

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  08/08/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49469</p> <p>Based on review of facility policies, closed resident records and staff interview, it was determined that the facility failed to acquire and document a physician's discharge order and acquire and document physician orders for medications for one out of two closed resident records (Closed Resident Record CR1).</p> <p>Finding include:</p> <p>The facility Discharge Medications policy dated 5/28/24, indicated that a physician must be contacted for an order to discharge a resident with medications before they will be dispensed, the charge nurse shall verify that the medications are labeled consistent with current physician orders.</p> <p>Review of Closed Resident Record CR1's admission record indicated she was admitted on [DATE], with diagnoses that included nondisplaced fracture of ankle left leg, hypertension (high blood pressure) and diabetes (high sugar in the blood).</p> <p>Review of Closed Resident Record CR1's clinical nurse note dated 7/22/24, indicated that resident and daughter requested discharge to home today.</p> <p>Review of Closed Resident Record CR1's census report indicated that she discharged on [DATE].</p> <p>Review of Closed Resident Record CR1's clinical record did not include a physician's order to discharge home from the facility.</p> <p>Review of Closed Resident Record CR1's progress note indicated discharge instructions were given to daughter and resident. Medications were provided and all inhalers were provided.</p> <p>Review of Closed Resident Record CR1's physician orders did not include orders for any inhalers.</p> <p>During an interview on 8/8/24, at 1:45 p.m. the Nursing Home Administrator confirmed that the facility failed to acquire and document a physician's discharge order and obtain orders for medications for Closed Resident Record CR1 as required.</p> <p>28 Pa Code: 201.29 (f)(g) Resident rights.</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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