STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396116	A. Building B. Wing	11/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Little Sisters of the Poor	1028 Benton Avenue Pittsburgh, PA 15212

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** 48546 Based on a review of facility policy, observations, and resident and staff interviews, it was determined that the facility failed to provide care in a manner and environment that promotes and maintains quality of life by failing to allow a resident to smoke at requested times for one of three residents reviewed (Resident R17). Findings include: Review of facility policy Residents' [NAME] of Rights dated 11/6/23, last reviewed 11/4/24, indicated the Resident has the right to a dignified existence that will provide and maintain a supportive environment to promote self-esteem and personal dignity and to ensure that the Resident and civil rights are respected and protected. Review of facility policy Smoking dated 11/6/23, last reviewed 11/4/24, indicated residents who are determined by assessment that they are in need of supervision while smoking will be provided supervised smoking breaks in the appropriate designated smoking area. Resident may be supervised by a facility employee, family member and/or volunteer as assigned. Review of the clinical record indicated Resident R17 was admitted to the facility on [DATE]. Review of Resident R17's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/14/24, indicated diagnoses of depression (a constant feeling of sadness and loss of interest), need for assistance with personal care, and legal blindness. Section B - Hearing, Speech, and Vision, Question B1000 Vision, indicated Resident R17 was coded 4 severely impaired, no vision or sees only light, colors or shapes; eyes do not appear to follow objects. Review of Resident R17's care plan dated 2/3/20, indicated staff or volunteer will transfer her outside via wheelchair to smoking area to smoke, and whomever goes with her will make sure that she knows when to flick the cigarette or extinguish it. Review of progress note dated 8/20/24, stated, Resident R17 had therapy this evening. Remains in bed lying flat. Taking medications while with regular cola. Requested Tylenol with codeine and Ibuprofen this evening. Respirations easy and unlabored. Skin pink and warm. Resident R17 requested to go outside to smoke multiple times this evening, stated a cigarette is the only thing that will help me. Resident R17 was not taken outside on the evening shift. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/25/24, at 11:22 a.m. Resident R17 stated, I only go out to smoke when someone can take me and they don't always have enough help. More likely than not, like today, they don't have enough help. Usually someone from Activities will take me, but she's not here today, she doesn't work every day, and she can't take me if there is an activity scheduled. Sometimes a volunteer will take me out. I only spend about 15 minutes outside. I would like to be able to go outside to smoke at least once a day, that would be more than wonderful, I wouldn't dream of asking for more than once a day. During an interview on 11/26/24, at 11:40 a.m. Resident R17 stated, I did not get to smoke yesterday. A volunteer is here today who could take me but I think I may have missed him this morning because I had a care conference and a therapy session. I think the last time I went out to smoke was on Friday [11/22/24]. During an interview on 11/27/24, at 10:37 a.m. Resident R17 stated, I was able to go outside to smoke once yesterday because there was a volunteer here. It is psychologically important for me to be able to go outside to smoke because I'm blind, my hip is broken, I'm sort of like a rat stuck in this room. During an interview on 11/27/24, at 11:13 a.m. the Assistant Director of Nursing (ADON) Employee E2 stated, The smoking process is that Resident R17 will initiate when she wants to go smoke, she'll ask. There are only a few staff members who smoke who want to take her, the non-smoking staff don't want to take her and get the secondhand smoke, so unfortunately, depending on who is working, she doesn't get to go every day. During an interview on 11/27/24, at 11:13 a.m. the ADON Employee E2 confirmed that the facility failed to provide care in a manner and environment that promotes and maintains quality of life by failing to allow a resident to smoke at requested times for one of three residents reviewed (Resident R17). Pa Code: 201.29(j) Resident Rights

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49469 Based on observations, resident, and staff interviews, it was determined that the facility failed to determine the ability to self-administer medications for one of three residents (Residents R24). Findings include: Review of the facility policy Medication Administration dated 11/6/23, last reviewed on 11/4/24, indicated remain with resident to ensure that medication is swallowed. Review of the admission record indicated Resident R24 was admitted to the facility on [DATE]. Review of Resident R24's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/7/24, indicated the diagnoses of hypertension (high blood pressure), hyponatremia (low sodium in the blood), and hyperlipidemia (high fat in the blood). Review of Resident R24's physician orders failed to include medication self-administration. Review of Resident R24's care plan failed to include interventions for medication self-administration. Review of Resident R24's clinical record indicated the absence of a Self-Administration of Medication Assessment. Observation on 11/25/24, at 9:04 a.m. Resident R24 was sitting in her wheelchair in her room. A medication cup containing assorted pills were noted on her overbed table. Registered Nurse (RN) Employee E5 entered the room, picked up the medication cup with assorted pills on the overbed table and stated, they are her morning medications, she likes them in her room and exited the room with the medication cup of assorted pills. During an interview on 11/25/24, at 9:09 a.m. RN Employee E5 stated I don't believe she has an order to keep them in her room, it depends on the medication that it was and confirmed that Resident R24's morning medications were left in the room on the overbed table. During an interview on 11/26/24 at 1:40 p.m. the Director of Nursing stated, there is no policy on medication self-administration, there are no residents in the facility who do, medications should never be left at the bedside, and confirmed that the facility failed to determine the ability to self-administer medications for one of three residents (Residents R24). 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(5) Nursing services. 28 Pa. Code: 211.9(a)(1) Pharmacy services.

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F 0575 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. 46167 Based on observations and staff interview it was determined that the facility failed to have required postings for the Medicaid Fraud Control Unit for the facility. Findings include: Observations on the nursing care units on the First and Second Floor bulletin boards failed to include information for the Medicaid Fraud Control Unit throughout the survey from 11/25/24, through 11/27/24. During an observation and interview on 11/27/24, at 11:10 a.m. The Director of Nursing confirmed that the facility failed to post information about the Medicaid Fraud Control Unit. 28 Pa. Code: 201.14(a)Responsibility of licensee. 28 Pa. Code: 201.18e Management.

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F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. 46167 Based on observations, Group interview, and staff interview, it was determined that the facility failed to ensure that the Department of Health Survey Results were readily accessible to residents and visitors, and failed to post notice of the availability of the results on two of two Nursing Floors. (First Floor, and Second Floor) Findings Include: Observations on the nursing care units on the First and Second Floor bulletin boards failed to include information for the Department of Health Survey results throughout the survey from 11/25/24, through 11/27/24. During a group interview on 11/26/24, at 9:59 a.m. ten out of ten residents were unaware of the location where the survey results binder would be located and available to review. During an observation and interview on 11/27/24, at 11:10 a.m. The Director of Nursing was able to locate two Department of Health Survey Results Binders that were out of sight, as they were inside of desks on the First Floor and Second Floor, and confirmed that the facility failed to post notice of availability of these results on two of two Nursing Floors. 28 Pa. Code 201.14 (a) Responsibility of licensee

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546 Based on observation, and staff interview, it was determined that the facility failed to maintain a safe homelike environment in one of four nursing units (St. [NAME]). Findings include: During an observation of resident room [ROOM NUMBER] on 11/25/24, at 1:01 p.m. it was noted that the door handle was missing, and an exposed, sharp piece of metal was sticking out from the mount where the handle would be placed. During an interview on 11/27/24, at 11:17 a.m. the Director of Nursing (DON) confirmed that the handle was missing from the door of resident room [ROOM NUMBER] and an exposed, sharp piece of a metal was sticking out from the mount where the handle would be placed. During an interview on 11/27/24, at 11:17 a.m. the DON confirmed that the facility failed to maintain a safe homelike environment in one of four nursing units (St. [NAME]). 28 Pa. Code: 201.18(b)(3)(e)(1) Management. 28 Pa. Code 201.29(j) Resident rights. 28 Pa. Code 207.2(2) Administrator's Responsibility.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546 Based on review of facility policy, resident grievances for 12 months, and resident and staff interviews, it was determined that the facility failed to ensure resident grievances were addressed timely for one of two grievances reviewed. Findings include: Review of facility policy Grievance dated 11/6/23, last reviewed 11/4/24, indicated the Home will ensure prompt resolution to all grievances, keeping the Resident and Resident Representative informed throughout the investigation and resolution process. Review of the clinical record indicated Resident R15 was admitted to the facility on [DATE]. Review of Resident R15's Minimum Data Set (MDS - a periodic assessment of care needs) dated 9/17/24, indicated diagnoses of high blood pressure, respiratory failure (a condition where the lungs cannot get enough oxygen into the blood), and shortness of breath. Review of a facility Grievance or Complaint Form indicated Resident R15 filed a grievance on 7/8/24. There was no documentation available that the facility investigated and addressed Resident R15's grievance until 11/8/24. During an interview on 11/25/24, at 1:27 p.m. Resident R15 stated, I don't think they addressed it right away. I can't remember exactly when it happened, but I think it took a little bit of time for the paperwork. During an interview on 11/26/24, at 1:12 p.m. the Director of Nursing and the Nursing Home Administrator confirmed that the facility failed to ensure resident grievances were addressed timely for one of two grievances reviewed. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(e)(1) Management. 28 Pa. Code 211.10(c)(d) Resident care policies. 28 PA Code: 201.29(j) Resident rights.

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F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546 Based on clinical record review, and staff interview it was determined that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider for two of two residents with facility-initiated transfers (Resident R17 and R35). Findings include: Review of the clinical record indicated Resident R17 was admitted to the facility on [DATE]. Review of Resident R17's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/14/24, indicated diagnoses of depression (a constant feeling of sadness and loss of interest), need for assistance with personal care, and legal blindness. Review of Resident R17's clinical record revealed that the resident was transferred to the hospital on 11/16/24. Review of Resident R17's clinical record revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transferred and expected to return, which included the resident's care plan goals, advanced directive information, specific instructions for ongoing care, resident representative information, and all information necessary to meet the resident's specific needs at the receiving facility. Review of the clinical record indicated Resident R35 was admitted to the facility on [DATE]. Review of Resident R35's MDS dated [DATE], indicated diagnoses of high blood pressure, reduced mobility, and weakness. Review of Resident R35's clinical record revealed that the resident was transferred to the hospital on 11/22/24. Review of Resident R35's clinical record revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transferred and expected to return, which included the resident's care plan goals, advanced directive information, specific instructions for ongoing care, resident representative information, and all information necessary to meet the resident's specific needs at the receiving facility. During an interview on 11/26/24, at 11:21 a.m. the Assistant Director of Nursing (ADON) Employee E2 confirmed that there was no evidence that the necessary information was communicated to the receiving health care institution or provider upon transfer for two out of two residents sampled with facility-initiated transfers (Residents R17 and R35). 28 Pa. Code 201.29 (a)(c.3)(2) Resident rights.

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46167 Based on clinical record review, and staff interview, it was determined that the facility failed to notify the resident/resident representative and/or the representative of the Office of the State Long-Term Care Ombudsman of resident transfers, in writing, to include to include the following: the reason for the transfer or discharge, date of transfer, location of transfer, statement of the resident's appeal rights, and name, address (mailing and email), and telephone number of the Office of the State Long-Term Care Ombudsman for two of two resident records reviewed (Resident R17 and R35) Findings Include: Review of the clinical record indicated Resident R17 was admitted to the facility on [DATE]. Review of Resident R17's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/14/24, indicated diagnoses of depression (a constant feeling of sadness and loss of interest), need for assistance with personal care, and legal blindness. Review of Resident R17's clinical record revealed that the resident was transferred to the hospital on 11/16/24. Review of Resident R17's clinical record, the facility failed to include documented evidence that the facility provided a written transfer notification to the Office of Long-Term Care Ombudsman for the hospitalization on [DATE]. Review of the clinical record indicated Resident R35 was admitted to the facility on [DATE]. Review of Resident R35's MDS dated [DATE], indicated diagnoses of high blood pressure, reduced mobility, and weakness. Review of Resident R35's clinical record revealed that the resident was transferred to the hospital on 11/22/24. Review of Resident R35's clinical record, the facility failed to include documented evidence that the facility provided a written transfer notification to the resident/resident representative and or Office of Long-Term Care Ombudsman for the hospitalization on [DATE]. During an interview on 11/26/24, at 11:21 a.m. the Assistant Director of Nursing (ADON) Employee E2 confirmed that the facility failed to notify the resident/resident representative and or the representative of the Office of the State Long-Term Care Ombudsman of resident transfers in writing or two out of two residents (Residents R17 and R35). 28 Pa. Code 201.29 (a) (c.3) (2) Resident rights.

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46167 Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to notify the resident or resident's representative of the facility bed-hold policy (an agreement for the facility to hold a bed for an agreed upon rate during a hospitalization) for two of two resident hospital transfers (Resident R17, and R35). Findings Include: Review of the facility policy Bed Hold and Return dated 11/4/24, and previously dated 11/6/23, indicated that the facility will provide the resident and resident representative a written notice which specifies the duration of the bed-hold policy at the time of transfer for hospitalization or therapeutic leave. Review of the clinical record indicated Resident R17 was admitted to the facility on [DATE]. Review of Resident R17's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/14/24, indicated diagnoses of depression (a constant feeling of sadness and loss of interest), need for assistance with personal care, and legal blindness. Review of Resident R17's clinical record revealed that the resident was transferred to the hospital on 11/16/24. Review of Resident R17's clinical record failed to include documented evidence that the resident or the resident's representative were provided with written information about the facility's bed hold policy at the time of the transfer to the hospital on 11/16/24. Review of the clinical record indicated Resident R35 was admitted to the facility on [DATE]. Review of Resident R35's MDS dated [DATE], indicated diagnoses of high blood pressure, reduced mobility, and weakness. Review of Resident R35's clinical record revealed that the resident was transferred to the hospital on 11/22/24. Review of Resident R35's clinical record failed to include documented evidence that the resident or the resident's representative were provided with written information about the facility's bed hold policy at the time of the transfer to the hospital on 11/22/24. During an interview on 11/26/24, at 11:21 a.m. the Assistant Director of Nursing (ADON) Employee E2 confirmed that the facility failed to notify the resident or resident's representative of the facility bed-hold policy for Resident R17 and R35. 28 Pa. Code: 201.29(b)(d)(j) Resident rights.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546 Based on review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to make certain that residents were provided appropriate treatment and care by failing to implement the facility's hypoglycemia (low blood sugar) protocol, failing to document appropriate hypoglycemia interventions, failing to notify the physician of a resident's refusal of weekly weights, and failing to follow physicians orders for one of five residents reviewed (Resident R21). Findings include: The Centers for Disease Control defines diabetes as: Diabetes Mellitus is a chronic (long-lasting) health condition that affects how your body turns food into energy. Most of the food you eat is broken down into sugar (also called glucose) and released into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy. If you have diabetes, your body either doesn't make enough insulin or can't use the insulin it makes as well as it should. When there isn't enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease. Hypoglycemia is a condition that occurs when blood glucose is lower than normal, usually below 70 mg/dL (milligrams per deciliter). If left untreated, hypoglycemia may lead to weakness, confusion, unconsciousness, arrhythmias and even death. Review of facility policy Hypoglycemia dated 11/6/23, last reviewed 11/4/24, indicated residents experiencing hypoglycemia are treated according to current standards of practice unless contraindicated by a physician order. Staff treating a conscious resident who is symptomatic or has a blood sugar less than seventy (70) should administer a glass of juice with two added packets of sugar or Glucose gel fifteen (15) milligrams. Review of the facility's Registered Nurse (RN) job description indicated the RN will administer and document prescribed medications/treatments accurately and timely and in compliance with policies/procedures. Review of the facility's Licensed Practical Nurse (LPN) job description indicated the LPN will administer and document prescribed medications/treatments accurately and timely and in compliance with policies/procedures. Review of the clinical record indicated Resident R21 was admitted to the facility on [DATE]. Review of Resident R21's MDS dated [DATE], indicated diagnoses of diabetes, hyperlipidemia (high levels of fat in the blood), and heart failure (a progressive heart disease that affects pumping action of the heart muscles). Review of a physician order dated 12/13/23, indicated to use a FreeStyle Libre 2 Reader Device (Continuous Blood Glucose System Receiver) apply to sensor topically four times a day related to diabetes. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R21's vitals records for October 2024, indicated the following blood glucose measurements: 11/1/24 at 9:07 a.m. 59 mg/dL 11/1/24 at 10:00 p.m. 64 mg/dL 11/4/24 at 8:42 a.m. 59 mg/dL 11/11/24 at 7:50 a.m. 61 mg/dL 11/17/24 at 7:08 a.m. 66 mg/dL Review of Resident R21's progress notes from 11/1/24, through 11/27/24, failed to include documentation that the facility's hypoglycemia protocol was implemented for Resident R21's abnormal blood glucose readings on the dates listed above. Review of a progress note dated 11/8/24, completed by LPN Employee E16 stated, Residents blood sugars have been running low in the morning. Having to give her OJ (orange juice) with sugar. This morning at 4 a. m. she was 54. Had to give her OJ with sugar and glucose tablets crushed in pudding. Got blood sugar up to 110. She is alert, oriented and responsive. Review of a progress note dated 11/18/24, completed by RN Employee E17 stated, Resident's blood glucose at 6 a.m. was 60; Resident presented asymptomatic for hypoglycemia and skin was warm and dry to touch. Resident was easy to awaken and was alert upon awakening. Resident was given 120 milliliters OJ with 3 sugar packets, consumed all. Resident has a frequent pattern of blood glucose levels quickly dropping in the early morning hours. Resident states she consumed all of her evening snack offered. Repeat blood glucose at 6:30 a.m. was 82. Follow up with physician is suggested to review insulin dosing as pattern is frequently occurring. Review of a progress note dated 11/23/24, completed by RN Employee E5 stated, Residents blood sugar this morning was 53. OJ with 5 sugars given and blood sugar 127 at 6 a.m. During an interview on 11/27/24, at 12:34 p.m. the Director of Nursing (DON) confirmed that the facility failed to implement the facility's hypoglycemia protocol and failed to document appropriate hypoglycemia interventions for Resident R21 on the dates listed above. Review of a physician order dated 5/22/23, indicated to weigh Resident R21 with bath every evening shift every Monday. Review of Resident R21's August 2024 Medication Administration Record (MAR) indicated Resident R21 refused to be weighed on 8/5/24, and 8/26/24. Review of Resident R21's progress notes from 8/1/24, to 8/31/24, failed to include documentation that the physician was notified of Resident R21's weight refusals on 8/5/24, and 8/26/24. Review of Resident R21's September 2024 MAR indicated Resident R21 refused to be weighed on 9/2/24, 9/9/24, 9/16/24, 9/23/24, and 9/30/24. (continued on next page)

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	396116	A. Building B. Wing	11/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Little Sisters of the Poor	1028 Benton Avenue Pittsburgh, PA 15212

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R21's progress notes from 9/1/24, to 9/30/24, failed to include documentation that the physician was notified of Resident R21's weight refusals on 9/2/24, 9/9/24, 9/16/24, 9/23/24, and 9/30/24. Review of Resident R21's October 2024 MAR indicated Resident R21 refused to be weighed on 10/7/24, 10/14/24, and 10/28/24. Review of Resident R21's progress notes from 10/1/24, to 10/31/24, failed to include documentation that the physician was notified of Resident R21's weight refusals on 10/7/24, 10/14/24, and 10/28/24. During an interview on 11/27/24, at 12:34 p.m. the DON confirmed that the facility failed to notify the physician of Resident R21's refusal of ordered weekly weights. Review of a physician order dated 12/13/23, indicated to administer Metolazone 2.5 mg (milligrams) give one tablet by mouth as needed for weight gain above 240 pounds, give 30 minutes before morning Lasix dose. Review of Resident R21's Weight Summary indicated the following weights: 9/3/24 - 221 pounds 9/20/24 - 222.5 pounds 10/6/24 - 220 pounds 10/21/24 220 pounds 10/29/24 - 220 pounds Review of Resident R21's September 2024 MAR indicated Resident R21 was administered Metolazone 2.5 mg on 9/7/24, at 7:00 a.m. Resident R21's weight was documented as 221 pounds on 9/3/24. Documentation failed to indicate Resident R21 had a weight gain above 240 pounds. Review of Resident R21's October 2024 MAR indicated Resident R21 was administered Metolazone 2.5 mg on 10/5/24, at 7:00 a.m. Resident R21's weight was documented as 222.5 pounds on 9/20/24. Documentation failed to indicate Resident R21 had a weight gain above 240 pounds. During an interview on 11/27/24, at 12:34 p.m. the DON confirmed that the facility failed to follow a physician order for Resident R17. 28 Pa. Code 201.18 (b)(1) Management 28 Pa. Code 201.29(a) Resident Rights 28 Pa. Code 211.10 (c)(d) Resident Care policies 28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546 Based on review of facility policy, observations, interviews, and clinical record review, it was determined that the facility failed to provide appropriate respiratory care for four of seven residents (Residents R15, R25, R27, and R29). Findings include: Review of facility policy Oxygen Nasal Cannulas, Face Mask and Nebulizer Set Ups Protocol dated 11/6/23, last reviewed 11/4/24, indicated the nasal cannulas, face masks, and nebulizer set ups are changed routinely to decrease chance of infections. The date will be written on tape and applied to the tubing. Review of the clinical record indicated Resident R15 was admitted to the facility on [DATE]. Review of Resident R15's Minimum Data Set (MDS - a periodic assessment of care needs) dated 9/17/24, indicated diagnoses of high blood pressure, respiratory failure (a condition where the lungs cannot get enough oxygen into the blood), and shortness of breath. Review of a physician order dated 1/16/24, indicated to administer oxygen via nasal cannula (a lightweight tube placed in the nostrils to deliver oxygen) to maintain pulse oximeter above 92% as needed at 2 liters per minute every shift. Review of a physician order dated 1/17/24, indicated to change oxygen tubing every night shift every Wednesday for protocol. Review of Resident R15's care plan dated 2/28/23, indicated staff will change oxygen tubing weekly and humidification bottle monthly when in use. During an observation on 11/25/24, at 10:59 a.m. Resident R15 was observed receiving oxygen via a nasal cannula. No date was present on the nasal cannula tubing. During an interview on 11/25/24, at 11:04 a.m. Registered Nurse (RN) Employee E1 confirmed there was no date present on Resident R15's nasal cannula tubing and that the facility failed to provide appropriate respiratory care. Review of the clinical record indicated Resident R25 was admitted to the facility on [DATE]. Review of Resident R25's clinical diagnosis sheet dated 6/22/24, indicated the diagnosis of peripheral vascular disease (PVD- causes a reduced blood flow to extremities), diabetes (high sugar in the blood), and hypothyroidism (thyroid gland doesn't make enough hormone). Review of Resident R25's physician order dated 10/26/24, indicated to administer oxygen via nasal cannula at 2 liters per minute for shortness of breath and to maintain pulse oximeter above 92% as needed every shift. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R25's physician order dated 5/13/24, indicated to change oxygen tubing every night shift every Tuesday for protocol. During an observation on 11/25/24, at 9:54 a.m. Resident R25 was observed receiving oxygen via a nasal cannula. No date was present on the nasal cannula tubing. During an interview on 11/25/24, at 9:56 a.m. RN Employee E5 confirmed there was no date present on Resident R25's nasal cannula tubing and that the facility failed to provide appropriate respiratory care. Review of the clinical record indicated Resident R27 was admitted to the facility on [DATE]. Review of Resident R27's MDS dated [DATE], indicated diagnoses of hypertension (high blood pressure), diabetes, and hyperlipidemia (high fats in the blood). Review of Resident R27's physician order dated 7/22/24, indicated to administer oxygen via nasal cannula at 2 liters per minute continuously. Review of Resident R27's physician order dated 7/22/24, indicated to change oxygen tubing every night shift every Tuesday for protocol. Review of Resident R27's care plan dated 1/9/23, indicated staff will change oxygen tubing weekly and humidification bottle monthly when in use. During an observation on 11/25/24, at 9:48 a.m. Resident R27 was observed receiving oxygen via a nasal cannula. No date was present on the nasal cannula tubing. During an interview on 11/25/24, at 9:53 a.m. RN Employee E5 confirmed there was no date present on Resident R27's nasal cannula tubing and that the facility failed to provide appropriate respiratory care. Review of the clinical record indicated Resident R29 was admitted to the facility on [DATE]. Review of Resident R29's MDS dated [DATE], indicated diagnoses of hypertension, diabetes, and hyperlipidemia. Review of Resident R29's physician order dated 7/13/24, indicated to administer oxygen via nasal cannula to maintain oxygen saturation greater than 92% as needed. Review of Resident R29's physician order dated 1/23/24, indicated to change oxygen tubing weekly and humidifier monthly when in use. Review of Resident R29's care plan dated 1/24/23, indicated staff will change oxygen tubing weekly and humidification bottle monthly when in use. During an observation on 11/25/24, at 9:19 a.m. Resident R29's oxygen concentrator with tubing was noted in her room the oxygen tubing failed to be labeled with a date. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 11/25/24, at 9:24 a.m. RN Employee E5 confirmed there was no date present on Resident R29' s oxygen tubing and that the facility failed to provide appropriate respiratory care. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.11 (a)(c)(d) Resident care plan. 28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services.

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546 Based on observations, review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to conduct ongoing accurate assessments to ensure that bedrails were used to meet resident needs and the risks associated with bedrail usage for five of five residents (Residents R17, R21, R27, R29, and R30). Findings include: Review of facility policy Bed Rail Use dated 11/6/23, last reviewed 11/4/24, indicated the resident's condition is reassessed at least annually or for a change in condition by Physical Therapy to determine the need for continuing use of half-length rails. Review of the clinical record indicated Resident R17 was admitted to the facility on [DATE]. Review of Resident R17's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/14/24, indicated diagnoses of depression (a constant feeling of sadness and loss of interest), need for assistance with personal care, and legal blindness. Review of a physician order dated 9/9/19, indicated top two side rails up when in bed to enhance mobility due to blindness. Review of Resident R17's care plan dated 5/28/23, indicated staff will have top two side rails up when she is in bed to aide in mobility. During an observation on 11/25/24, at 9:11 a.m. Resident R17 was observed lying in bed with two top side rails present on her bed. Review of Resident R17's clinical record revealed a PCE - Siderails assessment dated [DATE], and failed to reveal any additional completed siderail assessments for Resident R17. During an interview on 11/26/24, at 2:55 p.m. the Director of Nursing (DON) confirmed Resident R17 had no additional siderail assessments completed. Review of the clinical record indicated Resident R21 was admitted to the facility on [DATE]. Review of Resident R21's MDS dated [DATE], indicated diagnoses of high blood pressure, hyperlipidemia (high levels of fat in the blood), and need for assistance with personal care. Review of a physician order dated 5/15/23, indicated top two side rails up to aide in mobility and transfer. Review of R21's care plan dated 5/15/23, indicated staff will have top two side rails up when in bed to aide in mobility and transfer. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 11/25/24, at 9:05 a.m. top two side rails were present on Resident R21's bed. Review of Resident R21's clinical record revealed a PCE - Siderails assessment dated [DATE], and failed to reveal any additional completed siderail assessments for Resident R21. During an interview on 11/26/24, at 2:55 p.m. the DON confirmed Resident R21 had no additional siderail assessments completed. Review of the clinical record indicated Resident R27 was admitted to the facility on [DATE]. Review of Resident R27's MDS dated [DATE], indicated diagnoses of hypertension (high blood pressure), diabetes (high sugar in the blood) and hyperlipidemia. Review of Resident R27's physician order dated 3/30/22, indicated top two side rails up when in bed to aide in mobility. Review of Resident R27's care plan dated 6/29/23, indicated staff will have top two side rails up when she is in bed to aide in mobility and transfer. During an observation on 11/26/24, at 1:00 p.m. Resident R27's bed was made, and the two top side rails were present on the bed in the down position. Review of Resident R27's clinical record revealed a PCE - Siderails assessment dated [DATE], and failed to reveal any additional completed siderail assessments for Resident R27. During an interview on 11/26/24, at 2:55 p.m. the DON confirmed Resident R27 had no additional siderail assessments completed. Review of the clinical record indicated Resident R29 was admitted to the facility on [DATE]. Review of Resident R29's MDS dated [DATE], indicated diagnoses of hypertension, diabetes, and anemia (low iron in the blood). Review of Resident R29's physician order dated 1/23/23, indicated top two side rails up when in bed to aide in mobility and transfer. Review of Resident R29's care plan dated 7/24/23, indicated two top side rails up when in bed. During an observation on 11/26/24, at 1:12 p.m. Resident R29's bed was made, and the two top side rails were present on the bed in the down position. Review of Resident R29's clinical record revealed a PCE - Siderails assessment dated [DATE], and failed to reveal any additional completed siderail assessments for Resident R29. During an interview on 11/26/24, at 2:55 p.m. the DON confirmed Resident R29 had no additional siderail assessments completed. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the clinical record indicated Resident R30 was admitted to the facility on [DATE]. Review of Resident R30's MDS dated [DATE], indicated diagnoses of hyperlipidemia, dementia (progressive loss of intellectual functioning) and osteoarthritis (joint disease that causes pain, swelling and stiffness). Review of Resident R30's physician order dated 1/8/19, indicated both upper side rails used when in bed to aide in mobility due to osteoarthritis. Review of Resident R30's care plan dated 1/23/19, indicated both upper side rails used when in bed to aide in mobility due to osteoarthritis. During an observation on 11/26/24, at 12:55 p.m. Resident R30's bed was made, and the two top side rails were present on the bed in the down position. Review of Resident R30's clinical record revealed a PCE - Siderails assessment dated [DATE], and failed to reveal any additional completed siderail assessments for Resident R30. During an interview on 11/26/24, at 2:55 p.m. the DON confirmed Resident R30 had no additional siderail assessments completed. During an interview on 11/26/24, at 2:55 p.m. the DON confirmed that the facility failed to conduct ongoing accurate assessments to ensure that bedrails were used to meet resident needs and the risks associated with bedrail usage for five of five residents (Residents R17, R21, R27, R29, and R30). 28 Pa. Code: 201.14 (a) Responsibility of licensee. 28 Pa. Code: 211.12 (d) (1)(3)(5) Nursing services. 28 Pa. Code 211.10(c)(d) Resident care policies.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 49469 Based on review of facility policies, observations, and staff interviews it was determined that the facility failed to properly store medical supplies and biologicals in one of two medication rooms. Findings include: Review of the facility policy Medication Storage in the Facility dated 11/6/23, last reviewed on 11/4/24, indicated all medications are maintained within the temperature ranges noted in the United States Pharmacopeia (USP and by the Centers for Disease Control (CDC). Refrigerated 36 degrees Fahrenheit to 46 degrees Fahrenheit with a thermometer to allow temperature monitoring. During an observation on 11/26/24, at 9:00 a.m. the first-floor medication room refrigerator temperature log was not completed the following dates: 11/11/24. 11/19/24. 11/21/24. During an interview on 11/26/24, at 9:07 a.m. Registered Nurse (RN) Employee E6 confirmed the above observations and that the facility failed to properly store medical supplies and biologicals in one of two medication rooms. 28 Pa. Code: 211.9(a)(1)(k) Pharmacy services. 28 Pa. Code: 211.10(c) Resident care policies. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

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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. 46167 Based on a review of facility policies, observations, and staff interviews, it was determined that the facility failed to properly date food items to ensure proper rotation, and failed to prevent possible cross-contamination while storing food service items, and failed to properly perform handwashing in the Main Kitchen. Findings include: A review of the facility policy Food Safety dated 11/4/24, and previously dated 11/6/23, indicated that the facility will provide safe and sanitary storage, handling, and consumption of all food that includes storage, preparations, distribution, and serving food in accordance with professional standards for food service safety. A review of the facility document Kitchen Porter/Dishwasher/Helper Job Description indicated that the employee must maintain high standards of sanitation, safety, proper storage and handling in accordance with Health Department, State, and Federal Codes. During an observation in the Dry Foods Storage Area of the Main Kitchen on 11/25/24, at 9:25 a.m. it was noted that none of the food items were dated at the time of receiving. During an observation in the Walk- In Refrigerator and Walk-in Freezer on 11/25/24, at 9:30 a.m. it was noted that none of the food items were dated at the time of receiving. During an interview on 11/25/24, at 9:30 a.m. Dietary Supervisor Employee E7 confirmed that the facility failed to date food items when they were received to ensure proper food rotation. During an observation on 11/26/24, at 1:20 p.m. in the Dish Room, six casserole dishes, 12 bowls, eight serving platters, six saucepans, seven frying pans were being stored on shelves in the drying area and were not inverted to prevent cross contamination and proper drying. During an interview on 11/26/24, at 1:22 p.m. Dietary Supervisor Employee E7 confirmed that the facility failed to properly store dishes. During an observation in the Dish Room on 11/26/24, at 1:25 p.m. Kitchen [NAME] (KP) Employee E8 was noted to be wearing gloves and loading dirty dishes into the dish machine. The area of the Dish Room that KP Employee E8 was working is where dirty dishes are loaded into the dish machine. This area has a sink with a water sprayer to remove debris from the dishware prior to being loaded into the dish machine. No hand soap is in this area, but there is a handwashing sink at the opposite end of the Dish Room. When the clean dishes emerged from the other side of the dish machine, KP Employee E8 ran has gloved hands under water for about two seconds before he went to retrieve the clean dishes. During an interview on 11/26/24, at 1:25 p.m. KP Employee E8 was stopped by State Agency and was advised that he did not remove his dirty gloves and wash his hands with soap and water prior to touching clean dishes, to which KP Employee E8 confirmed that he failed to properly wash his hands. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 11/26/24, at 1:25 p.m. Dietary Supervisor Employee E7 confirmed that the facility failed to properly perform handwashing which created the potential for foodborne illness. 28 Pa. Code: 211.6(c) Dietary services 28 Pa Code 201.14 (a) Responsibility of licensee.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546 Based on review of facility policy, observations, and staff interviews, it was determined that the facility failed to properly monitor resident's personal refrigerators to ensure that food is properly stored and maintained for two of two residents (Residents R17 and R29), failed to implement Enhanced Barrier Precautions (EBP) for two of two residents (Residents R1 and R3), failed to provide a safe and sanitary environment to help prevent the potential for cross contamination for one of two medication rooms (First Floor Medication Room), and failed to implement infection control practices to prevent cross contamination during a dressing change for one of three residents (Resident R29). Findings include: Review of facility policy Food Safety dated 11/6/23, last reviewed 11/4/24, indicated staff will be appointed to check resident refrigerators for proper temperatures, food containment and quality, and disposal of items per facility policy. The Centers for Disease Control defines Enhanced Barrier Precautions as: an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. EBP involve gown and gloves during high-contact resident care activities for residents known to be colonized or infected with MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). Review of the facility policy Medication Storage in the Facility dated 11/6/23, last reviewed on 11/4/24, indicated medications are stored safe, securely and properly. Medication storage areas are to be kept clean, well lit, and free of clutter. Review of the facility policy Dressing, Non-Sterile dated 11/6/23, last reviewed on 11/4/24, indicated to protect, to absorb drainage and to promote healing of wound. Procedures includes but not inclusive to: Obtain necessary supplies. Wash hands and apply gloves. Remove soiled dressing and place in trash bag. Wash hands and apply new gloves Cleanse wound and surrounding tissue with normal saline solution and dry gauze. Apply prescribed wound-care product. Discard gloves and all used supplies. During an observation on 11/25/24, at 9:15 a.m. Resident R17 had a small personal refrigerator in her room. There was a thermometer inside of the refrigerator, however there was no temperature log present. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Little Sisters of the Poor	1028 Benton Avenue Pittsburgh, PA 15212

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 11/27/24, at 9:16 a.m. the Director of Nursing (DON) stated that the household aides are responsible for resident refrigerators. During a review of Resident R17's Resident's Fridge Temperature Logs dated October 2024 and November 2024, revealed the following dates did not have a documented temperature: 10/1/24, 10/2/24, 10/3/24, 10/4/24, 10/9/24, 10/17/24, 10/18/24, 10/23/24, 10/24/24, 11/1/24, 11/4/24, and 11/16/24. During an observation on 11/25/24, at 9:19 a.m. Resident R29 had a small personal refrigerator in her room. There was a thermometer inside of the refrigerator, however there was no temperature log present. During an interview on 11/25/24, at 9:24 a.m. Registered Nurse (RN) Employee E5 confirmed a temperature log was not present. During a review of Resident R29's Resident's Fridge Temperature Logs dated November 2024, indicated in November only two days were logged: November 25, 2024, and November 26, 2024. No other logs were provided for the previous months. During an interview on 11/27/24, at 9:43 a.m. the Assistant Director of Nursing (ADON) Employee E2 confirmed that the facility failed to properly monitor personal refrigerators to ensure that food is properly stored and maintained for two of two residents (Residents R17 and R29). Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/27/24, indicated diagnoses of coronary artery disease (CAD- arteries can't deliver enough oxygen to the heart), Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements) and dysphagia (difficult swallowing) Section K - Swallowing - Nutritional Status, indicated Resident R1 has a feeding tube. Review of a physician order dated 12/23/23, indicated Two Cal HN (feeding formula) 240 ml (milliliter) at 80 ml every hour for 3 hours daily with water infusion of 50 ml every hour while formula is being administered. Review of Resident R1's clinical record on 11/26/24, failed to reveal an order or care plan for Enhanced Barrier Precautions in relation to Resident R1's tube feeding usage and care. Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE]. Review of Resident R3's MDS dated [DATE], indicated diagnoses of high blood pressure, weakness, and need for assistance with personal care. Section H - Bladder and Bowel, indicated Resident R1 had an indwelling catheter. Review of a physician order dated 7/5/24, indicated Resident R3 had a suprapubic catheter. Review of Resident R3's clinical record on 11/26/24, failed to reveal an order or care plan for Enhanced Barrier Precautions in relation to Resident R3's suprapubic catheter usage and care. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 11/26/24, at 1:19 p.m. the DON confirmed that the facility failed to implement Enhanced Barrier Precautions for two of two residents (Residents R1 and R3). During an observation on 11/26/24, at 9:00 a.m. of the First Floor Medication Room the following was observed on the counter: One blue lunch bag. One bottle of water The lower cupboard contained a smaller coach purse. During an interview completed on 11/26/24, at 9:04 a.m. RN Employee E6 Stated, these are mine. The medication room freezer contained three blue ice packs and ice buildup. During an interview on 11/26/24, at 9:07 a.m. RN Employee E6 confirmed the above observations and that the facility failed to provide a safe and sanitary environment to help prevent the potential for cross contamination for one of two medication rooms. Review of the clinical record indicated Resident R29 was admitted to the facility on [DATE]. Review of Resident R29's MDS dated [DATE], indicated diagnoses of hypertension (high blood pressure), diabetes (high sugar in the blood) and anemia (low iron in the blood). Review of Resident R29's physician order dated 11/22/24, indicated to apply Medihoney gel to right buttock and cover with foam bordered dressing every day shift. Review of Resident R29's care plan dated 4/17/24, indicated staff will follow wound protocol as ordered. Review of Resident R29's care plan dated 11/22/24, indicated staff to apply Medihoney gel and foam bordered dressing to right buttocks daily. During a wound care observation on 11/26/24, at 10:32 a.m. RN Employee E6 washed her hands, entered Resident R29's room and assisted her to the bathroom with wheelchair, used hand sanitizer, gathered supplies from Resident R29's bathroom closet and prepared dressing supplies on Resident R29's dresser. RN Employee E6 took the supplies and placed on top of a plastic storage cart next to commode, no barrier field was placed, applied gloves. She assisted Resident R29 to stand and removed pants and underwear, cleansed, and dried the area, removed gloves, did not complete hand hygiene and continued to apply skin prep barrier to surrounding area followed with the Medi-honey and covered with dressing. She then helped dress the resident and assisted to wheelchair. Picked up all discarded items and placed into garbage can removed bag, washed hands picked up garbage and disposed of it in receptacle. Applied hand sanitizer. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview completed on 11/26/24, at 10:45 a.m. RN Employee E6 confirmed she failed to implement infection control practices to prevent cross contamination during a dressing change for Resident R29 by not initiating a clean barrier field prior to placement of dressing supplies. Not completing hand hygiene after cleansing and patting the wound dry. Completing the wound care without the use of gloves and not cleaning the storage cart surface after dressing was completed. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(3)(d)(e)(1) Management. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

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F 0941 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members. 46167 Based on review of facility policy, facility documents and staff interviews, it was determined that the facility failed to provide Communication training to four of seven direct care facility staff reviewed (Employees E1, E10, E12 and E14). Finding include: Review of the facility policy Nursing Education, Mandatory Training and Competency Evaluation dated 11/4/24, and previously dated 11/6/23, indicated that the facility will establish, implement and maintain written policies and procedures for verification of appropriate educational preparation and competency, to include certification and/or licensure in good standing, upon hire and on an ongoing basis while employed. Proficiency in skills and techniques necessary to care for residents' needs includes competencies in areas such as communication and personal skills, personal care skills, mental health and social service needs, basic restorative services and resident rights. During an interview on 11/26/24, at 1:45 p.m. Human Resources Director Employee E15 stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2023 revealed the following concerns: Review of Registered Nurse (RN) Employee E1's facility provided information did not include training on effective communication. Review of Nurse Aide (NA) Employee E10's facility provided information did not include training on effective communication. Review of NA Employee E12's facility provided information did not include training on effective communication. Review of RN Employee E14's facility provided information did not include training on effective communication. During an interview on 11/27/24, at 9:50 a.m. the Director of Nursing confirmed that the facility failed to provide Communication training to direct care facility staff. 28 Pa. Code: 201.14(a) Responsibility of Licensee 28 Pa. Code: 201.20(c) Staff Development

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F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. 46167 Based on review of facility policy, facility documents, and staff interview, it was determined that the facility failed to provide training on resident protection from abuse and neglect for two of seven staff members (Employees E11, and E13). Findings include: Review of the facility policy Nursing Education, Mandatory Training and Competency Evaluation dated 11/4/24, and previously dated 11/6/23, indicated that the facility will establish, implement and maintain written policies and procedures for verification of appropriate educational preparation and competency, to include certification and/or licensure in good standing, upon hire and on an ongoing basis while employed. Review of the facility policy Abuse dated 11/4/24, and previously dated 11/6/23, indicated that all staff shall be trained during orientation and on an on-going basis on issues related to reporting of resident abuse, neglect or mistreatment. During an interview on 11/26/24, at 1:45 p.m. Human Resources Director Employee E15 stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2023 revealed the following concerns: Review of Nurse Aide (NA) Employee E11's facility provided information did not include training on resident protection from abuse and neglect. Review of NA Employee E13's facility provided information did not include training on resident protection from abuse and neglect. During an interview on 11/27/24, at 9:50 a.m. the Director of Nursing confirmed that the facility failed to provide training on resident protection from abuse and neglect for two of seven staff members. 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (b)(1) Management. 28 Pa Code: 201.20 (a)(c) Staff development.

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program. 46167 Based on review of facility policy, facility documents, and staff interview, it was determined that the facility failed to provide training on Quality Assurance and Performance Improvement (QAPI) for seven of seven staff members (Employee E1, E9, E10, E11, E12, E13, and E14). Findings include: Review of the facility policy Nursing Education, Mandatory Training and Competency Evaluation dated 11/4/24, and previously dated 11/6/23, indicated that the facility will establish, implement and maintain written policies and procedures for verification of appropriate educational preparation and competency, to include certification and/or licensure in good standing, upon hire and on an ongoing basis while employed. During an interview on 11/26/24, at 1:45 p.m. Human Resources Director Employee E15 stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2023 revealed the following concerns: Review of Registered Nurse (RN) Employee E1's facility provided information did not include training on QAPI education. Review of Nurse Aide (NA) Employee E9's facility provided information did not include training on QAPI education. Review of NA Employee E10's facility provided information did not include training on QAPI education. Review of NA Employee E11's facility provided information did not include training on QAPI education. Review of NA Employee E12's facility provided information did not include training on QAPI education. Review of NA Employee E13's facility provided information did not include training on QAPI education. Review of RN Employee E14's facility provided information did not include training on QAPI education. During an interview on 11/27/24, at 9:50 a.m. the Director of Nursing confirmed that the facility failed to provide training on QAPI for seven of seven staff members. 28 Pa Code: 201.14 (a) Responsibility of licensee. (continued on next page)

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	28 Pa Code: 201.18 (b)(1) Management. 28 Pa Code: 201.20 (a)(c) Staff development.

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F 0945 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program. 46167 Based on review of facility policy, facility documents, and staff interview, it was determined that the facility failed to provide training on Infection Control for five of seven staff members (Employees E1, E9, E10, E12, and E14). Findings include: Review of the facility policy Nursing Education, Mandatory Training and Competency Evaluation dated 11/4/24, and previously dated 11/6/23, indicated that the facility will establish, implement and maintain written policies and procedures for verification of appropriate educational preparation and competency, to include certification and/or licensure in good standing, upon hire and on an ongoing basis while employed. Review of the facility policy Infection Control dated 11/4/24, and previously dated 11/6/23, indicated that initial orientation for new employees covers infection control, universal precautions, and hand washing. This information is reviewed yearly. During an interview on 11/26/24, at 1:45 p.m. Human Resources Director Employee E15 stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2023 revealed the following concerns: Review of Registered Nurse (RN) Employee E1's facility provided information did not include training on Infection Control education. Review of Nurse Aide (NA) Employee E9's facility provided information did not include training on Infection Control education. Review of NA Employee E10's facility provided information did not include training on Infection Control education. Review of NA Employee E12's facility provided information did not include training on Infection Control education. Review of RN Employee E14's facility provided information did not include training on Infection Control education. During an interview on 11/27/24, at 9:50 a.m. the Director of Nursing confirmed that the facility failed to provide training on Infection Control for five of seven staff members. 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (b)(1) Management. (continued on next page)

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F 0945 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	28 Pa Code: 201.20 (a)(c) Staff development.

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F 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide training in compliance and ethics. 46167 Based on review of facility policy, facility documents, and staff interview, it was determined that the facility failed to provide training on Compliance and Ethics for two of seven staff members (Employees E11, and E13). Findings include: Review of the facility policy Nursing Education, Mandatory Training and Competency Evaluation dated 11/4/24, and previously dated 11/6/23, indicated that the facility will establish, implement and maintain written policies and procedures for verification of appropriate educational preparation and competency, to include certification and/or licensure in good standing, upon hire and on an ongoing basis while employed. During an interview on 11/26/24, at 1:45 p.m. Human Resources Director Employee E15 stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2023 revealed the following concerns: Review of Nurse Aide (NA) Employee E11's facility provided information did not include training on Compliance and Ethics education. Review of NA Employee E13's facility provided information did not include training on Compliance and Ethics education. During an interview on 11/27/24, at 9:50 a.m. the Director of Nursing confirmed that the facility failed to provide training on Compliance and Ethics for two of seven staff members. 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (b)(1) Management. 28 Pa Code: 201.20 (a)(c) Staff development.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 46167 Based on review of facility documents, and staff interviews it was determined that the facility failed to ensure that all nurse aide staff received a minimum of twelve hours of in-service education training each year for five out of five Nurse Aide Employees (Employee E9, E10, E11, E12, and E13) Findings include: Review of the facility policy Nursing Education, Mandatory Training and Competency Evaluation dated 11/4/24, and previously dated 11/6/23, indicated that the facility will establish, implement and maintain written policies and procedures for verification of appropriate educational preparation and competency, to include certification and/or licensure in good standing, upon hire and on an ongoing basis while employed. During an interview on 11/26/24, at 1:45 p.m. Human Resources Director Employee E15 stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2023 revealed the following concerns: Review of Nurse Aide (NA) Employee E9's facility provided information indicated that she had received 7.75 hours of in-services and did not meet the required 12 hours of in-servicing. Review of NA Employee E10's facility provided information indicated that she had received 2.5 hours of in-services and did not meet the required 12 hours of in-servicing. Review of NA Employee E11's facility provided information indicated that she had received 5.75 hours of in-services and did not meet the required 12 hours of in-servicing. Review of NA Employee E12's facility provided information indicated that she had received 4.0 hours of in-services and did not meet the required 12 hours of in-servicing. Review of NA Employee E13's facility provided information indicated that she had received 7.75 hours of in-services and did not meet the required 12 hours of in-servicing. During an interview on 11/27/24, at 10:35 a.m. the Director of Nursing confirmed that the facility failed to provide the required 12 hours of annual in-service education for five out of five Nurse Aide Employees. 28 Pa. Code 201.19(7) Personnel policies and procedures 28 Pa. Code 201.20(a)(d) Staff development

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F 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide behavior health training consistent with the requirements and as determined by a facility assessment. 46167 Based on review of facility policy, facility documents and staff interviews, it was determined that the facility failed to provide training on Behavioral Health for three of seven staff members (Employees E1, E10, and E14). Findings include: Review of the facility policy Nursing Education, Mandatory Training and Competency Evaluation dated 11/4/24, and previously dated 11/6/23, indicated that the facility will establish, implement and maintain written policies and procedures for verification of appropriate educational preparation and competency, to include certification and/or licensure in good standing, upon hire and on an ongoing basis while employed. During an interview on 11/26/24, at 1:45 p.m. Human Resources Director Employee E15 stated that education is conducted by calendar year running January through December. Review of facility education documents for the year 2023 revealed the following concerns: Review of Registered Nurse (RN) Employee E1's facility provided information did not include training on Behavioral Health education. Review of Nurse Aide (NA) Employee E10's facility provided information did not include training on Behavioral Health education. Review of RN Employee E14's facility provided information did not include training on Behavioral Health education. During an interview on 11/27/24, at 9:50 a.m. the Director of Nursing confirmed that the facility failed to provide training on Behavioral Health for three of seven staff members. 28 Pa Code: 201.14 (a) Responsibility of licensee. 28 Pa Code: 201.18 (b)(1) Management. 28 Pa Code: 201.20 (a)(c) Staff development.