STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396137	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Athens Nursing and Rehabilitation Center	200 South Main St Athens, PA 18810

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on clinical record review and staff interview, it was determined that the facility failed to ensure an environment free from potential accident hazards for two of three residents reviewed (Residents 2 and CR1). Findings include: Closed clinical record review for Resident CR1 revealed nursing documentation dated April 9, 2025, at 7:38 PM that the licensed practical nurse (LPN) noted an .obvious smell of marijuana attempting to be covered by (scented brand) air spray. Per the documentation, the LPN notified the registered nurse supervisor of the situation. Resident CR1's closed clinical record contained no evidence that the registered nurse supervisor investigated the allegation of potentially illegal drugs in the facility. Nursing documentation by a different LPN on April 12, 2025, at 2:30 PM revealed that Resident CR1's room smelled like marijuana. When the LPN asked Resident CR1 if she was smoking marijuana in her room, Resident CR1 reportedly .just smiled and stated well I need some kind of pain relief. Per the documentation, the LPN notified the registered nurse supervisor and the Director of Nursing. Resident CR1's closed clinical record contained no evidence that the facility administrative staff investigated this second allegation of Resident CR1's use of illegal drugs in the facility. Social services documentation (by Employee 4, social services) dated May 8, 2025, at 10:56 AM as a late entry for April 22, 2025, at 10:53 AM revealed that Resident CR1 admitted to giving Resident 2 a cigarette. Clinical record review for Resident 2 revealed LPN nursing documentation dated April 12, 2025, at 2:10 PM that the writer noticed what appeared to be a black vape on the bed next to Resident 2's left arm. The LPN asked that Resident 2 relinquish the device so she could secure it; however, Resident 2, refused multiple times throughout the day to let staff obtain this vape. The writer indicated that the registered nurse supervisor and the Director of Nursing was made aware of the situation. Resident 2's clinical record contained no evidence that the facility administration staff investigated the allegation of potentially hazardous smoking materials in the facility. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nursing documentation dated April 20, 2025, at 5:35 PM revealed that the registered nurse caught Resident 2 smoking a cigarette in her room, and she had a lighter in her room. Social services documentation by Employee 4 dated May 8, 2025, at 10:51 AM as a late entry for April 20, 2025, at 5:35 PM revealed that Resident 2 was caught smoking in her room. Resident 2 refused to tell Employee 4 where she obtained the cigarette because she is not a rat. Resident 2 reportedly told Employee 4 that she only had one cigarette and flushed what was left of the cigarette down the toilet. The documentation did not indicate that Employee 4 removed a lighter from Resident 2's room. Resident 2's clinical record did not contain evidence that the facility took measures to ensure that Resident 2 did not possess any potentially hazardous smoking materials in her room (e.g., room search). Interview with the Nursing Home Administrator and the Director of Nursing on May 8, 2025, at 10:27 AM confirmed that the Nursing Home Administrator, the Director of Nursing, and Employee 4, were aware of instances of inappropriate smoking allegations for Residents CR1 and 2; however, the facility did not complete incident investigations that would include staff witness statements or remedial interventions to ensure that there were no potentially hazardous, or potentially illegal, smoking materials in the facility. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(e)(1) Management 28 Pa. Code 211.12(d)(1) Nursing services

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on a review of facility documentation, employee personnel record information, and staff interview, it was determined that the facility failed to ensure that nurse aide staff possessed the specific competencies, and skill sets related to transfer techniques for three of three employees reviewed (Employees 1, 2, and 3). Findings include: The Centers for Medicare and Medicaid Services (CMS) QSO-24-13-NH memo dated June 18, 2024, noted that requirements specify that the facility assessment must include an evaluation of diseases, conditions, physical or cognitive limitations of the resident population, acuity (the level of severity of residents' illnesses, physical, mental, and cognitive limitations, and conditions), and any other pertinent information about the resident population as a whole that may affect the services the facility must provide. The assessment of the resident population should drive staffing decisions and inform the facility about what skills and competencies staff must possess to deliver the necessary care required by the residents being served. The Facility Assessment reviewed during the onsite survey (last updated April 21, 2025) revealed that most all residents have either a cognitive or physical disability. The assessment indicated that, at the time of the review, 93 percent of residents required assistance with bathing, 95 percent of residents required assistance with transfers, and 45 percent of residents required assistance with eating. The assessment identified four categories of competencies: knowledge, assessment, pharmacological/treatment/care considerations, and technical/hands-on skills. The assessment referred to the worksheet Facility Education/Staff Competencies Necessary to Care for Resident Population (defined as the worksheet that identified which staff require certain competencies and skill sets, and the frequency of education). A worksheet provided by the facility entitled, CNA (certified nurse aide) Competencies, listed 41 care interventions facility nurse aides are expected to perform that included: Stand and pivot transfer Ambulation Mechanical lift Use of gait belt Hand and nail care Bathing Meal consumption Th surveyor requested evidence of competencies completed regarding safe transfer techniques/mechanical lifts, bathing, and feeding for three nurse aides (Employees 1, 2, and 3) during an interview with the Nursing Home Administrator on May 8, 2025, at 11:12 AM. (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Employee 1's personnel record information revealed that the facility hired her on May 12, 2022. Review of Employee 1's training records revealed that Employee 1 completed a worksheet entitled, CNA Yearly Competency, where Employee 1 initialed items reviewed on April 30, 2025, that pertained to resident care. Employee 1 signed the form and Employee 5 (licensed practical nurse, LPN/assistant director of nursing) signed the same form as the Auditor. There was no evidence that the facility completed the CNA Competencies worksheet with Employee 1. Review of Employee 2's personnel record information revealed that the facility hired her on November 9, 2023. Review of Employee 2's training records revealed that Employee 2 completed worksheets entitled, CNA Skills List, where Employee 2 initialed items reviewed on April 29, 2025; and other worksheets entitled, Mechanical Lift Competency, Ambulation Competency, Stand Pivot Transfer Competency, Feeding Competency, Bathing Competency, and CNA Yearly Competency, where Employee 2 signed the form and Employee 5 signed the same forms as the Auditor. There was no evidence that the facility completed the CNA Competencies, worksheet with Employee 2. Review of Employee 3's personnel record information revealed that the facility hired her on April 18, 2025. Review of Employee 3's training records revealed that Employee 3 attended orientation in-service education on April 22, 2025, where she acknowledged training (by initial) regarding topics such as serving meals, mechanical lift safety, and the documentation of care; however, there was no evidence that the facility evaluated Employee 3's knowledge through return demonstration following the in-service education for any physical skill activity. The documentation provided by the facility for Employee 3 did not include acknowledgement by another facility staff that attested to Employee 3's demonstration of knowledge and skills. Interview with Employee 5 on May 8, 2025, at 11:50 AM revealed that because she is an LPN, she is responsible for only the competency training for nurse aides. Employee 5 stated that nurse aides are given a packet of information and her signature on the training documentation indicates that she verified that staff acknowledged that they read the information. Employee 5 stated that there are no return demonstrations to verify competency with any physical skill for any nurse aide. The procedure she described applied to all nurse aides employed by the facility. The surveyor reviewed the above concern regarding the evaluation of nurse aide skill set competency with the Nursing Home Administrator and the Director of Nursing on May 8, 2025, at 2:15 PM. 483.35(a)(3)(4)(d) Competent Nursing Staff Previously cited deficiency 6/14/24 28 Pa. Code 201.19(7) Personnel policies and procedures 28 Pa. Code 201.20(a)(6)(d) Staff development