| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395266 | A. Building<br>B. Wing | 04/28/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Beaver Valley Rehabilitation and Healthcare Center | 257 Georgetown Road<br>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) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records and staff interviews it was determined that the facility failed to provide assistance with Activities of Daily Living (ADL) involving consistent shower or baths for two out of six residents (Resident R2 and Resident R3).Findings include: Review of facility policy Activities of Daily Living (ADLs), Supporting dated 12/22/25, indicated residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Review of the clinical record indicated Resident R2 was admitted to the facility 1/15/18. Review of Resident R2 Minimum Data Set (MDS- a periodic assessment of care needs) dated 2/13/26, indicated diagnoses of chronic obstructive pulmonary disease (progressive lung disease that makes it difficult to breathe), muscle weakness, and heart failure. Section GG - Functional Abilities, Question GG0130E indicated the resident was coded at a 01 for dependent helper does all of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity. Review of Resident R2's Kardex (documentation system that allows nurses to organize and reference key patient information essential for their care plans) revealed Resident R2's is scheduled to receive a bath/shower on Tuesday/Friday evening shift, requiring limited assistance. Review of Resident R2's care plan revealed a focus for ADL self-care deficit, updated 12/1/25, indicating Bathing: limited assistance. Review of Resident R2's documentation survey report for April of 2026, indicated that resident's shower days are scheduled on Tuesday and Fridays on the evening shift. Further review failed to include documentation to indicate Resident R2 received or refused a shower or bed bath on 4/3/26, 4/14/26, 4/17/26, 4/21/26, and 4/24/26. During an interview on 4/28/26, at 11:00 a.m., the Director of Nursing (DON) confirmed that Resident R2's shower documentation was incomplete and without documentation on 4/3/26, 4/14/26, 4/17/26, 4/21/26, and 4/24/26. Review of clinical record indicated Resident R3 was admitted to facility 1/12/24. Review of Resident R3's MDS dated [DATE], indicated diagnoses of cerebral infarction (stroke) affecting left side, anemia, and major depressive disorder. Section GG - Functional Abilities, Question GG0130E indicated the resident was coded at a 01 for dependent helper does all of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity. Review of Resident R3's Kardex revealed Resident R2's is scheduled to receive a bath/shower on Wednesday/Sunday evening shift, requiring total dependance. Review of Resident R3's care plan revealed a focus for self-care deficit, updated 1/12/24, indicating Bathing: total dependance. Review of Resident R3's documentation survey report for April of 2026, indicated that resident's shower days are scheduled on Wednesday and Sundays on the evening shift. Further review failed to include documentation to indicate Resident R2 received or refused a shower or bed bath on 4/8/26, 4/15/26, and 4/22/26. During an interview on 4/28/26, at 11:00 a.m., the DON confirmed that Resident R3's shower documentation was incomplete and without documentation on 4/8/26, 4/15/26, and 4/22/26. During an interview on 4/28/26, at 2:25 p.m., the Nursing Home Administrator (NHA) and DON that the facility failed to provide assistance with Activities of Daily<br>(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 |
|---|---|---|

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Living (ADL) involving consistent shower or baths for two out of six residents (Resident R2 and Resident R3) as required. 28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(c)(d)(1)(3)(5) Nursing services. |