

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395596	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/07/2024
NAME OF PROVIDER OR SUPPLIER  Bridgeville Rehabilitation & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3590 Washington Pike Bridgeville, PA 15017	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</b></p> <p>Based on review of facility policy, resident records, observation, and staff interview it was determined that the facility failed to uphold the privacy and dignity of two of three residents reviewed utilizing an indwelling urinary catheter (foley - a thin rubber tube inserted either through the urethra or suprapubic [abdomen] to allow for bladder drainage) (Residents R1 and R2). In addition, the facility failed to uphold the resident's rights to voice grievances without fear of retaliation for four of 17 residents reviewed (Residents R700, R701, R702, and R703) who wish to remain anonymous.</p> <p>Findings include:</p> <p>Review of the facility policy Resident Rights Under Federal Law last reviewed 8/12/24, indicated residents have the fundamental right to considerate care that safeguards the personal dignity along with respecting cultural, social, and spiritual values. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, and reprisal from the facility. The resident has the right to voice grievances to the facility, other agency, or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal.</p> <p>Review of the clinical record revealed Resident R1 was admitted to the facility on [DATE], with diagnoses that included high blood pressure, obstructive (urine is blocked) and reflux (urine flows backwards) uropathy, and depression.</p> <p>During an observation on 10/7/24, at 9:35 a.m. Resident R1 was observed utilizing an indwelling catheter without a privacy cover on the urine collection bag. The urinary bag was observed on the floor under the resident's wheelchair without a dignity bag covering the urine collection bag. Urine was visible in the bag.</p> <p>Review of the clinical record revealed Resident R2 was admitted to the facility on [DATE], with diagnoses that included neuromuscular dysfunction of the bladder (nerves or brain cannot communicate effectively with the muscles of the bladder), high blood pressure, and diabetes.</p> <p>During an observation on 10/7/24, at 10:00 a.m. Resident R2 was observed utilizing an indwelling catheter without a privacy cover on the urine collection bag. The urinary bag was hooked on the bed rails, resting on the floor beside the resident's bed.</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:  395596	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/07/2024
NAME OF PROVIDER OR SUPPLIER  Bridgeville Rehabilitation & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3590 Washington Pike Bridgeville, PA 15017	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/7/24, at 11:57 a.m. Licensed Practical Nurse Employee E1 confirmed Resident R1 did not have a dignity bag covering the urine collection bag of the catheter.</p> <p>During an interview on 10/7/24, at 10:40 a.m. Registered Nurse Employee E2 confirmed Resident R2 did not have a dignity bag covering the urine collection bag of the catheter.</p> <p>During an interview on 10/7/24, at 10:30 a.m. Resident R700 stated they are afraid to speak out again the facility or staff due to the fear of retaliation. They stated the facility staff made announcements in the hallways that morning announcing to staff that the state was in the building as warning. They stated they were also told that if they did not like it at the facility, they could leave.</p> <p>During an interview on 10/7/24, between 9:00 a.m. and 11:00 a.m. Resident R701 stated the staff at the facility might retaliate if they spoke against the facility or staff care. They stated staff has harassed them in the past regarding their room and belongings, stating they needed to get rid of some belongings, and some residents seem to get extra care and others get very minimal care. The resident requested to remain anonymous.</p> <p>During an interview on 10/7/24, between 9:00 a.m. and 11:00 a.m. Resident R702 stated they felt discriminated against due to their size and needing extra help to accomplish tasks. They stated that staff have told them that they are not the staff assigned to them and their staff would need to be found to provide the care needed. They also stated that staff do not introduce themselves, and they do not provide care during tray line stating, I'm not allowed, by law, to change you during tray line. This resident requested to remain anonymous.</p> <p>During an interview on 10/7/24, between 9:00 a.m. and 11:00 a.m. Resident R703 did not want to be interviewed until they confirmed the state surveyor did not work for the facility. They stated they are afraid to speak up against the facility staff in fear of retaliation. They stated they did not want the staff to come back and not take care of them. Their concern was that their call bell would be ignored, resident care not given, or staff being mean to them. This resident requested to remain anonymous.</p> <p>During an interview on 10/7/21, at 2:20 p.m. the Nursing Home Administrator confirmed that the facility failed to uphold the privacy and dignity of two residents utilizing an indwelling catheter for Resident R1 and R2, and failed to ensure resident's do not feel retaliated against when voicing complaints or grievances.</p> <p>28 Pa Code: 201.29 (i) Resident rights.</p>		