

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  04/02/2025
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical record review and interview with staff, it was determined that the facility failed to provide discharge planning that focuses on the resident's discharge goals and preparation of resident to be active partners in the discharge planning process that focuses on the resident's discharge planning and process for one of eight residents (Closed Record Resident R1 - CRR1).</p> <p>Findings include:</p> <p>Review of the clinical record indicated CRR1 was admitted to the facility on [DATE], with diagnoses that included multiple fractures (broken bones) including the ribs, right tibia (bone between knee and ankle), displaced vertebrae in cervical spine (bone fracture with fragments shifted out of alignment in the neck), and traumatic pneumothorax (air between the chest wall and the lung causing partial or complete lung collapse).</p> <p>Review of CRR1's Minimum Data Set (MDS-a periodic assessment of care needs) dated 2/21/25, indicated the diagnoses remain current.</p> <p>Review of a physician order dated 2/19/25, indicated patient may discharge on [DATE], with home health services including physical therapy (PT), occupational therapy (OT), Registered Nurse (RN), and Aide.</p> <p>Review of CRR1's Social Services Assessment and Documentation assessment dated [DATE], indicated resident was to be discharged with home health services.</p> <p>Review of CRR1's Discharge Plan Documentation assessment 2/21/25, indicated CRR1 was discharged without home health services. This document was completed by RN Employee E2.</p> <p>Review of the care plan dated 2/12/25, indicated the following:</p> <ul style="list-style-type: none"> <li>- Identify, discuss and document resident/patient desires and concerns/barriers regarding discharge</li> <li>- Evaluate discharge planning needs taking into consideration care plans, resident/patient goals, cognitive skills, functional mobility and need for assistive devices</li> <li>- Make referrals to community-based agencies, providers, and services communicating the residents/patients needs and barriers to care</li> </ul> <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
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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility provided emails dated 2/19/25, detail referrals made to home health agencies with responses that they were unable to accept the resident for services. Review of an email dated 2/26/25, at 2:50 p.m. indicated CRR1's wife contacted the facility stating they have not received contact from a home health agency.</p> <p>Review of CRR1's progress notes failed to reveal documentation regarding home health services, their response, or confirmation of services being scheduled.</p> <p>During an interview on 4/2/25, at 12:33 p.m. Social Services Employee E1 confirmed that the facility failed to implement discharge plan for Closed Record CRR1 as required.</p> <p>28. Pa. Code 211.16(a)(b) Social services.</p>		