

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  09/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</b></p> <p>Based on review of facility policy, resident clinical records, observation, and staff interviews, it was determined that the facility failed to implement infection prevention and control monitoring policies for COVID-19 for ten out of ten residents (Resident R1, R2, R3, R4, R5, R6, R7, R8, R9 and Resident R10), and failed to use Personal Protective Equipment (PPE) appropriately, which created the potential for the cross-contamination and the spread of diseases and infections on 3 out of 10 COVID-19 positive rooms.</p> <p>Finding include:</p> <p>Review of facility policy Covid-19 Testing and Exposure Management dated 4/15/24, indicated the facility is dedicated to detecting and preventing the transmission of COVID-19.</p> <p>Review of facility policy Coronavirus Disease (COVID-19) - Using Personal Protective Equipment dated 4/15/24, indicated all staff will follow standard precautions and transmission-based precautions if required based on resident ' s condition. When caring for a resident with suspected or confirmed SARS-CoV-2 infection (Covid), personnel who enter the room of the resident will adhere to precautions and use an approved N95(a special mask), gown, gloves, and eye protection.</p> <p>N95</p> <p>-Is donned (put on) before entry into the resident ' s room before entry, dispose of after exiting the resident's room and closing resident's door.</p> <p>Eye Protection</p> <p>-Is applied upon entry to the resident ' s room, Eye protection is removed after leaving the resident room.</p> <p>Gowns</p> <p>-A clean isolation gown is donned upon entry into the resident ' s room, the gown is removed and discarded in a container for waste before leaving resident's room.</p> <p>Gloves</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-gloves are applied upon entering the resident's room, gloves are removed and discarded before leaving resident room.</p> <p>During an observation on 9/4/24, at 11:40 a.m. Licensed Practical Nurse (LPN) Employee E1 was observed putting on an isolation gown that was hanging on the side of his medication cart, put gloves on and walked into a positive covid room. Upon exiting, LPN Employee E1 took off his gown and one glove (hand not holding his gown) and started to walk away from room up the hall. When asked where he was going with the dirty gown, LPN Employee E1 stated, I ' ll probably throw it away at the nurse ' s station because there is no garbage can here.</p> <p>During an interview on 9/4/24, at 11:45 a.m. LPN Employee E1 confirmed that he did not wear a face shield into the room, did not take off the N95 and replace it with a new one upon exiting room, and did not dispose of the gown properly which could cross contaminate and spread COVID-19 virus.</p> <p>During an observation during a tour of the nursing units on 9/4/24, at 1:34 p.m. along with Regional Director of Nursing (DON) revealed the following:</p> <ul style="list-style-type: none"> <li>- Resident R1 had no isolation sign indicating what kind of isolation to follow.</li> <li>- Resident R2 had an Enhanced Barrier Precaution (EBP) sign (wrong kind of isolation).</li> <li>- Resident R3 had no isolation signage on door.</li> <li>- Resident R4 had an EBP sign (wrong kind of isolation).</li> <li>- Resident R5 had no isolation sign indicating what kind of isolation to follow.</li> <li>- Resident R6 had no isolation signage on door.</li> <li>- Resident R7 had no isolation signage on door.</li> <li>- Resident R8 had an EBP sign (wrong kind of isolation).</li> <li>- Resident R9 had an EBP sign (wrong kind of isolation).</li> <li>- Resident R10 had an EBP sign (wrong kind of isolation).</li> </ul> <p>During an interview on 9/4/24, at 1:55 p.m. Regional DON confirmed the above findings and stated, They should have orders and are not in the correct type of isolation.</p> <p>Review of the admission record indicated Resident R3 was admitted [DATE].</p> <p>Review of Resident R3's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 8/21/24, indicated diagnoses that included high blood pressure, atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat), and COVID-19 infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R3's physician orders printed 9/4/24, failed to include an order for Covid infection and droplet isolation requirements to manage the contagious infection as required.</p> <p>Review of Resident R3's Treatment Administration Record (TAR) dated September 2024 failed to include documentation of droplet isolation precautions being maintained.</p> <p>Review of the admission record indicated Resident R6 was admitted [DATE].</p> <p>Review of Resident R6's MDS assessment dated [DATE], indicated diagnoses that included muscle weakness, Alzheimer's disease (a type of brain disorder that causes problems with memory, thinking and behavior), and COVID-19 infection.</p> <p>Review of Resident R6's physician orders printed 9/4/24, failed to include an order for Covid infection and droplet isolation requirements to manage the contagious infection as required.</p> <p>Review of Resident R6's Treatment Administration Record (TAR) dated September 2024 failed to include documentation of droplet isolation precautions being maintained.</p> <p>Review of the admission record indicated Resident R7 was admitted [DATE].</p> <p>Review of Resident R7's MDS assessment dated [DATE], indicated diagnoses that included high blood pressure, pneumonia, and atrial fibrillation.</p> <p>Review of Resident R7's physician orders printed 9/4/24, failed to include an order for Covid infection and droplet isolation requirements to manage the contagious infection as required.</p> <p>Review of Resident R7's Treatment Administration Record (TAR) dated September 2024 failed to include documentation of droplet isolation precautions being maintained.</p> <p>Review of Resident R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10 clinical records on 9/4/24, indicated to monitor respiratory symptoms and fever for 3 days.</p> <p>During an interview on 9/4/24, at 4:45 p.m. Infection Preventionist (IP) Employee E2 confirmed that residents only had an order to monitor respiratory symptoms for 3 days and should be monitored throughout the COVID outbreak. IP Employee E2 stated, all residents should continue to be monitored and I will fix that today.</p> <p>During an interview on 9/4/24, at 5:04 p.m. IP Employee E2 failed to produce facility tracking of residents who were exposed to COVID 19 residents. IP stated, I have them all wrote down on pieces of paper but was going to work at doing a line list today.</p> <p>During an interview on 9/4/24, at 5:07 p.m. Regional DON confirmed that the facility failed to track residents who were exposed to COVID19.</p> <p>During an observation on 9/4/24, at 5:25 p.m. Nursing Assistant (NA) Employee E3 entered a COVID positive room with a meal tray without putting on any isolation equipment (gown, gloves, face shield). Employee E3 came out of the room and failed to change her mask.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 9/4/24, at 5:28 p.m. NA Employee E4 entered a COVID positive room with a meal tray without putting on any isolation equipment (gown, gloves, face shield). Employee E4 came out of the room and failed to change her mask.</p> <p>During an interview on 9/4/24, at 5:30 p.m. NA Employee E3 and E4 stated they did not wear proper protection to go into the room and did not change their masks when exiting.</p> <p>During an interview on 9/4/24, at 5:35 p.m. Registered Nurse (RN) Employee E5 confirmed that both NA Employee 3 and 4 entered room without proper isolation equipment on and did not change their masks upon exiting. RN Employee E5 stated, I seen them going into the rooms and coming out when I was walking down the hall this way.</p> <p>During an interview on 9/4/24, at 6:05 p.m. Regional DON confirmed that the facility failed to implement infection prevention and control monitoring policies for COVID-19 for ten out of ten residents (Resident R1, R2, R3, R4, R5, R6, R7, R8, R9 and Resident R10), and failed to use personal protective equipment (PPE) appropriately, which created the potential for the cross-contamination and the spread of diseases and infections on 3 out of 10 COVID-19 positive rooms.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 211.12(d)(1)(2)(5) Nursing services</p> <p>28 Pa. Code: 211.12(d)(3) Nursing services.</p>		

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<p>F 0883</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 for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50075</p> <p>Based on facility policy, clinical record review and staff interview, it was determined that the facility failed to complete influenza vaccination consent for one of five residents (Resident R4), failed to make certain that influenza vaccination was administered in a timely fashion for one of five residents (Resident R5), and failed to complete pneumococcal vaccine consent for two of five residents (Resident R4 and R5).</p> <p>Findings include:</p> <p>Review of the facility policy Pneumococcal Vaccine dated 4/15/24, indicated all residents are offered pneumococcal vaccines to aid in preventing pneumonia-pneumococcal infections. Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series. The resident receives information and education regarding the benefits and potential side effects of the vaccine. Residents have the right to refuse vaccination. If refused, appropriate information is documented in the resident ' s medical record.</p> <p>Review of facility policy Influenza Vaccine dated 4/15/24, indicated all residents and employees will be offered the influenza vaccine. Between October 1st and March 31st each year, the influenza vaccine shall be offered. The resident or employee will be provided information and education regarding the benefits and potential side effects. Education shall be documented in the residents or employee's medical record.</p> <p>Review of the admission record indicated that Resident R4 was admitted to the facility on [DATE].</p> <p>Review of R4's Minimum Data Set (MDS-periodic assessment of care needs) dated 8/6/24, included diagnoses of high blood pressure, anemia (too little iron in the body causing fatigue), and atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat). MDS Section O0250 Influenza marked 4 - offered but declined. MDS Section O0300 Pneumococcal Vaccine marked 2 - offered but declined.</p> <p>Review of Resident R4's immunization record indicated resident declined the Influenza vaccine. The consent had written declined on the document but failed to have Resident R4's signature and failed to have education provided documented.</p> <p>Review of Resident R4's immunization record indicated resident declined the Pneumococcal vaccine. The consent had written declined on the document but failed to have Resident R4's signature and failed to have education provided documented.</p> <p>Review of the admission record indicated that Resident R5 was admitted to the facility on [DATE].</p> <p>Review of R5's MDS's dated 6/25/24, included diagnoses of high blood pressure, diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and depression. MDS Section O0250 Influenza marked 0-No, given outside facility. MDS Section O0300 Pneumococcal Vaccine indicated Resident R5 is not up to date with vaccine.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50075</p> <p>Based on facility policy, clinical record review and staff interview, it was determined that the facility failed to provide accurate and timely documentation related to offering the COVID-19 vaccine and providing education for two of five residents reviewed for immunizations (Resident R1 and R5), and failed to offer staff COVID-19 vaccines for 7 of 7 employees interviewed. (E4, E5, E6, E7, E8, E9, and E10)</p> <p>Findings include:</p> <p>Review of the Centers for Disease Control (CDC) Staying Up to Date with COVID-19 Vaccines dated 7/3/24, indicated the CDC recommends the 2023-2024 updated COVID-19 vaccines-Pfizer-BioNTech, Moderna, or Novavax-to protect against serious illness from COVID-19. People aged [AGE] years and older who received 1 dose of any updated 2023-2024 COVID-19 vaccine (Pfizer-BioNTech, Moderna or Novavax) should receive 1 additional dose of an updated COVID-19 vaccine at least 4 months after the previous updated dose.</p> <p>Review of facility policy Coronavirus Disease (COVID-19)- Vaccination of Residents dated 4/15/24, indicated resident is offered COVID-19 vaccine unless contraindicated or the resident is fully vaccinated. COVID-19 vaccine education, documentation, and reporting are overseen by designee. Resident is educated regarding the benefits, risks, and potential side effects.</p> <p>Review of the Admission Record indicated that Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS-periodic assessment of care needs) dated 7/26/24, included diagnoses of a seizure disorder, coronary artery disease (damage or disease in the heart's major blood vessels), and high blood pressure.</p> <p>Review of Resident R1's clinical record failed to include documentation of that the COVID vaccination booster was offered, and education was provided to Resident R1.</p> <p>Review of the Admission Record indicated that Resident R5 was admitted to the facility on [DATE].</p> <p>Review of Resident R5's MDS dated [DATE], included diagnoses of high blood pressure, depression, and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time).</p> <p>Review of Resident R5's clinical record indicated he already had COVID-19 vaccine, but clinical records failed to provide documented evidence of the COVID vaccination.</p> <p>During an interview on 9/4/24, at 5:27 p.m. Regional Director of Nursing (DON) confirmed that facility failed to provide accurate and timely documentation related to offering the COVID-19 vaccine and providing education for two of five residents reviewed for immunizations (Resident R1 and R5).</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interviews with staff on 9/4/24, at 4:28 p.m. staff where asked, Has the facility offered you COVID-19 vaccines or booster vaccines? Findings include:</p> <ul style="list-style-type: none"> <li>- Nursing Assistant (NA) Employee E4 stated, They did not offer me a booster.</li> <li>- Registered Nurse (RN) Employee E5 stated, No.</li> <li>- Licensed Practical Nurse (LPN) Employee E6 stated, No.</li> <li>- NA Employee E7 stated, When COVID first started a couple years ago, the pharmacy came in.</li> <li>- NA Employee E8 stated, No.</li> <li>- RN Employee E9 stated, No.</li> <li>- NA Employee E10 stated, A couple years ago, I haven ' t seen any signage or offers.</li> </ul> <p>During an interview on 9/4/24, at 5:45 p.m. Regional Director of Nursing confirmed that the facility failed to offer staff COVID-19 vaccines for 7 of 7 employees interviewed (E4, E5, E6, E7, E8, E9, and E10).</p> <p>28 Pa. Code 211.5(f) Clinical records</p>