

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 04/07/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>41233</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to follow policy/protocols set forth regarding alerting the physician of a resident's change in condition, for one of three residents reviewed (Resident 3).</p> <p>Findings include:</p> <p>The facility's emergency and/or alternative physician care policy, dated February 11, 2025, indicated that if a physician's backup coverage does not respond in a timely manner, then the nursing staff will contact the medical director for assistance. The facility's current after hours tele-health physician guidelines indicated that the average response time for a consult is two to five minutes. If there is no response from a physician within five minutes, staff are to re-create the consult using the orange Contact on Call Clinician button. If no response after a second consult, a support number was to be called.</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated October 26, 2025, indicated that the resident was cognitively intact, had a nephrostomy tube (a tube in the kidney used to drain urine), and had diagnoses that included renal insufficiency.</p> <p>Nursing notes indicated that on March 2, 2025, at 5:20 p.m. Resident 3 was noted to have dark red drainage in her left nephrostomy tube. She indicated to staff that the red drainage started that morning. The resident complained of slight nausea and 5/10 pain to left flank area. Her vital signs were as follows: blood pressure 168/43, heart rate 73, temperature 99.5, respirations 20, and oxygen saturation was 96 percent on 2 liters of oxygen. The registered nurse supervisor was notified. At 5:30 p.m. the charge nurse was notified and a call was placed to the tele-health physician. Nursing notes do not indicate any further calls to the physician. At 6:06 p.m. the family requested the resident be sent to the hospital. The family called 911 and Resident 3 was transferred and admitted to the hospital. At 6:35 p.m. the tele-health physician returned the phone call to the facility. This was one hour and five minutes after the call was placed.</p> <p>Interview with the Director of Nursing (DON) on April 7, 2025, at 3:01 p.m. indicated that all staff are trained on the iPad used for the tele-health physicians. Furthermore, she indicated that call back times have been as fast as two to three minutes, and that she would expect 15 minutes as a reasonable time for a physician to call back.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Nursing Home Administrator and the DON on April 7, 2025, at 3:52 p.m. confirmed that when the tele-health staff did not respond to the consult for Resident 3 within five minutes, they should have followed facility policy and guidelines and recreated the consult using the orange Contact on Call Clinician button, or contacted the medical director for assistance, and they did not.</p> <p>28 Pa Code 211.12 (d)(3)(5) Nursing Services.</p>		