

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Bedford Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 136 Donahoe Manor Road Bedford, PA 15522	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>31760</p> <p>Based on review of policies, resident council meeting minutes, and facility grievance/complaint logs, as well as staff interviews, it was determined that the facility failed to follow its grievance policies regarding maintaining a log of all grievances received and failed to ensure that grievances were responded to in a timely manner for one of seven residents reviewed (Resident 4), and failed to include the steps taken to investigate the grievance, a summary of the pertinent findings or conclusion regarding the resident's concerns, or any corrective action taken or to be taken by the facility as a result of the grievance for one of seven residents reviewed (Resident 7).</p> <p>Findings include:</p> <p>The facility's policy regarding grievances/complaints, dated February 28, 2024, indicated that upon receipt of the grievance/concern, the grievance/concern form will be initiated by the staff member receiving the concern and documented on the grievance/concern log. The department manager will contact the person filing the grievance to acknowledge receipt, investigate the grievance, take corrective actions if needed, and notify the person filing the grievance of resolution within 72 hours.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a federally-mandated assessment of a resident's abilities and care needs) for Resident 4, dated February 2, 2024, revealed that the resident was alert and oriented and able to make her needs known.</p> <p>Resident Council Meeting Minutes, dated February 16, 2024, revealed that Resident 4 presented a concern with the lack of staff to get residents into bed at night. The resident indicated that she addressed it with the Director of Nursing.</p> <p>The facility's grievance/complaint logs, dated January 1, 2024, through March 20, 2024, revealed no documented evidence that Resident 4's concern regarding the lack of staff to get residents into bed at night was listed on the facility's grievance/complaint log and/or that the concern was investigated.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing on March 27, 2024, at 1:55 p.m. revealed that an official grievance form was not completed regarding Resident 4's concern regarding the lack of staff to get residents into bed at night. She indicated that when she came in the next morning, she saw Resident 4, who was still upset, so she talked to her and the resident told her that she was upset that the staff does not like her. When she asked the resident why she felt that way, the resident told her it was because staff would not put her to bed that evening when she wanted to go to bed. The Director of Nursing confirmed that she did not complete a further investigation into the concerns of the resident at that time.</p> <p>A grievance form for Resident 7, dated March 5, 2024, revealed that the resident presented a concern regarding long call bell times at 3:00 a.m. and not getting his pain medications.</p> <p>There was no documented evidence that Resident 7's complaint/grievance was thoroughly investigated, including interviews and/or written statements from the staff who worked during the shift in question, and whether the resident was receiving his pain medications as ordered. There was also no documented evidence of a summary of the findings or conclusion regarding the resident's concerns or corrective actions taken or to be taken by the facility because of the grievance.</p> <p>Interview with the Nursing Home Administrator on March 27, 2024, at 3:50 p.m. confirmed that there was no documented evidence that Resident 7's grievance included interviews with staff regarding the mentioned concerns and no summary of the findings or corrective actions taken or to be taken by the facility.</p> <p>28 Pa. Code 201.29(c.3)(4) Resident rights.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>31760</p> <p>Based on review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident's care plan was updated/revised to reflect the resident's specific care needs for one of seven residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>A facility policy regarding plans of care, dated February 28, 2024, revealed that the care plan must be customized to each individual patient's preferences and needs. The care plan will be reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments, and as needed to reflect the response to care and changing needs and goals.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated February 20, 2024, revealed that the resident was understood, could understand, and had diagnoses that included seizures and traumatic brain injury (TBI - an injury that affects how the brain works). A care plan for the resident, dated March 4, 2024, revealed that the resident had an activities of daily living (ADL) self-care deficit, and that the resident transferred independently. A care plan dated, October 8, 2023, revealed that the resident was non-weight bearing to the bilateral lower extremities, required assistance, and was to be transferred with a mechanical lift (used for a resident who is unable to assist with transferring in and out of a bed or wheelchair or shower chair) with a large size sling.</p> <p>A nursing note for Resident 2, dated December 8, 2023, indicated that the resident was ambulating (walking) independently now.</p> <p>Observations of Resident 2 on March 27, 2024, at 10:25 a.m. revealed that the resident was transferring by herself in and out of bed independently, as well as ambulating throughout the facility independently.</p> <p>There was no documented evidence that Resident 2's care plan was updated/revised/resolved to indicate that the resident did not require the use of a mechanical lift for her transfers.</p> <p>Interview with the Director of Nursing on March 27, 2024, at 1:59 p.m. confirmed that Resident 2's care plan should have been updated to show that the use of a mechanical lift for her transfer had been resolved.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		