/25, indicated Resident R70 will receive supervision/ touching assistance where helper touches or cues the resident while eating.Review of Resident R70's weights indicated weight loss of approximately two pounds per week was identified.During an interview on 8/27/25, at 11:40 a.m., The Assistant Director of Nursing (ADON) stated that Resident R70 feeds herself, however, after reviewing the plan of care, and identified weight loss, the ADON confirmed that the facility failed to provide Activity of Daily Living (ADL) assistance for one of five residents (Residents R70). 28 Pa. Code: 211.12(1) Nursing services.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12 (2)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395977	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bella Healthcare Center	410 Terrace Drive Uniontown, PA 15401

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview with therapy staff and resident, clinical record review and staff interview, it was determined facility failed to ensure that residents received proper treatment and assistive device to maintain hearing abilities for one of three residents (Resident R30).Findings include:According to S483.25(a)(2) - Assistive devices to maintain hearing include, but are not limited to, hearing aids, and amplifiers.The facility's responsibility is to assist residents and their representatives in locating and utilizing any available resources (e.g., Medicare or Medicaid program payment, local health organizations offering items and services which are available free to the community) for the provision of the services the resident needs. This includes making appointments and arranging transportation to obtain needed services.During an interview on 8/27/25, at 9:01 a.m., Resident R30 call light above her door was illuminated and Therapy Employee E4, entered the room and asked Resident R30 what she needed. Resident R30 stated what I can't hear you, my ears are clogged, can you tell the doctor I need hearing aids.Review of the clinical record indicated that Resident R30 was admitted to the facility on [DATE], with a readmission dated of 7/17/23, diagnoses which included stroke, heart failure and fibrillation. The Minimum Data Set (MDS - periodic assessment of care needs) dated 7/22/25, indicated the diagnoses remained current. Review of an Audiology consult at the facility, dated 12/7/22, indicated impacted hard cerumen in bilateral ears which had to be extracted. That consult indicated follow up for 6-9 months. Review of Resident R30's complete physician orders from 12/5/22, through current indicated an order for [NAME] Otic solution was ordered for her right ear for seven days due to impacted ear wax. An order for audiology as needed was identified. Review of the clinical record did not include a follow up with Audiology from 12/7/22, through current. During an interview on 8/27/25, at 2:00 p.m., the Nursing Home Administrator confirmed that the facility failed to ensure that residents received proper treatment and assistive device to maintain hearing abilities for one of three residents (Resident R30). 28 Pa Code 211. 12(d)(1)(3)(5) Nursing services 28 Pa Code 201.21(c) Use of outside resources 28 Pa Code 201.14(a) Responsibility of licensee

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395977	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bella Healthcare Center	410 Terrace Drive Uniontown, PA 15401

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **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 make certain consistent dialysis communication was maintained for two of two residents (Residents R2 and R92). Findings include: Review of the facility policy Hemodialysis Care and Monitoring dated 3/28/25, indicates The care of the resident receiving dialysis services will include ongoing communication, coordination and collaboration between the dialysis center and the facility that may include but is not limited to: Telephonic communication, providing pre and post documentation of resident assessment to evaluate the resident response to dialysis and update care plan in collaboration with dialysis recommendations. Medication administration timing, changes and new orders. The facility will provide a copy of the current MAR and pre-evaluation for dialysis from the electronic medical record to the dialysis center. Review of the admission record indicated Resident R2 was initially admitted to the facility on [DATE]. Review of Resident R2's Minimum Data Set (MDS - periodic assessment of resident care needs) dated 8/14/25, indicated diagnoses of end stage renal disease (condition where kidneys lose the ability to remove waste and balance fluids) hypertension (high blood pressure), and bipolar disorder (mental illness with unusual shifts in mood). Review of Resident R2's physician orders dated 8/4/25, indicated dialysis: Tuesday, Thursday, and Saturday at [dialysis center]. Chair time scheduled at 6:05 a.m., pickup time 5-5:30 a.m., and return time 9:30-10:00 a.m. Review of Resident R2's current care plan indicated dialysis: at [dialysis center]. Chair time scheduled at 6:05 a.m., pickup time 5-5:30 a.m., and return time 10:00-10:30 a.m. Review of Resident R2's dialysis communication forms indicated the following:8/5, 8/7, 8/9, 8/12, 8/16, 8/18, 8/21, 8/23, 8/26, and 8/28/25 dialysis communication forms were incomplete. Review of the admission record indicated Resident R92 was initially admitted to the facility on [DATE]. Review of Resident R92's MDS dated [DATE], indicated diagnoses of end stage renal disease (condition where kidneys lose the ability to remove waste and balance fluids) hypertension (high blood pressure), and arthritis. Review of Resident R92's physician orders dated 8/4/25, indicated dialysis: Monday, Wednesday, and Friday at [dialysis center]. Chair time scheduled at 1:00 p.m., pickup time 12-12:30 p.m., and return time 5:30-6:00 p.m. Review of Resident R92's current care plan indicated dialysis: at [dialysis center]. Chair time scheduled at 1:00 p.m., pickup time 12-12:30 p.m., and return time 5:30-6:00 p.m. Review of Resident R92's dialysis communication forms indicated the following:8/4, 8/6, 8/8, 8/11, 8/13, 8/15, 8/18, 8/20, 8/22, 8/25, and 8/27/25 dialysis communication forms were incomplete. During an interview on 8/28/25, at 12:16 p.m. the Director of Nursing confirmed the facility failed to make certain consistent dialysis communication was maintained for two of two residents (Residents R2 and R92). 28 Pa. Code: 211.5(f) Clinical records 28 Pa. Code: 211.12(d)(2)(3) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395977	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bella Healthcare Center	410 Terrace Drive Uniontown, PA 15401

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview it was determined that the facility failed to employ a qualified Food Service Director to manage the daily operations of the Dietary Department for 11 out of 12 months (October 2024 through August 2025). Findings include: During an interview on 8/26/25, at 9:32 a.m., Corporate Certified Dietary Manager Employee E5 stated that Food Service Director (FSD) Employee E6 is not a Certified Dietary Manager. That the FSD was Serv Safe certified.During an interview on 8/27/25, at 10:25 a.m. the Nursing Home Administrator stated that the Registered Dietitian (RD) was not employed full [NAME] she comes in three times a week. During an interview on 8/27/25, at 2:00 p.m., the Nursing Home Administrator (NHA) confirmed that the facility failed to provide documented evidence that FSD Employee E6 met the qualifications for the position of Food Service Director. Pa Code: 201.18(e)(6) Management.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395977	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bella Healthcare Center	410 Terrace Drive Uniontown, PA 15401

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on a review of the food council minutes, resident group meeting information, observation and staff interview, it was determined that the facility failed to serve food that was palatable and attractive.Findings include:Review of three months of food council meeting minutes identified residents stating that the food was tasteless. During the resident group meeting on 8/26/25, at 1:48 p.m., the consensus of the resident's indicated: food trays had hair in them at times, and they question if hair nets are used. Kitchen staff is rude when you call them if they answer the phone and the kitchen staff is rude to the floor staff as well when they call. Rarely get the meal order that is on the menu. The paper on your tray is not accurate often. You get cereal and no milk or milk and no cereal. During an observation of tray line service on 8/27/25 from 11:42 a.m., through 12:40 p.m., the following was observed:When pureed foods were plated, they were all placed in a big glob and the zucchini was very thin and all three items mixed together.18 residents did not receive the cherry cheesecake dessert that was identified for meal posted.15 received plain pudding and three received the alternate pear crisp, although all food slips indicated the cherry dessert.During an interview on 8/27/25, at 2:00 p.m., the Nursing Home Administrator and Corporate Dietary Manager Employee E5 confirmed that the facility failed to serve food that was palatable and attractive.28 Pa. Code 211.6(b) Dietary Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395977	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bella Healthcare Center	410 Terrace Drive Uniontown, PA 15401

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. Based on observations, and staff interview, it was determined that the facility failed to provide a resident adaptive eating equipment and utensils for one out of five residents (Resident R70).Findings Include:Review of the facility policy Assistive Eating Devices dated 3/28/25, indicated the facility will provide assistive eating devices to residents with limited arm mobility, grasp. range of motion as recommended by nursing or therapy to promote independence in drinking and eating to their maximum ability. During an observation on 8/27/25, at 8:40 a.m., Resident R70 was in her room having difficulty eating. Resident had slip indicating a Kennedy cup (assistive drinking cup) which was not identified in her tray, there were no staff assisting the resident and she appeared to be having difficulty getting food into her mouth and food was not cut up for her to have easier ability to spoon food. Resident was asked if she was ok, she stated No, then began shaking when attempting to scoop food items. Staff indicated that she feeds herself.Review of Resident R70's plan of care dated 7/29/25, indicated adaptive equipment: Kennedy cup with hot liquids. During an interview on 8/27/25, 11:40 a.m., the Assistant Director of Nursing Employee E3 confirmed the facility failed to provide a resident adaptive eating equipment and utensils for one out of five residents (Resident R70).Pa Code: 201.14(a) Responsibility of licensee.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395977	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bella Healthcare Center	410 Terrace Drive Uniontown, PA 15401

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, and staff interview, it was determined that the facility failed maintain sanitary conditions to prevent the potential for cross-contamination or foodborne illness in the main kitchen (Main Kitchen).Findings include:During an observation of the kitchen on 8/2725, from 11:22 a.m., through 12:45 p. m., the following was observed:A foam glass with liquid and initials SM was observed on food prep table near cooler, Dietary Aide Employee E7 confirmed it was hers.at 11:37 a.m. Dietary Aide Employees E7 and E8 entered the kitchen with their hair not completely covered with hairnet. Dietary [NAME] Employee E9 was wiping down prep areas took rag with gloves into hall, then returned and donned gloves and began placing bread onto pan, left area to get cheese from refrigerator, opened cheese packed in plastic wrap, removed cheese and began making grilled cheeses sandwiches. No handwashing between tasks. Dietary Manager (DM) Employee E6 picked up scoop he dropped onto floor, took it to sink, returned to tray line placed gloves and began serving meals, no hand washing prior to tray line service. Tray line began at 11:43 a.m. was to start at 11:30 a.m. according to schedule. DM Employee E6 removed buns from bag, placed on plate, no handwashing/glove change. Dietary Aide Employee E7 removed bread from package with contaminated gloves as she was performing another task and placed bread slices onto a plate for meat to be placed on by DM Employee E6 Cart delivery posted indicated:2nd floor DR 11:40 a.m , delivery actual time was 11:543rd floor DR 11:50 a.m., actual time left kitchen at 11:582 North was to arrive at noon, actual arrival at 12:103 North was to arrive at 12:10 p.m , actual time left the kitchen at 12:20 p.m.2 South was to arrive at 12:20 p.m. , actual time left the kitchen was 12:34 p.m.3 South was to arrive at 12:30 p.m., actual left kitchen at 12:45 p. m. During an interview on 8/27/25, at 2:00 p.m., Corporate Dietary Manager Employee E5 and the Nursing Home Administrator confirmed that the facility failed maintain sanitary conditions to prevent the potential for cross-contamination or foodborne illness in the main kitchen (Main Kitchen).28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1) Management.28 Pa. Code: 211.6(c) Dietary services.