

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 11/25/2024
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>43725</p> <p>Based on observations, staff interviews, and review of facility activities calendars, it was determined that the facility failed to provide sufficient activities on weekdays and weekends in the secured unit (B Hall).</p> <p>Findings included:</p> <p>Review of the facility policy Resident Rights Under Federal Law reviewed August 2024, indicated residents have the fundamental right to considerate care that safeguards their personal dignity along with respecting cultural, social, and spiritual values. The facility will comply with resident rights under federal law.</p> <p>#1 Resident Rights - The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his/her quality of life, recognizing each resident ' s individuality. The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source.</p> <p>#5 - Respect and Dignity - The resident has the right to reside and receive services in the facility with reasonable accommodations of resident needs and preferences, unless to do so would infringe on the rights, health, and safety of other residents.</p> <p>During observations on 11/25/24, between 9:00 a.m. and 10:00 a.m. residents on B Hall were sitting in the dining room with nothing to do. The unit census on 11/25/24, was 38 of 173 residents.</p> <p>During an interview on 11/25/24, at 9:15 a.m. Licensed Practical Nurse Employee E1 stated the residents do not have any activities until 10:30 a.m. when activity staff come over to the unit, then they come back in the afternoon around 2:00 - 2:30 p.m.</p> <p>Review of the activity schedule from June 2024 to November 2024, revealed on weekdays the B hall residents are scheduled an activity at 10:30 a.m. and 2:30 p.m. Monday through Friday every month. From June 2024 through August 2024, only 1 activity was scheduled for the residents of B Hall at 1:30 p.m. Saturday and a movie scheduled on Sundays at 1:30 p.m. From September 2024 through November 2024, B Hall did not have any activities scheduled on the weekends.</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 11/25/2024
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/25/24, at 10:35 a.m. Activities Director Employee E2 stated she only has three full time activities aides and they run the activities in the [NAME] Room for residents. Four ladies from the B Hall come off the unit, with staff letting them off the secured unit, to attend the regular activities with the other residents. When asked about the rest of the residents on B Hall, she stated they don't usually participate in activities, and she does not have enough staff to do more activities due to the other job duties they are assigned. The activity aides are rotated on weekends and evenings, usually only one activities aide worked the weekends, and evenings.</p> <p>During an interview on 11/25/24, at 2:00 p.m. the Nursing Home Administrator was informed the facility failed to provide sufficient activities on weekdays and weekends in B Hall.</p> <p>28 Pa. Code: 211.10(d) Resident care policies.</p>		