

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 04/08/2026
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to have sufficient nursing staff to provide and document care as scheduled for two of 4 residents reviewed (Residents 2, 3). Findings include: An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated November 20, 2025, indicated that the resident was severely cognitively impaired, rarely understands, never understood, and was totally dependent on staff for personal care needs. Review of clinical documentation in the task section of Resident 2's record indicated that he was to receive two showers per week. Review of bathing documentation for Resident 2 from March 22, 2026, through March 28, 2026, indicated that the resident received one shower during that time period instead of two. There was no documented evidence that the resident was offered and refused a second shower that week. A significant change Minimum Data Set (MDS) assessment for Resident 3, dated January 19, 2026, revealed that the resident was cognitively intact, had diagnoses of vertebral and sacral osteomyelitis and dependent on staff for personal care needs. Interview with Resident 3 on April 8, 2026, at 10:26 a.m. indicated that the facility does not have enough help, he referenced his breakfast tray sitting on his overbed stand and stated see what I mean, this tray should have been picked up a long time ago, I just think they need to hire more people He is concerned that there is not enough staff to provide overall care at the facility. Review of clinical documentation in the task section of Resident 3's record indicated that he was to receive two showers per week. Review of bathing documentation for Resident 3 from March 15 through March 28, 2026, revealed that the resident did not receive any showers during that two-week time frame. There was no documented evidence that the resident was offered and/or refused any showers during that time. Confidential interviews on A wing with Nurse Aide 1 and Nurse Aide 2 on April 8, 2026, at 10:47 a.m. revealed that they are often shorthanded and cannot always get their work done. They further indicated that there are some residents who go without getting their showers done. There were two nurse aides on the A wing for approximately 37 residents and not enough staff to provide the care. Review of the facility's matrix, dated April 8, 2026, revealed that they continue to admit new residents as recently as April 7, 2026. Interview with the Director of Nursing on April 8, 2024, at 3:10 p.m. confirmed that the task section of the nurse aide documentation indicated the shower preference of that resident, and that there was no documented evidence that Residents 2 and 3 were offered or refused showers as per their preference. She also indicated that she is aware they are currently out of compliance regarding nurse aide hours and PPD (hours per patient per day). When asked what they are doing to recruit staff, she indicated that they advertise on Indeed and have had multiple people apply and set up interviews and then do not show up for the interview. She also indicated that they hire staff who then leave. 28 Pa. Code 201.18(e)(1) Management. 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