

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Beaver Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 616 Golf Course Road Aliquippa, PA 15001	

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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46167</p> <p>Based on review of facility policies, clinical record reviews and staff interviews it was determined that the facility failed to provide written notice, including reason for the change, prior to moving a resident to another room, for two of four residents reviewed (Residents R1, and R2).</p> <p>Findings include:</p> <p>Review of facility policy, Transfer, Room to Room , last reviewed 5/28/24, indicated that the following information should be recorded in the resident's medical record:</p> <p>The date and time the room transfer was made.</p> <p>The name and title of the individual(s) who assisted with the move.</p> <p>All assessment data obtained during the move.</p> <p>How the resident tolerated the move.</p> <p>If the resident refused the move, the reason(s) why and the intervention taken.</p> <p>The signature and title of the person recording the data.</p> <p>Review of the clinical record revealed that Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident 1's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 3/12/24, indicated diagnoses of high blood pressure, muscle weakness, and pain.</p> <p>Review of Resident R1's census information revealed that on 3/2/24, the Resident R1 was moved from room [ROOM NUMBER]-1 to room [ROOM NUMBER]-2.</p> <p>Review of Resident R1's clinical record revealed no documented evidence of the reason for the room changes, if the resident was notified prior to the room changes or if the resident was agreeable or given the opportunity to refuse the room changes.</p> <p>Review of the clinical record revealed that Resident R2 was admitted to the facility on [DATE].</p> <p>(continued on next page)</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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 2's medical record indicated diagnoses of diabetes, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and high blood pressure.</p> <p>Review of Resident R2's census information revealed that on 6/4/24, the Resident R2 was moved from room [ROOM NUMBER]-2 to room [ROOM NUMBER]-2.</p> <p>Review of Resident R2's clinical record revealed no documented evidence of the reason for the room changes, if the resident was notified prior to the room changes or if the resident was agreeable or given the opportunity to refuse the room changes.</p> <p>During an interview on 6/6/24, at 11:56 a.m. Nursing Home Administrator confirmed that the facility failed to provide documentation regarding written notice, including reason for the change prior to moving residents to another room.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>29 Pa. Code 201.29(d)(j) Resident rights</p>

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<p>F 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46167</p> <p>Based on review of facility policy, resident records, admissions documentation and staff interview it was determined that the facility failed to provide a comprehensive review of resident admission rights and maintain admission documentation for one of four sampled records (Resident R3).</p> <p>Finding include:</p> <p>The facility policy Admissions Orientation last reviewed 5/28/24, indicated that the facility shall provide each resident with a facility tour and an orientation of the facility's policies, programs, and services which includes but is not limited to residents rights and responsibilities.</p> <p>Review of Resident R3 admission record indicated she was admitted on [DATE].</p> <p>Review of Resident R3's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 5/12/24, indicated diagnoses of anorexia nervosa (an eating disorder causing patients to obsess about weight and what they eat), low potassium, and muscle weakness.</p> <p>Review of Resident R3's admission packet (no date) did not indicate a signature from Resident R3 or a representative's signature, a date for review of the admission packet, or indicate that Resident R3 resident rights were reviewed.</p> <p>Review of Resident R3s clinical nurse notes and admission documents did not indicate that Resident R4 or her representative reviewed resident rights and the admission packet.</p> <p>During an interview on 6/6/24, at 11:45 a.m. Nursing Home Administrator confirmed that the facility failed to provide a comprehensive review of resident admission rights and maintain admission documentation for Resident R3 as required.</p> <p>28 Pa Code: 201.18 (b)(2) Management.</p> <p>28 Pa Code: 201.24 (a) Admission policy.</p> <p>28 Pa Code: 201.19 (i) Resident rights.</p>		