

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 07/31/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49469</p> <p>Based on review of resident clinical records, and staff interviews, it was determined that the facility failed to provide a transfer notice to a representative of the Office of the Long-Term Care Ombudsman Division for two of three residents (Resident R1, and R9).</p> <p>Findings Include:</p> <p>A review of the facility policy Transfer and discharge- 30 day last reviewed 7/9/24, indicated a resident/representative will be notified in writing the reason for the transfer or discharge using the notice of transfer or discharge form, this includes sending a copy to the Office of the Long-Term Care Ombudsman</p> <p>A review of Resident R1's clinical record indicates admitted [DATE], with the diagnoses of Vascular Dementia with agitation (decline in thinking skills caused by reduced blood flow), Urinary tract infection (infection in the urinary system), and Hypertension (high blood pressure).</p> <p>A review of Resident R1's clinical record revealed that the resident was transferred to the hospital on 7/15/24, and has not returned to facility.</p> <p>A review of Resident R1's clinical record indicated the facility failed to include documented evidence that the facility provided a written transportation notification to the Office of Long-Term Care Ombudsman for the hospitalization on [DATE].</p> <p>A review of Resident R9's clinical record indicated the resident was admitted to the facility on [DATE], with the diagnosis of end stage renal disease (kidneys permanently fail to work), anemia (low iron in the blood), diabetes (high sugar in the blood).</p> <p>A review of Resident R9's clinical record revealed that the resident was transferred to the hospital on 7/24/24, and has not returned to facility.</p> <p>A review of Resident R9's clinical record indicated the facility failed to include documented evidence that the facility provided a written transportation notification to the Office of Long-Term Care Ombudsman for the hospitalization on [DATE].</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/31/24, at 10:54 a.m. Social Service Director Employee E1 stated I do not notify the ombudsman of a transfer to the hospital, I didn't know that they needed to be notified.</p> <p>During an interview on 7/31/24, at 2:10 p.m. the Director of Nursing (DON) stated, We do not send anything to the Ombudsman's Office and confirmed that the facility failed to provide a transfer notice to a representative of the Office of the Long-Term Care Ombudsman Division for two of three residents.</p> <p>28 Pa. Code 201.29 (a) (c.3) (2) Resident rights.</p>		

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49469</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to permit the readmission of a hospitalized resident without providing evidence that the facility was not able to meet the resident's needs for one of three residents reviewed (Resident R1).</p> <p>A review of the facility policy Transfer and discharge- 30 day last reviewed 7/9/24, indicated a resident and/or his or her representative (sponsor), will be given a thirty-day advanced notice of an impending transfer or discharge from facility. Under the following circumstances, the notice will be given as soon as it is practicable but before the transfer or discharge. The transfer is necessary for the resident ' s welfare and the resident ' s needs cannot be met in the facility.</p> <p>A review of Resident R1's clinical record indicates admitted [DATE], with the diagnoses of Vascular Dementia with agitation (decline in thinking skills caused by reduced blood flow), Urinary tract infection (infection in the urinary system), and Hypertension (high blood pressure).</p> <p>A review of progress note 7/12/24, 12:23 p.m indicates resident arrived around 3:00 p.m., accompanied with family. Wander guard put on left leg. Family signed DNR. No complaints of pain at this time. Alert and Oriented x1 with confusion. Has been exit seeking throughout shift. Aide attempted to redirect resident, and resident yelled and tried to hit aide. Staff closed double doors, and resident did not attempt again this shift. Also, put resident on q 15 min checks. Has had increase behaviors, and attempted to do initial assessment, but resident refused. Stated please don't touch me. Attempted three times throughout shift. Resident refused each time. Resident has been finding empty rooms and lays down for about 30 minutes at a time throughout shift. Orders verified and transcribed . Oriented to room, call light, and staff.</p> <p>A review of progress note 7/13/24, 4:21 p.m. Resident has had increased behaviors this shift. Attempting to exit seek, redirecting resident back to hall. Resident keeps stating that she needs to have surgery. Reassuring resident no surgery will be performed. Resident requested to speak to family. Resident spoke with [NAME] and has had seem to relax a little more. Resident standing at nursing station at this time. Will continue q15 min checks and noted in physician binder about increased behaviors.</p> <p>A review of progress note 7/15/24 5:28 p.m. Resident complained of shortness of breath, nausea, chest pain during activities. Escorted resident back to her room and obtained Vital Signs. Blood pressure 152/82, Heart rate-80, Temperature -98.1, Respirations-20, Oxygen saturation 97% on Room Air. Call made to sister to have permission to send to ER for eval. Physician notified. Medic Rescue on their way.</p> <p>A review of progress note 7/15/24, 6:08 p.m. resident left with Medic Rescue via stretcher at this time.</p> <p>A review of progress notes did not indicate that family/resident was not notified of Resident R1 requiring a secure unit or transfer to another facility or that that Resident R1 would not be returning to facility upon hospital transfer.</p> <p>(continued on next page)</p>		

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview 7/31/24, 10:15 a.m. with Admission coordinator Employee E4 stated from my understanding Resident R1 was not a fit for our building she was exit seeking and wandering, was not safe for her to be here, she needed a locked down unit.</p> <p>During an interview 7/31/24, at 10:54 a.m. Social service director stated, my normal process for a transfer would be to contact the family and work on a transfer to a memory care facility .</p> <p>During an interview 7/31/24, at 2:10 pm. The Nursing Home Administrator stated, no formal notice of discharge was given to the family, the hospital was told the facility was not taking Resident R1 back at the time of transfer and confirmed the facility failed to permit the readmission of a hospitalized resident without providing evidence that the facility was not able to meet the resident's needs for one of three residents reviewed.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(b)(1)(3) Management.</p>		