STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396026	A. Building B. Wing	06/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Concordia at Villa St Joseph	1030 State Street Baden, PA 15005

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 - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on review of facility policy, observations, and resident and staff interviews it was determined that the facility failed to provide activity of daily living assistance for six of 29 residents (Resident R1, R2, R3, R4, R5, and R6).Findings include: Review of the facility policy Accessibility and Timely Response dated 1/1/26, indicated All staff members who see or hear an activated call light are responsible for responding. If the staff member cannot provide what the resident desires, the appropriate personnel should be notified. During an observation of the Ebensburg Nursing Unit on 6/19/26, at approximately 11:15 a.m. multiple call lights were observed to be alarming, with both red and white lights illuminated above resident doors. At this time, Activities Employee E1 was observed in the hallway where four call lights were illuminated. When asked about the call lights not being responded to, Activities Employee E1 stated, I'm Activities. When asked if she was still able to respond to call light to ensure resident's safety in case they had fallen or respond to non-nursing request, Activities Employee E1 stated, Well, I guess I could. During an observation on 6/19/26, at approximately 11:20 a.m. the surveyor approached the nursing station and asked the staff member standing at the desk what the call lights that were illuminated red meant. The staff member stated, I think that means they are in the bathroom, I'm not an aide. When asked what her position was, the staff member stated, I'm a Unit Clerk. At this time, Unit Clerk Employee E2 then exited the nurses' station and the unit without responding to any of the alarming call lights. During an observation of the call light monitor at the nurse's station on 6/19/26, at approximately 11:23 a.m. revealed call lights were illuminated on the monitor for Resident R1, Resident R2, Resident R3 and R4's room, and Resident R5. During an observation on 6/19/26, at approximately 11:25 a.m. the call lights still illuminated on the Ebensburg Nursing Unit, Social Services Employee E3 was observed walking past Resident R1 and R2's rooms without stopping to ensure resident safety or attempting to respond to a possible non-nursing request. During an interview on 6/19/26, at approximately 11:35 a.m. Resident R6 stated that call light responses can take up to a half hour. During an interview on 6/19/26, at approximately 12:00 p.m. the Nursing Home Administrator confirmed the facility failed to provide activity of daily living assistance for failed to provide activity of daily living assistance for six of 29 residents. 28 PA. Code:201.18(b)(2) Management.28 PA. Code:201.29(a) Resident's Rights

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