

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026
NAME OF PROVIDER OR SUPPLIER Gino J Merli Veterans Center		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Penn Avenue Scranton, PA 18503	

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)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on a review of the facility's abuse prohibition policy, employee personnel files and staff interviews, it was determined the facility failed to implement procedures to fully screen four employees out of five newly hired employees to ensure they were eligible for employment in a long term care facility. (Employees 1, 2, 3, and 4). Findings include: According to regulatory requirements, the facility must have written procedures for screening prospective employees to include, but are not limited to, review of the applicant's employment history (e.g., dates of employment and position or title), particularly where there is a pattern of inconsistency; obtaining information from former employers, whether favorable or unfavorable; and obtaining documentation regarding licensure status and any disciplinary actions from licensing or registration boards and other registries. A review of the facility's policy titled Resident Abuse, last reviewed by the facility on August 27, 2025, revealed the facility is required to screen potential employees to determine their appropriateness for working with individuals who have specific conditions and needs. The policy included obtaining references from previous and current employers. A review of employee personnel files revealed the following: Employee 1 (Licensed Practical Nurse): Hired on March 16, 2026. The employment application listed previous employers; however, there was no documentation to show the facility contacted any former employer to screen the individual and ensure the individual was eligible for employment in a long term care nursing facility. Employee 2 (Nurse Aide): Hired on March 16, 2026. The employment application listed previous employers; however, there was no documentation to show the facility contacted any former employer to screen the individual and ensure the individual was eligible for employment in a long term care nursing facility. Employee 3 (Licensed Practical Nurse): Hired on March 30, 2026. The employment application listed previous employers; however, there was no documentation to show the facility contacted any former employer to screen the individual and ensure the individual was eligible for employment in a long term care nursing facility. Employee 4 (Nurse Aide): Hired on March 30, 2026. The employment application listed previous employers; however, there was no documentation to show the facility contacted any former employer to screen the individual and ensure the individual was eligible for employment in a long term care nursing facility. During an interview conducted on April 9, 2026, at 1:15 PM, the Director of Nursing (DON) was unable to provide evidence that prior employers were contacted to verify past work history for four of five newly hired employees. The facility failed to follow its abuse prohibition policy, which required verification of previous employment. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18 (e)(1) Management. 28 Pa. Code 201.19 (1) Personnel records.</p>

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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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on clinical record review, information submitted by the facility, and staff interview, it was determined the facility failed to ensure that a resident's comprehensive care plan was reviewed and revised as needed to accurately reflect the resident's current needs and services required for one of 35 residents reviewed (Resident 25). Findings include: Review of the clinical record of Resident 25 revealed the resident was admitted to the facility on December 1, 2022, with diagnoses to include Parkinson's disease (a progressive neurological disorder that affects movement, cognition, and behavior). A quarterly Minimum Data Set Assessment (MDS, federally mandated assessment of a resident's functional abilities and care needs) of Resident 25 dated February 17, 2026, indicated the resident was moderately cognitively impaired with a BIMS (brief interview for mental status) score of 9 (8-12 represents moderately, cognitively impairment). The MDS indicated the resident exhibited verbal behavioral symptoms directed toward others on 1 to 3 days during the assessment look-back period. A review of facility investigative documentation dated January 13, 2026, indicated staff identified Resident 25's lower dentures were missing during care. The investigative documentation indicated nursing and social services staff searched the resident's room and wheelchair, checked the clean utility room, and contacted the outside laundry service; however, the dentures were not located. The investigative documentation further noted Resident 25 had a history of placing personal items in tissues and discarding them, placing items on his lunch tray and placing items in food containers such as cereal or milk cartons. The facility replaced the missing dentures. A review of Resident 25's comprehensive care plan revealed a focus area for Activities of Daily Living (ADLs, routine daily care activities such as eating, dressing, and personal hygiene) initiated December 1, 2022, and reviewed December 1, 2025, documented the resident was edentulous (without natural teeth) and used upper and lower dentures. Interventions included removing dentures in the evening, applying dentures in the morning, and cleansing and storing dentures according to resident preference. A review of the care plan focus area for behaviors, initiated December 2, 2022, and revised February 17, 2026, documented behaviors including poor impulse control, throwing objects, activating alarms, kicking staff, grabbing staff hands, attempting to strike staff, and interfering with care. The care plan did not include individualized interventions addressing the behavior identified in the January 13, 2026, investigative documentation related to placing personal items in tissues or food containers, which created a risk for loss of dentures. There was no documented evidence that the interdisciplinary team reviewed or revised the comprehensive care plan after the January 13, 2026, investigative documentation to evaluate whether interventions were needed to address the identified behavior affecting denture management. During an interview on April 10, 2026, at approximately 11:00 AM, the Director of Nursing confirmed the facility had not revised the resident's care plan to address the behavior identified in the investigative documentation related to denture loss. 28 Pa. Code 211.12(d)(3)(5) Nursing services.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, select facility policy, and staff interviews, it was determined the facility failed to monitor resident weights consistently and accurately to timely identify changes in nutritional parameters and implement nutritional interventions for one resident out of 3 residents reviewed for nutrition (Resident 63). Findings include: A review of a facility policy entitled Weight Monitoring last revised by the facility August 27, 2025, indicated each residents' weight will be monitored by the interdisciplinary team and residents with patterned or significant weight changes will be assessed as indicated. Interventions to address nutritional issues will be initiated and incorporated into the residents' care plan and re-evaluated on a timely and periodic basis. Monthly weights will be obtained by the nursing team during the first 5 business days of the month. Any resident, weighing 100 pounds or greater, with a weight change of greater than or equal to 5 pounds or more will be re-weighed the same day for verification of weight change. The Registered Dietitian (RD) will document any significant monthly weight changes with appropriate interventions and update care plans as appropriate and re-evaluate and reassess as needed. Any significant weight changes (gain or loss) will be conveyed to provider. A review of the clinical record revealed Resident 63 was admitted [DATE], with diagnoses including chronic heart failure (a condition in which the heart muscle cannot pump enough blood to meet the body's oxygen and circulation needs), vitamin B12 deficiency anemia (a condition in which the body does not have enough healthy red blood cells due to lack of vitamin B12), and adjustment disorder with depressed mood (a mental health condition characterized by emotional or behavioral symptoms in response to a stressful event). A review of the resident's annual Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated February 4, 2026, revealed that Resident 63 had severe cognitive impairment with a BIMS score of 6 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of zero (0) through 7 indicates severe cognitive impairment). Section K0200 (Height and Weight) documented a height of 65 inches and weight of 173 pounds. Section K0300 (Weight Loss) documented that the resident experienced a significant weight loss of five percent or more in one month or ten percent or more in six months that was not physician prescribed. The facility identified a significant weight change on February 3, 2026. The Registered Dietitian completed a comprehensive nutrition evaluation on February 10, 2026, which included assessment of the resident's nutritional status and recommendations to address the identified weight loss. A review of the resident's weight record revealed that on January 3, 2026, the resident weighed 186.4 pounds, and on February 3, 2026, the resident weighed 172.8 pounds, representing a 13.6 pound (7.3 percent) significant weight loss within one month. A review of an annual comprehensive nutrition evaluation completed by the facility's Registered Dietitian (RD) on February 10, 2026, at 11:52 AM, seven days after the identified significant weight loss, documented a summary of clinically significant weight changes as follows: January 3, 2026, weight was 186.4 pounds, reflecting a 13.6 pound (7.2 percent) loss in 30 days. November 5, 2025, weight was 188 pounds, reflecting a 15.2 pound (8 percent) loss in 90 days. and August 4, 2025, weight was 193.6 pounds, reflecting a 20.8 pound (10.7 percent) loss in six months. The RD documented the resident's diet consistency had been downgraded during the previous quarter and identified a nutrition diagnosis of increased calorie and protein needs related to variable dietary intake ranging from 0 percent to 100 percent of meals consumed, slight congestion (mucus accumulation that may affect appetite or breathing), and increased lethargy (fatigue or decreased energy level). A review of the comprehensive nutrition evaluation revealed the RD recommended liberalizing Resident 63's diet (removing dietary restrictions to encourage improved intake), discontinuing the consistent carbohydrate diet (a diabetic diet used to manage blood glucose levels), initiating Boost Glucose Control (a high calorie, high protein oral nutritional supplement used (continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>to improve nutritional intake and assist with blood sugar control) twice daily at afternoon and bedtime snack, and implementing weekly weights to monitor for additional weight changes. During an interview with the Food Service Director/Registered Dietitian on April 9, 2026, at 11:26 AM, the above findings were reviewed. No explanation was provided as to why Resident 63's significant weight loss identified on February 3, 2026, was not addressed until February 10, 2026, seven days after the weight was obtained and recorded. During an interview with the Director of Nursing on April 9, 2026, at 1:00 PM, the above findings were reviewed. The Director of Nursing reported the facility weight team (nurse aides and licensed nurses) obtains resident weights and the Registered Dietitian reviews weights for significant changes and communicates concerns to the interdisciplinary team during morning meeting. The Director of Nursing was unable to provide an explanation for the seven-day delay in implementing nutritional interventions following identification of significant weight loss and confirmed the findings. 28 Pa Code 211.10 (c) Resident care policies. 28 Pa. Code 211.12 (c) (d)(3)(5) Nursing services.</p>