DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395674	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 05/01/2026

NAME OF PROVIDER OR SUPPLIER: **UNIONTOWN NURSING AND REHAB** STATE LICENSE NUMBER: **062802**	STREET ADDRESS, CITY, STATE, ZIP CODE: **129 FRANKLIN AVE UNIONTOWN, PA 15401**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an Abbreviated Survey in response to three complaints, completed on May 1, 2026, it was determined that Uniontown Nursing and Rehabilitation Center was in compliance with the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities; however, the facility was not in compliance with the 28. Pa Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations	F 0000		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

Pennsylvania Department of Health

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P 5520	Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	1. The Facility will continue to take measures to adequately provide staff to ensure the needs of residents are met. 2. The Facility will continue to take measures to adequately provide staff to meet the required certified nursing assistant to resident ratios on dayshift, evening shift, and night shift. 3. The Director of Nursing/designee will provide re-education on minimum staffing ratios to RN Supervisors, HR, and Scheduling who are responsible to monitor staffing and staffing ratios. 4. The Director of Nursing/designee will audit the daily schedules to monitor the minimum number of staff to resident ratios are being met. If ratios are not met the Director of Nursing/designee will make attempts to meet the number of staff to resident ratios. These audits will be conducted daily for 14 days and then weekly X 3 weeks. Audit results will be reviewed in Quality Assurance Performance Improvement Committee x 2 months.	Completion Date: **05/27/2026** Status: **APPROVED** Date: **05/12/2026**

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

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P 5520	Continued from page 1 Based on review of nursing time schedules and staff interviews, it was determined that the facility administrative staff failed to provide a minimum of one nurse aide per 15 residents on night shift, on five of 21 days (4/14/26, 4/18/26, 4/23/26, 4/24/26, and 4/25/26). Findings include: Review of the nursing schedules and census information for 4/5/26, through 4/25/26, revealed that the facility failed to meet the following: 4/14/26: Night shift required 52.00 hours of nurse aide care, facility provided 48.50. 4/18/26: Night shift required 52.00 hours of nurse aide care, facility provided 43.00. 4/23/26: Night shift required 50.00 hours of nurse aide care, facility provided 41.25. 4/24/26: Night shift required 50.50 hours of nurse aide care, facility provided 36.50. 4/25/26: Night shift required 51.00 hours of nurse	P 5520		

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NAME OF PROVIDER OR SUPPLIER: UNIONTOWN NURSING AND REHAB STATE LICENSE NUMBER: 062802	STREET ADDRESS, CITY, STATE, ZIP CODE: 129 FRANKLIN AVE UNIONTOWN, PA 15401

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P 5520	Continued from page 2 aide care, facility provided 47.00. During an interview on 5/1/26, at approximately 12.00 p.m. the Nursing Home Administrator confirmed that the facility administrative staff failed to provide a minimum of one nurse aide per 15 residents on night shift, on five of 21 days.	P 5520		

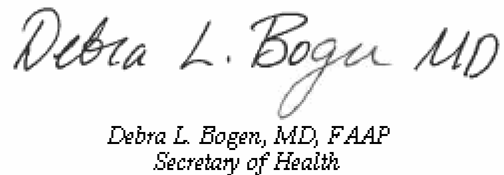
Certified End Page

UNIONTOWN NURSING AND REHAB

STATE LICENSE NUMBER: 062802

SURVEY EXIT DATE: 05/01/2026

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey



Pennsylvania
Department of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY