STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396102	A. Building B. Wing	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Conemaugh Memorial Medical Center Tcu	320 Main Street Johnstown, PA 15901

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure urinary output was monitored for one of 14 residents reviewed (Resident 27) who had a nephrostomy tube (a thin flexible tube inserted into the kidney through the skin to drain urine). Findings include: A facility policy for intake and output monitoring, dated March 19, 2025, input and output of residents are monitored during their stay at the facility. Intake and output are recorded on each resident in the electronic medical record every shift or per the physician's order if different from facility protocol. Output may include: output voided from the bladder, output from a urinary catheter (a thin, flexible tube inserted into the bladder to drain urine from the bladder), or any other drainage tube in place to assist with bladder drainage, vomitus, or any large amount of fluid loss in any capacity. A nursing for Resident 27, dated March 6, 2026, revealed that the resident was admitted with diagnoses including a urinary tract infection, Chronic kidney disease stage 3a (mild-to-moderate loss of kidney function), chronic right ureteropelvic junction (UPJ) obstruction (a blockage where the ureter meets the kidney, causing trapped urine to damage the kidney), status post nephrostomy tube (recent placement of a nephrostomy tube), and was admitted for intravenous (administration of medications directly into a person's vein) antibiotic therapy. A care plan for the resident, dated March 6, 2026, revealed that the resident had a right nephrostomy tube and staff were to monitor strict intake and output measurement. Physician's orders for Resident 27, dated March 6, 2026, included an order to record intake and output three times daily. Review of Resident 27's clinical record revealed that there was no documented evidence that the resident's output, including his nephrostomy tube output, was documented on March 6 and 7 between the hours of 7:01 p.m. and 7:00 a.m.; on March 8 between the hours of 7:01 a.m. and 7:00 p.m.; and on March 9 between the hours of 7:01 a.m. and 7:00 p.m. Interview with the Director of Nursing on March 10, 2026, at 11:55 a.m. confirmed that there was no documented evidence that Resident 27's intake and output, including his nephrostomy output, was documented during the 12-hour shifts on the above-mentioned dates and times. 28 Pa. Code 211.12(d)(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
	396102	A. Building B. Wing	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Conemaugh Memorial Medical Center Tcu	320 Main Street Johnstown, PA 15901

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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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that dietitian recommendations for dietary supplements were accurately ordered for one of 14 residents reviewed (Resident 28).Findings include: Review of Resident 28's admission orders and progress notes, dated March 5, 2026, revealed that the resident was admitted after a fall at home resulting in a fracture to her left arm. A care plan for the resident, dated March 5, 2026, revealed that the resident had a risk for altered nutrition and skin integrity. A dietician note for Resident 28, dated March 5, 2026, at 8:29 a.m. recommended the addition of an ensure plus high protein supplement and a mighty shake supplement each daily to support adequate nutrition status. A physician's order for Resident 28, dated March 5, 2026, revealed that the resident was to receive an ensure high protein supplement daily with supper and a mighty shake supplement daily with lunch. Observations of Resident 28 on March 9, 2026, at 11:57 a.m. revealed that the resident was sitting in her chair in her room. She had a cast to her left arm, bruising to left the side of her face, and had a pressure-relieving cushion on her chair. She had received her lunch tray and there was no mighty shake on her tray. Review of Resident 28's clinical record revealed that there was no documented evidence that the resident received her supplements as recommended and ordered on March 7 for lunch and supper and March 8 for lunch and supper. Interview with Registered Nurse 1 on March 9, 2026, at 12:30 p.m. confirmed that Resident 28 was ordered to receive a mighty shake daily with lunch and an ensure high protein supplement daily with supper. Review of the order revealed that the order was entered incorrectly indicating that the order was entered for the resident to receive the supplements for one occurrence; however, she was to receive the supplement routinely as recommended by the dietician. Interview with the Director of Nursing on March 9, 2026, at 2:59 p.m. confirmed that the orders for Resident 28's supplements were entered into the electronic health record incorrectly and confirmed that the resident did not receive her supplements as ordered and recommended on March 7 for lunch and supper, March 8 for lunch and supper and on March 9 for lunch and she should have. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services