Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 12/04/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Skilled Nursing and Rehabilitation Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46994 Based on review of facility policies, review of clinical records, observations, and staff interviews, it was determined that the facility failed to maintain the dignity of three of 33 residents reviewed (Residents 48, 65, 67) who had an indwelling urinary catheter. Findings include: A facility policy for considerate and respectful treatment, dated March 1, 2024, indicated that staff will refrain from practices that are demeaning to patients, such as keeping urinary catheter bags uncovered. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 48, dated July 15, 2024, indicated that the resident was understood and able to understand others, required substantial to moderate assistance with personal hygiene care, had an indwelling urinary catheter, and had diagnoses that included renal insufficiency. Physician's orders for Resident 48, dated July 13, 2024, included for staff to place a foley catheter (flexible catheter used to drain urine from the bladder into a drainage collection bag) for urinary drainage. Observations of Resident 48 on July 29, 2024, at 11:00 a.m. while in his room, and at 11:23 a.m. while in the therapy room, revealed that the resident was sitting in his wheelchair with his urinary drainage bag hooked under his wheelchair. The bag was not covered and yellow urine was visible. Review of the clinical record for Resident 65 revealed that the resident was admitted on [DATE], and had diagnoses that included urinary retention, and had a urinary catheter. The care plan for Resident 65, dated July 24, 2024, indicated that the resident required an indwelling foley catheter for urinary retention. Observations of Resident 65 on July 29, 2024, at 11:23 a.m. revealed that the resident sitting in her wheelchair in the therapy room with her urinary drainage bag hooked under her wheelchair. The bag was not covered and yellow urine was visible. Interview with Registered Nurse 6 on July 29, 2024, at 11:23 a.m. confirmed that Residents 48 and 65 did not have privacy covers on their urinary catheter bags. (continued on next page)

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: 395221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Bedford Skilled Nursing and Rehabilitation Center		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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An admission MDS assessment for Resident 67, dated May 27, 2024, indicated that the resident was understood and able to understand others, required assistance from staff for personal care needs, had an indwelling catheter, and had diagnoses that included neurogenic bladder (a type of bladder dysfunction caused by nerve, brain, or spinal cord damage). Physician's orders for Resident 67, dated June 27, 2024, included for the resident to have an indwelling catheter to straight drainage for neurogenic bladder. Observations of Resident 67 on July 29, 2024, at 10:34 a.m. revealed the resident was lying in bed with his urinary drainage bag hooked to the side of his bed visible from the door. It was not covered and yellow urine was visible in the bag. Interview with Licensed Practical Nurse 7 on July 29, 2024, at 10:34 a.m. confirmed that Resident 67 did not have a privacy cover on his urinary drainage bag. Interview with the Nursing Home Administrator on July 29, 2024, at 2:44 p.m. revealed that all urinary drainage bags should have privacy covers on them per the facility policy. 28 Pa. Code 201.29(c) Resident Rights.

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER Bedford Skilled Nursing and Rehabilitation Center		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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 31760 Based on clinical record reviews and staff interviews, it was determined that the facility failed to notify the resident and legal guardian in writing regarding the reason for hospitalization for two of 33 residents reviewed (Residents 19, 22). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 19, dated June 4, 2024, revealed that the resident was understood, could understand others, and had a diagnosis which included Parkinson's disease, dementia, and chronic obstructive pulmonary disease (COPD - a common lung disease causing restricted airflow and breathing problems). Physician's orders for Resident 19, dated June 19, 2024, included an order for the resident to be sent to the emergency department for evaluation and treatment. A nursing note for Resident 19, dated June 19, 2024, at 10:26 p.m., revealed that the nurse aide yelled to the writer that the resident was choking. The physician was notified of the situation, and the resident was transferred to the emergency department via emergency medical services at 9:00 p.m. There was no documented evidence that a written notice of Resident 19's transfer to the hospital was provided to the resident's responsible party regarding the reason for transfer. An admission MDS assessment for Resident 22, dated June 13, 2024, indicated that the resident was understood and able to understand others, was independent with personal care needs, and had diagnoses that included schizophrenia (a mental disorder that affects a person's ability to think, feel, and behave clearly). Nurse's note for Resident 22, dated May 9, 2024, at 10:50 p.m., revealed that the resident was hallucinating and had increased aggressive behaviors. The physician was notified of the situation, and the resident was transferred to the hospital. There was no documented evidence that a written notice of Resident 22's transfer to the hospital was provided to the resident's responsible party regarding the reason for transfer. Interview with the Director of Nursing on August 1, 2024, at 2:23 p.m. confirmed that the facility did not provide a written notice to the resident or the resident's responsible party when a resident was transferred to the hospital. 28 Pa. Code 201.25 Discharge Policy. 28 Pa. Code 201.29(f)(g) Resident Rights.

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER Bedford Skilled Nursing and Rehabilitation Center		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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31760 Based on review of the Resident Assessment Instrument (RAI) User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate comprehensive Minimum Data Set assessments for two of 33 residents reviewed (Residents 51, 64). Findings include: The RAI User's Manual, dated October 2023, revealed that Section N0415I1 Antiplatelet (a group of medicines that stop blood cells (called platelets) from sticking together and forming a blood clots) Medications was to be coded if an antiplatelet medication was taken by the resident at any time during the seven-day look-back period. Physician's orders for Resident 51, dated August 24, 2023, included an order for the resident to receive 75 milligrams (mg) of Plavix (an antiplatelet) one time a day for clot prevention. Review of the Medication Administration Record (MAR) for Resident 51, dated June and July 2024, revealed that staff had administered the 75 mg of Plavix to the resident on June 27, 2024, through July 4, 2024. An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 19, dated May 14, 2024, revealed that Section NO415I1 was not coded indicating that the resident did not receive an antiplatelet medication during the seven-day look-back assessment period. Interview with the Director of Nursing on July 31, 2024, at 3:12 p.m. confirmed that Resident 51 received an antiplatelet medication during the seven-day look-back period and should have been coded for an antiplatelet medication. The RAI User's Manual, dated October 2023, revealed that Section A2105 Discharge status was to be coded with the type of the discharge. A discharge MDS, dated [DATE], revealed that Resident 64 was discharged and not anticipated to return. Section A210504 was coded as a discharge for a short-term general acute hospital. A nursing note for Resident 64, dated May 16, 2024, revealed that the resident was discharged home in stable condition. Interview with the Director of Nursing on August 1, 2024, at 5:15 p.m. confirmed Resident 64 was discharged home and not to a hospital. 28 Pa. Code 211.5(f) Clinical Records.

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER: Bedford Skilled Nursing and Rehabilitation Center		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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31760 Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to develop comprehensive care plans that included specific and individualized interventions to address resident care needs for five of 33 residents reviewed (Residents 18, 21, 23, 66, 68). Findings include: The facility's policy regarding person-centered care plans, dated March 15, 2024, revealed that a comprehensive person-centered care plan must be developed for each resident and must describe the services that were to be furnished, any specialized services or specialized rehabilitative services the facility would provide, and any service not provided due to refusal of treatment. A quarterly Minimum Data Set (MDS) assessment (a federally-mandated assessment of a resident's abilities and care needs) for Resident 18, dated May 11, 2024, revealed that the resident was usually understood, could usually understand others, and had a diagnosis which included Multi Drug Resistant Organism (MDRO - bacteria that have become resistant to certain antibiotics, and these antibiotics can no longer be used to control or kill the bacteria). Observations of Resident 18's room on July 29, 2024, at 10:38 a.m. revealed that the resident's name under the room number was highlighted in a green color, and there was an Enhanced Barrier Precautions (an approach of targeted gown and glove use during high contact resident care activities, designed to reduce transmission of MDROs) sign hanging on the resident's door indicating that the resident was on Enhanced Barrier Precautions. There was no documented evidence that a comprehensive care plan that included specific and individualized interventions was developed regarding Resident 18's being on Enhanced Barrier Precautions. Interview with the Director of Nursing on August 1, 2024, at 4:30 p.m. confirmed that there was no documented evidence that a comprehensive care plan that included specific and individualized interventions was developed for Resident 18 regarding her being on Enhanced Barrier Precautions due to her history of MDRO. A quarterly MDS assessment for Resident 21, dated May 12, 2024, revealed that the resident was in a persistent vegetative state, was dependent on staff for personal care needs, had a feeding tube (tube delivers a liquid nutrition and medications formula directly into your digestive system), and had a tracheostomy (a tube that allows oxygen to reach the lungs by creating an opening into the trachea (windpipe) from outside the neck). Observations of Resident 21's room on July 29, 2024, at 11:29 a.m. revealed that the resident's name under the room number was highlighted in a green color, and there was an Enhanced Barrier Precautions sign hanging on the resident's door indicating that the resident was on Enhanced Barrier Precautions. (continued on next page)

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER: Bedford Skilled Nursing and Rehabilitation Center		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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	There was no documented evidence that a comprehensive care plan that included specific and individualized interventions was developed regarding Resident 21's being on Enhanced Barrier Precautions. Interview with the Director of Nursing on August 1, 2024, at 5:00 p.m. confirmed that there was no documented evidence that a comprehensive care plan that included specific and individualized interventions was developed for Resident 21 regarding her being on Enhanced Barrier Precautions due to her having a trach and a feeding tube. A quarterly MDS assessment for Resident 23, dated May 28, 2024, revealed that the resident was understood and could usually understand, was independent with his care needs, and had was on oxygen therapy. Physician's orders for Resident 23, dated April 24, 2024, included that the resident was to receive two liters per minute oxygen by nasal cannula (flexible tubes inserted into the nose to deliver oxygen) continuously. There was no documented evidence that a comprehensive care plan to address specific and individualized interventions was developed for Resident 23 regarding his need for continuous oxygen therapy. Interview with the Director of Nursing on August 1, 2024, at 10:34 a.m. confirmed that there was no documented evidence that a comprehensive care plan that included specific and individualized interventions was developed for Resident 23 regarding his need for continuous oxygen therapy. Clinical record review for Resident 66 revealed that she was admitted to the facility on [DATE], with a diagnosis of local infection of the skin and subcutaneous (beneath all the layers of the skin) tissue, acute kidney failure, and dependence on renal dialysis (treatment that helps your body remove extra fluid and waste products from your blood when the kidneys are not able to). Physician's orders for Resident 66, dated July 25, 2024, included that the resident's peripherally-inserted central catheter (PICC- a long, thin tube that goes into the body through a vein in the upper arm) line could be used for blood draws, and that the resident was to receive dialysis treatments every Monday, Wednesday, and Friday at an outside facility. Physician's orders for Resident 66, dated July 26, 2024, included that the resident receive two grams of Ampicillin (an antibiotic) intravenously (through a vein) two times a day for a left hip infection, and that staff monitor the resident's right chest hemodialysis site for signs and symptoms of complications and notify the physician and dialysis center immediately with any urgent problems. There was no documented evidence that a comprehensive care plan to address specific and individualized interventions was developed for Resident 66 regarding her requirement for Enhanced Barrier Precautions due to having a dialysis access port and a PICC line. Interview with the Director of Nursing on August 1, 2024, at 5:00 p.m. confirmed that there was no documented evidence that a comprehensive care plan that included specific and individualized interventions was developed for Resident 66 regarding her requirement for Enhanced Barrier Precautions due to having a dialysis access port and a PICC line. (continued on next page)

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 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Skilled Nursing and Rehabilitation Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An admission MDS assessment for Resident 68, dated July 26, 2024, indicated that the resident was cognitively intact, required assistance from staff for care needs, was receiving intravenous medication, and had diagnoses that included endocarditis (inflammation of the inside lining of the heart chambers and heart valves). Physician's orders for Resident 68, dated July 19, 2024, included that the resident had a PICC line and confirmation of placement was obtained. There was no documented evidence that a comprehensive care plan to address specific and individualized interventions was developed for Resident 68 regarding her requirement for Enhanced Barrier Precautions due to having a PICC line. Interview with the Director of Nursing on August 1, 2024, at 5:00 p.m. confirmed that there was no documented evidence that a comprehensive care plan that included specific and individualized interventions was developed for Resident 68 regarding her requirement for Enhanced Barrier Precautions due to having a PICC line. 28 Pa. Code 211.12(d)(5) Nursing Services.

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER Bedford Skilled Nursing and Rehabilitation Center		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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 46994 Based on review of 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 33 residents reviewed (Resident 48). Findings include: An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's care needs and abilities) for Resident 48, dated July 15, 2024, indicated that the resident was understood and could understand others, required assistance with personal care needs, was dependent on staff for toileting needs, and had diagnoses that included chronic kidney disease. Physician's orders for Resident 48, dated July 13, 2024, included an order for the staff to insert a foley catheter (flexible tube that drains urine from the bladder into a bag outside the body) for urinary drainage. The current care plan for Resident 48, dated July 9, 2024, indicated that the resident was incontinent of urine. An active care plan, dated July 14, 2024, indicated that the resident had an indwelling foley catheter. Observations of Resident 48 on July 29, 2024, at 11:00 a.m. while in his room, and at 11:23 a.m. while in the therapy room, revealed that the resident was sitting in his wheelchair with his urinary drainage bag hooked under his wheelchair. Interview with The Director of Nursing on August 1, 2024, at 9:37 a.m. revealed that as of July 31, 2024, Resident 48 had an active care plan for urinary incontinence and a foley catheter. The care plan was not revised when the resident was ordered a foley catheter, and continued to indicate that the resident had urinary incontinence when it should not have. 28 Pa. Code 201.24(e)(4) Admission Policy. 28 Pa. Code 211.12(d)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Skilled Nursing and Rehabilitation Center	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)
F 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 31760 Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that a discharge summary, including a recapitulation of the resident's stay, was completed for one of two discharged residents reviewed (Resident 63). Findings include: A nursing note for Resident 63, dated May 1, 2024, revealed that the resident was discharged from the facility at approximately 10:15 a.m. Verbal and written discharge instructions/medications were provided to resident and the resident's son. As of August 1, 2024, there was no documented evidence that a discharge summary that included a recapitulation of the resident's stay was completed for Resident 63. Interview with Medical Records Coordinator on August 1, 2024, at 5:50 p.m. confirmed that there was no documented evidence that a discharge summary was completed for Resident 63. 28 Pa. Code 211.5(d) Clinical Records.

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER Bedford Skilled Nursing and Rehabilitation Center		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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 42079 Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physicians orders were followed for two of 33 residents reviewed (Residents 44, 68). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 44, dated May 4, 2024, revealed that the resident was understood and could understand, required assistance from staff for care needs, and had a diagnosis which included dementia. A fall investigation for Resident 44, dated April 25, 2024, at 7:19 p.m., indicated that the resident was observed sitting on the floor. She tried to transfer herself from the wheelchair to the bed without assistance. The resident hit the back of her head on the front wheel of the wheelchair. An assessment was completed and her oxygen saturation (the percentage of oxygen circulating in the blood-with a normal range being greater than 92) was in the low 70's. The physician was notified that of the fall, and orders were received to start neurological checks (evaluates brain and nervous system functioning) and to monitor oxygen saturation for changes. A neurological evaluation flow sheet for Resident 44, dated April 25, 2024, revealed that the document was incomplete from the hours of 8:45 p.m. to 11:30 p.m. A review of the medical record revealed that there was no documented oxygen saturation levels as the physician ordered. Interview with the Director of Nursing on July 31, 2024, at 3:25 p.m. confirmed that there was no documented evidence that oxygen levels were obtained and the neurological evaluation was not fully completed as the physician ordered and should have been. An admission MDS assessment for Resident 68, dated July 26, 2024, indicated that the resident was cognitively intact, required assistance from staff for care needs, was receiving intravenous medication, and had diagnoses that included endocarditis (inflammation of the inside lining of the heart chambers and heart valves). Physician's orders for Resident 68, dated July 20, 2024, included an order for the resident to be weighed daily. Physician's orders, dated July 22, 2024, included an order for the resident to receive 20 milligrams (mg) of furosemide (diuretic medication commonly used to reduce fluid retention) every 24 hours as needed for a weight gain greater that two pounds overnight. Review of the Medication Administration Record (MAR) for Resident 68, dated July 2024, revealed no documented evidence that the resident was weighed on July 23, 27, 28, 29, and 30 as ordered to determine if a dose of furosemide was indicated. Interview with the Director of Nursing on August 1, 2024, at 11:49 a.m. confirmed that Resident 68 was not weighed daily as ordered by the physician and should have been. (continued on next page)

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER: Bedford Skilled Nursing and Rehabilitation Center		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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER Bedford Skilled Nursing and Rehabilitation Center		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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46994 Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders were obtained for an indwelling urinary catheter for one of 33 residents reviewed (Resident 65). Findings include: Clinical record review for Resident 65, including nurses notes, revealed that the resident was admitted on [DATE]; had diagnoses that included urinary retention; and had a foley catheter (tube placed in the body to drain and collect urine from the bladder). There was no documented evidence that a physician's order was obtained to indicate that the resident required a foley catheter. The care plan for Resident 65, dated July 24, 2024, indicated that the resident required an indwelling foley catheter because of urinary retention. Nurse's notes for Resident 65, dated July 22, 2024, at 3:15 p.m., revealed that the resident arrived at the facility for admission by ambulance and had a urinary catheter intact for urinary retention. A nurse's note, dated July 28, 2024, at 9:08 p.m. indicated that the resident's urinary catheter was intact. Observations of Resident 65 on July 29, 2024, at 11:23 a.m. revealed that the resident sitting in her wheelchair in the therapy room with her urinary drainage bag hooked under her wheelchair. Interview with the Director of Nursing on July 30, 2024, at 2:19 p.m. confirmed that Resident 65 did not have a physician's order for her foley catheter from her date of admission on July 22, 2024, until July 29, 2024, and should have. 28 Pa. Code 211.12(d)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Skilled Nursing and Rehabilitation Center	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)
F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. 46994 Based on review of personnel files, as well as staff interviews, it was determined that the facility failed to ensure that nurse aide performance evaluations were completed annually based on hire dates for two of five nurse aides reviewed (Nurse Aide 2, Nurse Aide 5). Findings include: A list of nurse aides provided by the facility revealed that based on their months and days of hire, an annual performance evaluation for Nurse Aide 2 was due January 20, 2024. As of July 31, 2024, there was no documented evidence that the annual performance evaluation was completed as required for Nurse Aide 2. A list of nurse aides provided by the facility revealed that based on their months and days of hire, an annual performance evaluation for Nurse Aide 5 was due May 13, 2024. As of July 31, 2024, there was no documented evidence that the annual performance evaluation was completed as required for Nurse Aide 5. Interview with the Nursing Home Administrator on July 31, 2024, at 2:03 p.m. confirmed that there was no evidence that the annual performance evaluation for Nurse Aide 2 and Nurse Aide 5 was completed as required. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(b)(1)(3)(e)(1) Management. 28 Pa. Code 201.20(a)(c) Staff Development.

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER: Bedford Skilled Nursing and Rehabilitation Center		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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 46994 Based on review of manufacturer's instructions, facility policies, and clinical records, as well as observations and staff interviews, it was determined that the facility failed to label multi-dose containers of eye drops with the date they were opened in one of two medication carts reviewed (Cart 2). Findings include: Manufacturer's directions for the use of Latanoprost Ophthalmic Solution 0.005 percent (used for the reduction of elevated fluid pressure of the eye), dated November 3, 2023, revealed that once a bottle is opened for use, it may be stored at room temperature for six weeks. The facility's policy regarding the storage of medication, dated March 15, 2024, revealed that medications are stored properly, following manufacturer's or provider pharmacy recommendations, to keep their integrity and to support safe, effective drug administration. Physician's orders for Resident 65, dated July 22, 2023, included an order for the resident to receive one drop of Latanoprost Ophthalmic Solution 0.005 percent in both eyes at nightly at bedtime. Observations of the Cart 2 medication cart on August 1, 2024, at 3:26 p.m. revealed a bottle of Latanoprost Ophthalmic Solution 0.005 percent for Resident 65 that was opened and not dated. There was no evidence to identify when the bottle was opened and when it should be discarded. Interview with Licensed Practical Nurse 8 for the Cart 2 medication cart at the time of observation confirmed that the opened vial of Latanoprost Ophthalmic Solution 0.005 percent for Resident 65 was opened but not dated and it should have been dated when it was opened. Interview with the Director of Nursing on August 1, 2023, at 4:00 p.m. confirmed that the opened bottle of Latanoprost Ophthalmic Solution 0.005 percent for Resident 65 should have been dated when it was opened. 28 Pa. Code 211.12(d)(1) Nursing Services.

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER: Bedford Skilled Nursing and Rehabilitation Center		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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 31760 Based on review of work history reports and observations, as well as staff interviews, it was determined that the facility failed to ensure that food was served under sanitary conditions. Findings include: Review of the facility's work history report, dated July 28, 2023, through July 25, 2024, revealed that the vent was inspected and cleaned if necessary monthly with the last time being documented as inspected on July 25, 2024. Observations in the main kitchen during dish washing on July 30, 2024, at 1:28 p.m. revealed that one dietary staff member was placing dirty dishes, cups, utensils, etc. in the dish washer and then another dietary staff member would take the clean dishes, cups, utensils, etc. from the dishwasher and would leave them on the counter beside the dishwasher until she would take the items to be stored. There was a metal shelf that was above and to the left of the dish washer that had clear plastic bins and other miscellaneous items being stored on it. There was a metal shelf next to the oven with clear plastic pitchers on the top shelf. Above the two metal shelves there was a large vent in the ceiling that was approximately two feet by two feet with a thick accumulation of dust on it. Observations during the lunch meal tray preparation on July 31, 2024, at 11:34 a.m. revealed that the large vent in the ceiling above the two metal shelves still had a thick accumulation of dust on the vent. Interview with the Director of Dining Services on July 31, 2024, at 11:47 a.m. confirmed that there was a thick accumulation of dust on the vent above the two metal shelves where clean items were stored. 28 Pa. Code 211.6(f) Dietary Services.

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER Bedford Skilled Nursing and Rehabilitation Center		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)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31760 Based on review of facility policies and residents' clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the designated interdisciplinary team member obtained the required information from the contracted hospice provider for two of 33 residents reviewed (Residents 29, 34) who received hospice services. Findings include: The facility's policy regarding hospice (specialized care that provides physical comfort and emotional, social and spiritual support for people nearing the end of life), dated March 15, 2024, indicated that the designated interdisciplinary team member will be responsible for obtaining the following from the hospice: most recent hospice plan of care; hospice election form, and the physician's certification and recertification of terminal illness (a form signed by the resident's hospice physician and specific to each patient). An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 29, dated May 19, 2024, revealed that the resident was rarely understood or rarely understood, and had a diagnosis which included bladder cancer. A care plan for Resident 29, dated May 14, 2024, revealed that he received hospice care due to end-stage bladder cancer. There was no documented evidence that Resident 34's clinical record contained the Hospice Benefit of Election form until it was faxed to the facility on [DATE], at 10:02 a.m. by the contracted hospice provider. Interview with the Nursing Home Administrator on July 31, 2024, at 10:07 a.m. confirmed that the Hospice Certification of Terminal Illness had to be faxed over from the contracted hospice provider and that there was no documented evidence that as of July 31, 2024, the Hospice Certification of Terminal Illness was in Resident 29's clinical record. A quarterly MDS assessment for Resident 34, dated June 10, 2024, revealed that the resident was understood, could understand others, had a diagnosis which included dementia, and received hospice care. A care plan for the resident dated June 5, 2024, revealed that the resident started on hospice May 30, 2024. There was no documented evidence that Resident 34's clinical record contained the Hospice Certification of Terminal Illness form until it was faxed to the facility on [DATE], at 9:41 a.m. by the contracted hospice provider. Interview with the Nursing Home Administrator on July 31, 2024, at 10:29 a.m. confirmed that the Hospice Benefit of Election had to be faxed over from the contracted hospice provider and that there was no documented evidence that as of July 31, 2024, the Hospice Benefit of Election was in Resident 34's clinical record. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Skilled Nursing and Rehabilitation Center	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)
F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 31760 Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies. Findings include: The facility's deficiencies and plans of corrections for a State Survey and Certification (Department of Health) survey ending August 17, 2023, and a complaint investigation survey ending March 27, 2024, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility-maintained compliance with cited nursing home regulations. The results of the current survey, ending August 1, 2024, identified repeated deficiencies related to a failure to ensure the accuracy of Minimum Data Set (MDS) assessments (a federally-mandated assessment of a resident's abilities and care needs), developing care plans, care plan timing and revision, storage, and labeling of medications, and maintaining food procurement, storage, preparing and serving. The facility's plan of correction for a deficiency regarding the accuracy of assessment, cited during the survey ending August 17, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F641, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding accuracy of assessments. The facility's plan of correction for a deficiency regarding the development of care plans, cited during the survey ending August 17, 2023, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F656, revealed that the QAPI committee was ineffective in correcting deficient practices related to developing care plans. The facility's plan of correction for a deficiency regarding care plan timing and revision, cited during the surveys ending August 17, 2023, and March 27, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F657, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding care plan timing and revision. The facility's plans of correction for deficiencies regarding storage and labeling of medications, cited during the survey ending August 17, 2023, revealed that the facility developed plans of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F761, revealed that the facility's QAPI committee failed to maintain compliance with the regulation regarding storage and labeling of medications. (continued on next page)

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER: Bedford Skilled Nursing and Rehabilitation Center		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)
F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's plan of correction for deficiencies regarding food procurement storage, prepare and serve cited during the survey ending August 17, 2023, revealed that food procurement, storage, preparing and serving would be monitored by QAPI. The results of the current survey, cited under F812, revealed that the QAPI committee was ineffective in maintaining food procurement, storage, preparing and serving. Refer to F641, F656, F657, F761, F812. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(e)(1) Management.

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 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Skilled Nursing and Rehabilitation Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 31760 Based on review of established infection control guidelines, facility policy, and residents' clinical records, as well as observations and staff interviews, it was determined that the facility failed to follow infection control guidelines from the Centers for Medicare/Medicaid Services (CMS) and the Centers for Disease Control (CDC) to reduce the spread of infections and prevent cross-contamination for one of 33 residents reviewed (Resident 21). Findings include: CDC guidance on isolation precautions and Implementation of Personal Protective Equipment (PPE) use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDRO's - bacteria that have become resistant to certain antibiotics, and these antibiotics can no longer be used to control or kill the bacteria), dated July 12, 2022, indicates that MDRO transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs. Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. CMS updated its infection prevention and control guidance effective April 1, 2024. The recommendations now include the use of EBP during high-contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their MDRO status, in addition to residents who have an infection or colonization with a CDC-targeted or other epidemiologically important MDRO when contact precautions do not apply. The facility's policy regarding Enhanced Barrier Precautions (EBP), dated March 15, 2024, indicated that precautions are put in place to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. The resident's type of precautions were to documented in a care plan A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 21, dated May 12, 2024, revealed that the resident was cognitively impaired, required extensive assistance from staff for daily care needs, had a feeding tube (a soft, flexible plastic tube inserted in the gastrointestinal tract to provide nutrition), and a tracheostomy (an opening into the trachea (windpipe) from outside the neck). Physician's orders for Resident 21, dated June 11, 2024, included an order for five milliliters (ml) of Metoclopramide (a medication that relieves symptoms such as nausea, vomiting, heartburn, a feeling of fullness after meals, and loss of appetite) every six hours via feeding tube. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395221	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Skilled Nursing and Rehabilitation Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observations during the medication administration on July 30, 2024, at 11:40 a.m. revealed that Resident 21's name under the room number was highlighted in a green color and had signage at the entrance to her room to indicate that infection control measures for EBP were in place. Licensed Practical Nurse 9 had prepared the five ml of Metoclopramide for administration at the medication cart in the hallway outside of Resident 21's room. Licensed Practical Nurse 9 then entered Resident 21's room and obtained and placed the gloves on. She then turned off the tube feeding that was infusing and disconnected the tubing from the feeding tube. She then administered the medication, reconnected the tubing to the feeding tube, and then restarted the resident's tube feeding. However, while accessing the feeding tube, she only wore gloves and did not wear a gown. Interview with the Infection Control Preventionist on July 31, 2024, at 10:30 a.m. confirmed that Resident 21 was on EBP, and that Licensed Practical Nurse 9 should have been wearing a gown and gloves while accessing the resident's feeding tube. Observations during the medication administration on August 1, 2024, at 9:38 a.m. revealed that Resident 21's name under the room number was highlighted in a green color and had signage at the entrance to her room indicate that infection control measures for EBP were in place. Respiratory Therapist 10 was providing respiratory and tracheostomy care. However, while providing respiratory and trach care, he only wore gloves and did not wear a gown. Interview with Respiratory Therapist 10 on August 1, 2024, at 9:42 a.m. revealed that he usually wears both gloves and gown, but he did not during the care observation. Interview with the Infection Control Preventionist on August 1, 2024, at 1:13 p.m. confirmed that Resident 21 was on EBP, and that Respiratory Therapist 10 should have been wearing a gown and gloves while providing respiratory and trach care for the resident. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(e)(1) Management. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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 08/01/2024
NAME OF PROVIDER OR SUPPLIER Bedford Skilled Nursing and Rehabilitation Center		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)
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 46994 Based on a review of a list of nurse aides currently employed by the facility, including their hire dates and training hours, as well as staff interviews, it was determined that the facility failed to ensure that nurse aides had 12 hours of in-service training annually for three of five nurse aides reviewed (Nurse Aide 1, Nurse Aide 2, Nurse Aide 3). Findings include: A list of nurse aides provided by the facility revealed that based on their months and days of hire: Nurse Aide 1 should have received at least 12 hours of in-service training between June 11, 2023, and June 11, 2024. However, there was no documented evidence that she received at least 12 hours of in-service training as required. Nurse Aide 2 should have received at least 12 hours of in-service training between January 20, 2023, and January 20, 2024. However, there was no documented evidence that she received at least 12 hours of in-service training as required. Nurse Aide 3 should have received at least 12 hours of in-service training between January 16, 2023, and January 16, 2024. However, there was no documented evidence that she received at least 12 hours of in-service training as required. Interview with the Infection Control Preventionist/Staff Educator on August 1, 2024, at 4:38 p.m. confirmed that there was no documented evidence that the above nurse aides received at least 12 hours of in-service training as required. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(3)(e)(1) Management. 28 Pa. Code 201.19(7) Personnel Policies and Procedures.