

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  03/10/2026
NAME OF PROVIDER OR SUPPLIER  Beaver Valley Rehabilitation and Healthcare 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy review, resident clinical records, and staff interview, it was determined that the facility failed to ensure that residents receive necessary treatment and services, consistent with professional standards of practice, to promote healing of a pressure ulcer for three of five sampled residents (Residents R1, R4 and Resident R5). Findings include: The facility Wound care policy last reviewed 12/22/25, indicated that the information should be recorded in the resident's medical record includes the type of wound, date and time the wound care was given, any changes in the resident's condition, any problems or complaints made by the resident, and if the resident refused the treatment with the reason. Review of Resident R1's admission record indicated he was originally admitted on [DATE]. Review of Resident R1's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 12/8/25, indicated he had diagnoses that included spinal stenosis (a narrowing of the spaces within the spine, which causes pain and weakness), diabetes (metabolic disorder impacting organ function related to glucose levels in the human body), hypertension (a condition impacting blood circulation through the heart related to poor pressure) and peripheral vascular disease (PVD: a progressive narrowing of the blood vessels impacting blood flow to the limbs). Review of Resident R1's care plans dated 10/2/25, indicated to administer treatments as per physician's order. Review of Resident R1's physician orders dated 10/3/25, indicated to cleanse coccyx with normal saline solution. Pat dry, apply collagen particle with silver and cover withborder gauze, every day-shift for wound care. Review of Resident R1's clinical progress notes dated 1/7/26, indicated his wound was assessed and found with the following description: Stage 4 wound to the coccyx, measuring 0.6cm x 0.5cm x 0.2 cm. Additional attempts to measure wound were refused by Resident R1. Review of Resident R1's February 2026 Treatment Administration Record (TAR) did not include treatments to Resident R1's wound on the following dates: 2/9/26, 2/17/26, and 2/25/26. Review of Resident R4's admission record indicated she was admitted [DATE]. Review of Resident R4's MDS assessment dated [DATE], indicated she had diagnoses that included diabetes, general weakness and hyperlipidemia. Review of Resident R4's care plans dated 11/12/25, indicated to administer treatments as per physician's order. Review of Resident R4's physician orders dated 2/14/26, indicated to cleanse coccyx wound with NSS (normal saline solution), pat dry, apply hydrofera-blue, cover with bordered gauze, every day-shift. Facility wound report indicated that Resident R4's wound was assessed on 3/5/26 and indicated the following description: Stage 3 pressure area to the coccyx, measuring 2.0 cm x 1.2cm x 1.0cm Review of Resident R4's February 2026 Treatment Administration Record (TAR) did not include treatments to Resident R4's wound on the following dates: 2/16/26, 2/20/26, 2/23/26, and 2/24/26. Review of Resident R5's admission record indicated he was originally admitted on [DATE], and readmitted [DATE]. Review of Resident R5's MDS assessment dated [DATE], indicated diabetes, chronic obstructive pulmonary disease (COPD: a disease characterized by persistent respiratory symptoms involving breathlessness, coughing, and obstructed airflow to the lungs), morbid obesity, and hyperlipidemia (elevated lipid levels within the blood). Review of Resident R5's care plans dated 1/3/26, indicated to administer treatments as per physician's order. Review of Resident R5's physician order dated 2/5/26, indicated (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 395266	If continuation sheet Page 1 of 2

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>to cleanse wound to sacrum with NSS (normal saline solution). Apply collagen particles and cover with bordered dressing. Every day-shift for wound care. Facility wound report indicated that Resident R5 wound was assessed on 3/5/26, and indicated the following description: Stage 3 pressure area to the sacrum, measuring 0.2 cm x 0.2cm x 0.1cm Review of Resident R5's February 2026 Treatment Administration Record (TAR) did not include treatments to Resident R5's wound on the following dates: 2/22/26, 2/23/26 and 2/27/26 During an interview on 3/10/26, at 10:49 a.m. Licensed Practical Nurse (LPN) Employee E4 asked where else wound treatment and evidence of wounds treatments were documented and stated: treatments are on the TAR. Checked as completed. Unless I look at the area, there is no other way to know. During an interview on 3/10/26, at 11:02 a.m. Assistant Director of Nursing (ADON) Employee E1 was asked for proof of wound treatments for Residents R1, R4, and Resident R5. During an interview on 3/10/26, at 1:37 p.m. information was disseminated to the Nursing Home Administrator (NHA) and Assistant Director of Nursing (ADON) Employee E1 that the facility failed to ensure that residents receive necessary treatment and services, consistent with professional standards of practice, to promote healing of a pressure ulcer for Residents R1, R4, and Resident R5 as required. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		