

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 06/20/2025
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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy and clinical record review and staff interview, it was determined that the facility did not ensure prompt efforts were made to resolve a resident's grievance and/or concerns for one of six residents interviewed (Resident R1).</p> <p>Findings include:</p> <p>A review of the facility policy, Grievance/Concern dated 2/5/25 indicated grievances will be completed in a reasonable expected timeframe. Concerns may be registered by direct outreach to staff and a grievance/concern form will be initiated and submitted to be completed. The facility will investigate the grievance and notify the person filing the grievance of resolution in a timely manner.</p> <p>A review of the clinical record indicated Resident R1 was admitted to the facility on [DATE] with diagnoses that included a fracture of the right arm.</p> <p>A review of a Care Plan Meeting progress note dated 4/24/25, indicated the resident and family were in attendance and indicated a concern with staff not answering call lights.</p> <p>A review of the facility complaint log for April 2025, did not include a grievance form for the above concern. There was no evidence that the concern was investigated and resolved in a timely manner.</p> <p>During an interview on 6/5/25, at 1:35 p.m. the Director of Nursing confirmed the above findings, and that the facility failed to ensure prompt efforts were made to resolve a resident's grievance and/or concerns for Resident R1.</p> <p>28 Pa. Code 201.29(a) Resident rights</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 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on a review of facility documentation, cited deficiencies from previous surveys, review of plans of correction documentation, and staff interview, it was determined that the facility's Quality Assurance and Performance Improvement (QAPI) program failed to correct previously cited deficiencies.</p> <p>Findings include:</p> <p>Review of the facility policy, Quality Assurance and Performance Improvement (QAPI) Program dated 1/22/25, indicated objectives of the QAPI program include providing a means to establish and implement performance improvement projects to correct identified negative or problematic indicators and to establish systems through which to monitor and evaluate corrective actions.</p> <p>The facility's deficiencies and plan of correction for the State Survey and Certification (Department of Health) for the following surveys, revealed the facility developed a plan of correction that included quality assurance systems to ensure the facility-maintained compliance with cited nursing home regulations.</p> <p>Review of the plan of correction for the survey ending 7/25/24, revealed the following:</p> <ul style="list-style-type: none"> - Results of the audits will be reported to our QAPI committee monthly for review and recommendations. - Results of the audits will be submitted to the QAPI committee monthly for review and recommendations. <p>Review of the plan of correction for the survey ending 11/25/24, revealed the following:</p> <ul style="list-style-type: none"> - Audit will be taken to monthly QAPI meeting for review, suggestions, and further actions if needed. <p>Review of the plan of correction for the revisit survey ending 1/7/25, revealed the following:</p> <ul style="list-style-type: none"> - Results will be taken to the QAPI for review and revision as needed. <p>Review of the plan of correction for the revisit survey ending 3/5/25, revealed the following:</p> <ul style="list-style-type: none"> - Results of this audit will be taken to the monthly quality assurance meeting and will be reviewed for accuracy. <p>Review of the plan of correction for the survey ending 1/23/25, revealed the following:</p> <ul style="list-style-type: none"> - Results will be taken to the QAPI for review and revision as needed. - Results will be taken to the QAPI for review and revision as needed. <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During the survey process the following was revealed:</p> <ul style="list-style-type: none"> -The facility failed to maintain state-required staffing minimums for nurse aides. -The facility failed to maintain state-required staffing minimums for licensed practical nurses. -The facility failed to maintain state-required staffing minimum per patient day hours. <p>During an interview on 6/20/25, at approximately 11:00 a.m. the Nursing Home Administrator confirmed that facility failed to correct quality deficiencies and make certain that plans to improve the delivery of care and services effectively addressed concerns identified.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p>		