

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  03/26/2025
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49469</p> <p>Based on observations, resident, and staff interviews, it was determined that the facility failed to obtain physician orders and failed to care plan interventions for medication self-administration for one of three residents (Residents R1).</p> <p>Findings include:</p> <p>Review of the facility policy Administering Medications last reviewed 8/19/24, indicates residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE], with the diagnosis of diabetes (high sugar in the blood), atrial fibrillation (heart does not pump as it should) and high blood pressure.</p> <p>During an observation completed on 3/26/25, at 10:35 a.m. Resident R1 was sitting in her chair she was holding a medication cup that contained one pink pill, one yellow pill, one white pill, and one salmon colored pill.</p> <p>Review of Resident R1's physician orders on 3/26/25, failed to include an order for medication self-administration.</p> <p>Review of Resident R1's care plan on 3/26/25, failed to include interventions for medication self-administration.</p> <p>During an interview completed on 3/26/25, at 10:49 a.m. Registered Nurse (RN) Employee E5, stated I just left there, I put them in her hand, I thought she took them and confirmed the medications were left at the bedside and there was not an order for Resident R1 to self-administer medications.</p> <p>During an interview completed on 3/26/25, at 11:05 the Nursing Home Administrator (NHA) approached this surveyor while walking down the hallway and stated she just came down and told us about the medications.</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
---	-------	-----------

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  03/26/2025
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview completed on 3/26/25, at 1:03 p.m. the NHA confirmed Resident R1's medications were at bedside and that the facility failed to obtain physician orders and failed to care plan interventions for medication self-administration for one of three residents (Residents R1).</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 211.10(c)(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p> <p>28 Pa. Code: 211.9(a)(1) Pharmacy services.</p>		