

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Beaver Valley Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 Georgetown Road Beaver Falls, PA 15010	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>39311</p> <p>Based on review of facility policy and resident interviews and observations, it was determined that the facility failed to ensure sufficient staffing to meet resident need for eight of twelve residents (Resident R1, R2, R3, R4, R5, R6, R7, and R8).</p> <p>Findings include:</p> <p>Review of the facility policy, Answering the Call Light dated 7/13/23, indicated the facility will provide timely responses to the resident's requests and needs.</p> <p>During an interview on 7/15/24, at 10:22 a.m. Resident R1, when asked if she felt the facility had sufficient staff stated, probably not. Observation at this time revealed Resident R1 to have unbrushed, greasy appearing hair.</p> <p>Review of Resident R1's shower record from 6/17/24, through 7/17/24, revealed two showers provided (7/12/24, and 7/17/24). No bed baths were documented, and no refusals of bathing were documented. Review of census information revealed Resident R1 was present in the facility during the review dates.</p> <p>During an interview and observation on 7/15/24, at 10:27 a.m. Resident R2 was noted to be wearing a hospital gown. When asked if she preferred to still be in a nightgown, Resident R2 responded that she would like to be dressed.</p> <p>During an interview on 7/15/24, at 10:29 a.m. Resident R3, when asked if she felt the facility had sufficient staff stated, Sometimes there ' s not enough, it takes forever to get back to bed. Resident R3 further confirmed that call light response takes a long time, stating, Yesterday I waited over an hour. Resident R3 was noted to be wearing a nightgown. When asked if she preferred to still be in a nightgown, Resident R3 responded that she hadn ' t been assisted with personal hygiene yet.</p> <p>During an interview and observation on 7/15/24, at 10:27 a.m. Resident R4, when asked about call light response stated that call light response is long and that staff tell him they will be back to assist him but do not return. She ' s always telling me that. When asked if he preferred to still be in a hospital gown, Resident R4 responded, I will be dressed after a while.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/15/24, at 10:35 a.m. Resident R5, when asked if he felt the facility had sufficient staff stated, No, I would like to see more aides. Resident R5 further confirmed that call light response takes a long time, stating, Sometimes I wait a long time for care, for call lights. Resident R5 stated the he only receives one shower per week, stating, I want more, but I was told I can ' t bet another because there is not enough staff. Observation at this time revealed Resident R5 to have unkempt hair.</p> <p>Review of Resident R5's shower record from 6/17/24, through 7/17/24, revealed two showers were documented each week, all occurring from approximately midnight through 6:00 a.m.</p> <p>During an interview on 7/15/24, at 10:43 a.m. Resident R6, when about call light response stated, I have to wait a long time to go to the bathroom. Resident R6 confirmed that she has been told that there is not sufficient staff to assist her out of bed. Resident R6 was noted to be wearing a nightgown. When asked if she preferred to still be in a nightgown, Resident R6 responded, I would like to be dressed.</p> <p>During an interview on 7/15/24, at 11:17 a.m. Resident R6, when asked if she felt the facility had sufficient staff stated, I don ' t think they have enough.</p> <p>During an observation on 7/15/24, at 11:20 a.m. Resident R7 was noted to have greasy appearing, unkempt hair.</p> <p>Review of Resident R7 ' s shower record from 6/17/24, through 7/17/24, revealed Resident R7 is scheduled showers on Monday and Thursday evening. Documentation revealed two showers provided (7/4/24, and 7/8/24), one bad bath (6/20/24), and one refusal (6/24/24). No documentation was revealed for the missing dates of 6/17/24, 6/27/24, 7/1/24, 7/11/24, and 7/15/24.</p> <p>During an interview on 7/15/24, at 11:25 a.m. Resident R8, when asked if they felt the facility had sufficient staff stated, They don ' t have enough help. The agency staff say I ' ll get to it but you never see them again. The other day the pee bottle sat there all day long, it was still full at night when I wanted to go to bed. It took an hour and fifteen minutes to get someone to empty it before bed, so I could use it during the night. They are slow to react. Resident R5 further stated, Today was supposed to be shower day, but we didn ' t get no showers. I was told they were understaffed. I like to get two showers a week in the summer.</p> <p>Review of Resident R8's shower record from revealed that the interview date of 7/15/24, was his scheduled shower day. No documentation was present for 7/15/24.</p> <p>During an interview on 7/15/24, at approximately 12:00 p.m. the Nursing Home Administrator confirmed that the facility failed to ensure sufficient staffing to meet resident need for eight of twelve residents.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		