

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395398	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Somerset Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 228 Siemon Drive Somerset, PA 15501	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>43856</p> <p>Based on review of policies and personnel files, as well as staff interviews, it was determined that the facility failed to complete a Nurse Aide Registry verification upon hire for two of two newly hired nurse aides reviewed (Nurse Aides 1 and 2), failed to ensure that nursing licenses were checked with the Pennsylvania State Board of Nursing for three of three newly hired nurses (Licensed Practical Nurse 1, Registered Nurse 1 and 2) and failed to complete a criminal background check for four of five newly hired nursing staff reviewed (Nurse Aide 1, Licensed Practical Nurse 1, Registered Nurse 1 and 2).</p> <p>Findings include:</p> <p>The facility's abuse policy, dated March 19, 2024, indicated that the facility will provide protections for health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Background, reference and credential checks shall be conducted on all potential employees.</p> <p>The personnel file for Nurse Aide 1 revealed that she was hired on November 26, 2024, and as of January 22, 2025, (two months after hire) registry verification with the Pennsylvania State Nurse Aide Registry and a criminal background check had not been completed.</p> <p>The personnel file for Nurse Aide 2 revealed that she was hired on December 10, 2024, and as of January 22, 2025, (one month after hire) registry verification with the Pennsylvania State Nurse Aide Registry had not been completed.</p> <p>The personnel file for Licensed Practical Nurse 1 revealed that she was hired on December 13, 2024, and as of January 22, 2025, (one month after hire) a licensure verification with the Pennsylvania State Board of Nursing and a criminal background check had not been completed.</p> <p>The personnel file for Registered Nurse 1 revealed that she was hired on November 2, 2024, and as of January 22, 2025, (two months after hire) a licensure verification with the Pennsylvania State Board of Nursing and a criminal background check had not been completed.</p> <p>The personnel file for Registered Nurse 2 revealed that she was hired on December 11, 2024, and as of January 22, 2025, (one month after hire) a licensure verification with the Pennsylvania State Board of Nursing and a criminal background check had not been completed.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395398	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Somerset Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 228 Siemon Drive Somerset, PA 15501	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Nursing Home Administrator on January 22, 2025, at 3:10 p.m. confirmed that there was no documented evidence to indicate that registry verification with the Pennsylvania State Nurse Aide Registry, licensure verification with the Pennsylvania State Board of Nursing, and criminal background checks were completed prior to dates of hire for the above mentioned nusing staff and there should have been.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p>		