

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Bradford Hills Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 15900 Route 6 Troy, PA 16947	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of select facility policies and procedures, clinical record review, and resident and staff interview, it was determined that the facility failed to ensure dependent residents received bathing assistance for four of six residents reviewed (Residents 1, 3, 4, and 6).</p> <p>Findings include:</p> <p>The facility policy entitled, Preferences Requests Policy, issued December 1, 2024, revealed that it is the nursing staff's responsibility to obtain a resident's bathing preferences (such as shower or bath, morning or afternoon, and how many times a week).</p> <p>Clinical record review for Resident 1 revealed a quarterly MDS (Minimum Data Set, an assessment tool completed at specific intervals to determine resident care needs) dated March 20, 2025, that assessed him as being dependent upon staff for shower/bathing assistance.</p> <p>Review of electronic task documentation dated April and May 2025, revealed that facility staff determined Resident 1's preference was to receive a shower one time a week in the evening. Review of the task documentation for bathing revealed that staff failed to document assistance with Resident 1's shower between April 23, 2025, to May 7, 2025. During this period, Resident 1 missed a shower on April 30, 2025. The documentation did not indicate that Resident 1 refused a shower.</p> <p>Clinical record review for Resident 3 revealed an annual MDS dated [DATE], that determined Resident 3 required setup and/or clean up assistance with bathing.</p> <p>Review of electronic task documentation dated April and May 2025, revealed that facility staff determined Resident 3's preference was to receive a shower one time a week in the morning. Review of the task documentation for bathing revealed that staff failed to document assistance with Resident 3's shower between April 21, 2025, to May 12, 2025. During this period, Resident 3 missed a shower on April 28, 2025, and May 5, 2025. The documentation did not indicate that Resident 3 refused a shower.</p> <p>Interview with Resident 3 on May 13, 2025, at 1:05 PM revealed that he was to receive staff assistance with showering weekly, on Mondays; however, once in a while they ain't got enough staff.</p> <p>Clinical record review for Resident 4 revealed a quarterly MDS dated [DATE], that assessed Resident 4 required partial to moderate staff assistance for showering/bathing.</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: 395586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Bradford Hills Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 15900 Route 6 Troy, PA 16947	

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>Review of electronic task documentation dated April and May 2025, revealed that facility staff determined Resident 4's preference was to receive a shower one time a week in the evening. Review of the task documentation for bathing revealed that staff failed to document assistance with Resident 4's shower between April 21, 2025, to May 5, 2025. During this period, Resident 4 missed a shower on April 28, 2025. The documentation did not indicate that Resident 4 refused a shower.</p> <p>Clinical record review for Resident 6 revealed a quarterly MDS dated [DATE], that assessed Resident 6 as dependent on staff for showering/bathing.</p> <p>Review of electronic task documentation dated April and May 2025, revealed that facility staff determined Resident 6's preference was to receive a shower two times a week in the evening. Review of the task documentation for bathing revealed that staff documented the provision of a shower for Resident 6 weekly (April 18 and 25, 2025; and May 2 and 9, 2025), not twice a week as per Resident 6's preference. The documentation did not indicate that Resident 6 refused a shower.</p> <p>Interview with Resident 6 on May 13, 2025, at 1:20 PM confirmed that she prefers a shower twice a week, especially in the summer.</p> <p>The surveyor reviewed the above findings regarding Residents 1, 3, 4, and 6, during an interview with the Nursing Home Administrator and the Director of Nursing on May 13, 2025, at 1:36 PM.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>