

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 01/15/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on clinical record reviews, as well as staff and resident interviews, it was determined that the facility failed to ensure that residents were provided with showers/complete bed baths as scheduled for three of four residents reviewed (Residents 1, 2, 3). Findings include: An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated October 2, 2025, indicated that the resident was cognitively impaired, was dependent on staff for bathing/showering, and had diagnoses that included hypertension (high blood pressure) and osteoporosis (weak, thinning bones). Review of Resident 1's active task list, dated December 2025 and January 2026, revealed that showers were scheduled to be provided every Wednesday and Sunday on dayshift. Review of Resident 1's Bath/Shower record, dated December 2025 through January 2026, revealed no documented evidence that a shower or a complete bed bath was provided to the resident on December 3, 10, 14, 21, 28, and 31, 2025 and January 11, 2026. A significant change MDS assessment for Resident 2, dated October 28, 2025, indicated that the resident was severely cognitively impaired, was dependent on staff for bathing/showering, and had diagnoses that included hemiplegia (loss of function on one side of the body). Review of Resident 2's active task list, dated December 2025 and January 2026, revealed that showers were scheduled to be provided every Tuesday and Saturday on dayshift. Review of Resident 2's Bath/Shower record, dated November 2025 through December 2025, revealed no documented evidence that a shower or a complete bed bath was provided to the resident on November 11, 18, 25, 2025 and December 6, 2025. An annual MDS assessment for Resident 3, dated October 7, 2025, indicated that the resident was severely cognitively impaired, needed supervision and touch assistance from staff for bathing/showering, and had diagnoses that included dementia. Review of Resident 3's active task list, dated December 2025, revealed that showers were scheduled to be provided every Tuesday and Saturday on dayshift. Review of Resident 3's Bath/Shower record, dated November 2025 through December 2025, revealed no documented evidence that a shower or a complete bed bath was provided to the resident on December 14, 2025. Interview with the Interim Director of Nursing on January 15, 2025, at 6:00 p.m. confirmed that there was no documented evidence that the residents listed were offered, refused, or received their scheduled shower or complete bed bath on the days noted above. 28 Pa. Code 211.12(d)(5) Nursing Services.</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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