STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395258	A. Building B. Wing	07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bristol Health & Rehab Center	905 Tower Road Bristol, PA 19007

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395258	A. Building B. Wing	07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bristol Health & Rehab Center	905 Tower Road Bristol, PA 19007

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 0600 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, facility policies, observations and staff interviews, it was determined the facility failed to ensure one of seven residents reviewed (Resident R1) was free from neglect by not timely identifying, assessing, and providing treatment to Resident R1's right lower extremity wound. This failure resulted in actual harm to Resident R1, who developed a new and worsening wound on the right lower extremity, requiring transfer to the hospital and a right leg wound infection. This deficiency is identified as past non-compliance. Findings include: Review of an undated facility policy, Skin Care and Wound Management Overview revealed: The facility staff strives to prevent resident skin impairment and to promote the healing of existing wounds. The interdisciplinary team works with the resident and /or family/responsible party to identify and implement interventions to prevent and treat potential skin integrity issues Each resident is evaluated upon admission and weekly thereafter for changes in skin condition . Skin care and wound management program includes but not limited to: Daily monitoring of existing wounds . Communicate changes to the care giving team .Complete for all skin impairment issues that require measurement to indicate if healing is occurring. Review and select the appropriate treatment for the identified skin impairment. Document treatment in the Electronic Treatment Administration Record .communicate changes to the caregiving team. Review of Resident R1's clinical record revealed, Resident R1 was admitted to the facility on [DATE], with diagnoses including Psoriasis Vulgaris, (chronic autoimmune disease where the immune system mistakenly attacks healthy skin cells leading to the formation of raised, red, scaly patches called plaques on the skin) and Absence of Left Foot. Review of the Comprehensive Minimum Data Set (MDS-periodic assessment of a resident's care needs), dated May 22, 2025, revealed a BIMS (Brief Interview for Mental Status- screening tool aids in detecting cognitive function or impairment) score of 14, which revealed Resident R1 was cognitively intact. Further review of MDS assessment revealed the resident required substantial to maximum assistance with lower body dressing, partial to moderate assistance with personal hygiene, supervision with rolling from left to right and partial to moderate assistance when lying to sitting on the side of the bed. The resident also was assessed at risk of developing pressure ulcers/injuries. Review of Resident R1's care plan, initiated on July 7, 2023, revealed Resident R1 was at risk for skin impairment. Interventions included completion of weekly skin assessments, educate resident on need for turning and repositioning, monitor for any signs/symptoms of infection-bogginess, drainage, erythema and notify physician, and provide appropriate off-loading mattress. Review of Resident R1's physician orders dated February 20, 2025, revealed an order to apply, Clobetasol Propionate Cream 0.05 %, (corticosteroid used to treat skin condition of psoriasis) to lower extremities topically every day and evening shift. Review of Resident R1's physician orders dated March 13, 2025, revealed an order for weekly skin assessment to be completed, every Monday. Review of skin assessment documentation for Resident R1 revealed, no wounds/pressure areas were documented on the skin assessments dated April 5, 2025; April 25, 2025; May 2, 2025; May 9, 2025; May 17, 2025; or May 25, 2025. Further review of Resident R1's skin documentation dated April 11, 2025; and April 18, 2025, revealed Resident R1 refused the skin assessment on these dates. Additional review revealed on June 1, 2025, Employee E10, Licensed Practical Nurse answered on the skin assessment; Yes, to the question, are there any skin areas noted; and No to the question, is this area new since the last documented skin check. Review of nursing notes for dates beginning May 2025 through June 2, 2025, failed to reveal documented evidence of wounds and/or open skin areas identified on the resident's lower extremities. Review of Resident R1's May 2025 and June 2025 Medication Administration Record revealed Clobetasol Propionate Cream was administered by Licensed nurse, Employee E11, on May 24, 2025; May 25, May 26, May 27, May 28, and May 29, 2025, and on June 2, 2025, and June 3, 2025. Review of information dated June 3, 2025, and submitted by the facility to the State Survey Agency on June 3, 2025, revealed Resident R1 had wound which was not identified timely, and treatment provided. Further review of the information revealed, The complaint was substantiated and resulted in the termination of the employees who had been suspended pending the outcome of the investigation. An internal investigation was conducted, which included interviews with all care providers involved dating back to May 26, 2025. The investigation concluded, three licensed nurses and one nursing assistant failed to follow established facility policies regarding the reporting, documentation, assessment, and provider notification related to an alteration in a resident's skin integrity. Interview conducted with Nursing Home Administrator (NHA), Employee E1 on July

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395258	A. Building B. Wing	07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bristol Health & Rehab Center	905 Tower Road Bristol, PA 19007

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of facility policies, review of facility documentation, clinical record review and interviews with staff, it was determined that the facility failed to maintain an effective infection control program related to preventing cross-contamination for one of eight residents reviewed (R3).Findings include:Review of Facility Policy on Skin Care and Wound Management undated indicated; application of treatment protocols based on clinical best practice standards for promoting wound healing.Review of Centers for Disease Control and Prevention's (CDC) 'Core Infection Prevention and Control Practices for Safe Healthcare Delivery in all Settings , dated April 12, 2024, insisted to maintain separation between clean and soiled equipment to prevent cross contamination. In addition, the literature on ' Wound Care Observation Checklist for Infection Control' of Pennsylvania Department of Health, dated April 2018, indicated; wound care supply cart should never enter the patient/resident's immediate care area nor be accessed while wearing gloves or without performing hand hygiene firs. These are important to preventing cross-contamination of clean supplies and reiterates the importance of collecting all supplies prior to beginning wound care.Review of literature revealed that Enhanced Barrier Precautions are infection control Intervention designed to reduce the transmission of novel or Multi-Drug-Resistant Organisms. Enhanced Barrier Precautions require to employ the use of targeted personal protective equipment (PPE) during high contact patient/resident activities. Review of Resident R3's clinical record revealed that the resident was admitted to the facility on [DATE]. Diagnoses included Need for Assistance with Personal Care.Review of physician order dated May 28, 2025, for R3, indicated an order stating, Sacrum- Cleanse with wound cleanser, apply Prisma, cover with boarded dressing daily and as needed, every dayshift, for stage four pressure ulcer .On July 2, 2025, at 12:40 a.m., observed wound treatment administered to R3, by Employee E6, a License Nurse. The nurse did follow physician order for sacral wound treatment, except the infection prevention protocol. Employee E6, transported the whole wound care supply cart into the Resident R3's immediate care area, in R3's room. At the time of the finding, the same was confirmed with E6.28 Pa Code 201.14(a) Responsibility of licensee28 Pa Code 201.18(d) Management