

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/16/2026
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)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation, and staff interview, it was determined that the facility failed to ensure that residents were treated in a manner that promotes his/her quality of life and to facilitate resident self-determination through support of resident choice, for fifteen of thirty-two (Resident R3, R4, R5, R500, R501, R502, R503, R504, R505, R506, R507, R508, R509, R510, and R511). Residents R500-R511 represent a request for confidentiality with the interview. Findings include: Review of the Resident Rights policy last reviewed 3/20/26, indicated 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 resident has the right to exercise their rights as a resident of the community and as citizen. The resident has the right to, and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to: The resident has a right to choose activities, schedules, health care and providers of health care services consistent with his/her interests, assessments, plan of care and other applicable provisions. The resident has the right to make choices about aspects of his/her life in the facility that are significant to the resident. The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions: 13 - 15: cognitively intact 8 - 12: moderately impaired 0 - 7: severe impairment Review of Resident Council Minutes dated 5/27/26, indicated residents requested to be able to go outside at the facility. During a group interview, on 7/13/26 at approximately 1:30 p.m., when asking the residents if they had any concerns, the group consensus was, they would like to be able to go outside. Resident's comments: you can only go outside and sit when your family visits and takes you out. If you don't have any family or your family can't visit often you just don't get to go out. Residents stated they have asked multiple times to get this addressed and nothing happens and we are halfway through summer. Review of Resident R3's clinical record indicated admission to the facility on 8/5/22. Review of Resident R3's Minimum Data Set (MDS- a periodic assessment of care needs) dated 5/6/26, indicated the diagnoses of cerebral palsy (a neurological disorder that affect body movement and muscle coordination, often caused by abnormal brain development or damage to the developing brain), hypertension (high blood pressure), and diabetes (body does not use insulin effectively) a BIMS of 15. During an interview with Resident R3 on 7/14/26 at approximately 12:05 p.m., the resident expressed concerns over not being permitted to go outside at the facility. She stated, the facility makes it so the smokers can go outside. I (continued on next page)		

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	understand they want to keep everyone safe, but can't they figure something out anything? I would just like to be able to have some time outside, can you please make them do something? Please fix this for me. Review of Resident R3's care plan dated 8/8/22 indicated encourage and facilitate R3's activity preferences include all but especially bingo, arts and crafts, pop and country music, sitting/relaxing outside. Review of Resident R4's clinical record indicated admission to the facility on 8/18/25. Review of Resident R4's MDS dated [DATE], indicated diagnoses of heart failure (heart muscle is unable to pump enough blood to meet the body's need for blood and oxygen), hypertension (high blood pressure), and diabetes (body does not use insulin effectively) a BIMS of 15. During an interview with Resident R4 on 7/14/26 at approximately 1:00 p.m., the resident expressed concerns over not being permitted to go outside at the facility. She stated, the only time I get to go outside is when my son or daughter come to visit, they work and have family to take care of. Why can't they let us outside for some fresh air, sunlight, and see the plants? I feel bad for those people who don't have family and can't go outside at all. Review of Resident R4's care plan dated 8/27/25 indicated it's important for R4 to go outside when the weather is good and enjoy eating/drinking, sitting, talking to visitors. Review of the clinical record indicated Resident R5 was originally admitted to the facility on [DATE]. Review of Resident R5's MDS dated [DATE], indicated diagnoses of hypertension (high blood pressure), diabetes (body does not use insulin effectively), and end stage renal disease (kidneys fail to filter waste and balance fluids) a BIMS of 15. During an interview with Resident R5 on 7/15/25 at approximately 9:00 a.m., the resident expressed concerns, she wants to be able to go outside while at the facility. She does not like to stay in her room or in bed, she likes to be out and about. It's not fair that the smokers get to go out and non-smokers don't. She stated that so many people here would like to go out but don't get to. We have been asking this for months and nothing happens. Review of Resident R5's care plan dated 3/25/25 indicated it is important for R5 to go outside when the weather is good and enjoy eating/drinking, playing games, gardening, sitting, talking, walking, bird watching, and wildlife observing. During an interview on 7/15/26, at 2:00 p.m. the Nursing Home Administrator and Director of Nursing confirmed the facility failed to ensure that residents were treated in a manner that promotes his/her quality of life and to facilitate resident self-determination through support of resident choice. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.29(a) Resident rights.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. Based on review of the Resident Assessment Instrument User's Manual and clinical records, and staff interview, it was determined that the facility failed to make certain that comprehensive Minimum Data Set assessments were accurate and fully completed for 17 of 24 residents (Resident R6, R16, R36, R51, R58, R59, R60, R67, R75, R93, R96, R105, R109, R129, R130, R134, and R139). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set Assessments (MDS - periodic assessment of care needs) dated October 2025, indicated that Section C: Cognitive Patterns, Question C0100 Should Brief Interview for Mental Status Be Conducted? (BIMS) should be coded as 0 if the resident is rarely/never understood, or it should be coded 1, and the BIMS assessment should be completed if the resident is at least sometimes understood. Section D: Mood, Question D0100 Should Resident Mood Interview Be Conducted? should be coded as 0 if the resident is rarely/never understood, and or it should be coded 1, and the assessment should be completed if the resident is at least sometimes understood. -Resident R6 had an MDS completed on 6/23/26. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R6 is usually understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R6 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question C0100 indicated that Resident R6 is rarely understood, and the Resident Mood Interview assessment was not completed. -Resident R16 had an MDS completed on 5/13/26. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R16 is understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R16 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question C0100 indicated that Resident R16 is rarely understood, and the Resident Mood Interview assessment was not completed. -Resident R36 had an MDS completed on 7/5/26. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R36 is understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R36 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question C0100 indicated that Resident R36 is rarely understood, and the Resident Mood Interview assessment was not completed. -Resident R51 had an MDS completed on 6/19/26. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R51 is usually understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R51 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question C0100 indicated that Resident R51 is rarely understood, and the Resident Mood Interview assessment was not completed. -Resident R58 had an MDS completed on 6/19/26. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R58 is understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R58 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question C0100 indicated that Resident R58 is rarely understood, and the Resident Mood Interview assessment was not completed. -Resident R59 had an MDS completed on 7/3/26. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R59 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R59 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question C0100 indicated that Resident R59 is rarely understood, and the Resident Mood Interview assessment was not completed. -Resident R60 had an MDS completed on 7/7/26. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R60 is sometimes understood. Review of Section C: Cognitive (continued on next page)		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	D: Mood, Question C0100 indicated that Resident R134 is rarely understood, and the Resident Mood Interview assessment was not completed. -Resident R139 had an MDS completed on 5/4/26. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R139 is understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R139 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question C0100 indicated that Resident R139 is rarely understood, and the Resident Mood Interview assessment was not completed. During an interview on 7/16/26, at approximately 12:00 p.m. the Licensed Practical Nurse Assessment Coordinator (LPNAC) confirmed that Resident R16's MDS Assessment was incorrect, and that when a resident is at least sometimes understood, the BIMS and Resident Mood Assessments should be completed. During an interview on 7/16/26, at approximately 2:15 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to make certain that comprehensive Minimum Data Set assessments were accurate and fully completed for 17 of 24 residents. 28 Pa. Code: 211.5(f) Clinical records.		

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F 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care by qualified persons according to each resident's written plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy and records and staff interviews, it was determined that the facility failed to ensure that facility nursing personnel maintain current CPR (cardiopulmonary resuscitation) certification for Healthcare Providers through a CPR provider whose training includes a hands-on session either in a physical or virtual instructor-led setting in accordance with accepted national standards for three of 42 licensed nurses (Licensed Practical Nurse (LPN) Employees E1, E3 and E4).Review of the facility policy, Cardiopulmonary Resuscitation (CPR) dated [DATE], indicated Licensed nursing staff must maintain current CPR certification for healthcare providers through CPR training that includes hands-on practice and in-person skills assessment. Online-only certification is not acceptable.On [DATE], the Nursing Home Administrator (NHA) provided a list of 42 currently employed licensed nurses.Review of the CPR certification cards for LPN Employees E1, E3 and E4 indicated the certification was for an online-only CPR class, for non-healthcare providers, that did not include a hands-on session.During an interview on [DATE], at approximately 2:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to ensure that facility nursing personnel maintain current CPR certification for Healthcare Providers through a CPR provider whose training includes a hands-on session either in a physical or virtual instructor-led setting in accordance with accepted national standards for three of 42 licensed nurses.28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code 211.12(d)(1)(5) Nursing services		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy and documents, clinical record review, resident, and staff interviews, it was determined that the facility failed to make certain that necessary care and services were provided for six of sixteen residents (Resident R9, R13, R16, R81, R99, and R131). Findings include: Review of facility policy Activities of Daily Living (ADL) reviewed 3/20/26, indicated the center must provide the necessary care and services to ensure that a patient's activities of daily living (ADL) abilities are maintained or improved and do not diminish unless circumstances of the patient's clinical condition demonstrate that a change was unavoidable. A patient who is unable to carry out ADLs will receive the necessary level of ADL assistance to maintain good nutrition, grooming, and personal and oral hygiene The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2025, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions: 13 - 15: cognitively intact 8 - 12: moderately impaired 0 - 7: severe impairment Review of the clinical record indicated Resident R9 was admitted to the facility on [DATE]. Review of Resident R9's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/5/26, indicated diagnoses of non-Alzheimer's dementia (dementia caused by vascular, Lewy body or frontotemporal dementia), hypertension (high blood pressure), and anemia (lack of healthy red blood cells, leading to insufficient oxygen delivery to the body's tissues), a BIMS of 14. Section GG 130 personal hygiene indicates resident is dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity). During an interview on 7/14/26, at approximately 9:30 a.m. Resident R9 was observed with unkept fingernails on both hands, with debris under and on the sides of each fingernail of the resident's left hand. When asked, the resident stated she would like to have her nails cleaned and trimmed, she stated yes, they are a bit long and need cleaned. During rounds on 7/14/26 at approximately 11:30 a.m. with Licensed Practical Nurse (LPN) Employee E1 and Resident R9, LPN Employee E1 confirmed the unkept fingernails on both hands, with debris under and on the sides of each fingernail of the resident's left hand. Review of the clinical record indicated Resident R16 was admitted to the facility on [DATE]. Review of Resident R16's MDS dated [DATE], indicated diagnoses of Parkinson's disease (brain disorder that affects movement), schizophrenia (serious mental health condition affects thinking, feelings, and behavior), and anxiety, a BIMS is not scored Section C 100 cognitive patterns indicates resident is rarely/never understood. Section GG 130 personal hygiene indicates resident requires setup or clean up assistance (helper sets up or cleans up). During an interview on 7/14/26, at approximately 10:30 a.m. Resident R16 was observed with unkept fingernails on both hands. When asked if he thought his fingernails needed trimmed, the resident just looked at his fingernails and did not respond. During rounds on 7/14/26, at approximately 11:30 a.m. with LPN Employee E1 and Resident R16, LPN Employee E1 confirmed the unkept fingernails on both hands. LPN Employee E1 described Resident R16's fingernails as very long, thick and dirty. Review of the clinical record indicated Resident R13 was admitted to the facility on [DATE]. Review of Resident R13's MDS dated [DATE], indicated diagnoses of chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness), a duodenal ulcer (an open sore in the upper small intestine), and muscle wasting, and a BIMS score of 12. Section GG: Functional Abilities (continued on next page)		

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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy and records and staff interviews, it was determined that the facility failed to maintain documentation that facility nursing personnel have current education and certification to provide basic life support, including CPR (cardiopulmonary resuscitation), to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives for 19 of 42 licensed nurses (Licensed Practical Nurse (LPN) Employees E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, and E17, and Registered Nurse (RN) Employees E18, E19, E20, E21, E22, and E23).Review of the facility policy, Cardiopulmonary Resuscitation (CPR) dated ==, previously dated ==, indicated Licensed nursing staff must maintain current CPR certification for healthcare providers through CPR training that includes hands-on practice and in-person skills assessment. Online-only certification is not acceptable.On [DATE], the Nursing Home Administrator (NHA) provided a list of 24 currently employed LPNs and 18 currently employed RNs.On [DATE], at approximately 2:00 p.m. the NHA provided copies of the facility's licensed nurse's CPR certification cards. CPR certification cards were not available for review for LPN Employees E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, and E17, and RN Employees E18, E19, E20, E21, E22, and E23.During an interview on [DATE], at approximately 2:15 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to maintain documentation that facility nursing personnel have current education and certification to provide basic life support, including CPR 19 of 42 licensed nurses. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code 211.12(d)(1)(5) Nursing services		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to implement interventions to maintain nutritional status for three of nine residents reviewed for nutritional concerns (Resident R39, R81, and R164). Findings include: The facility policy Weights and Heights dated 3/20/26, indicated, Based on the patient's comprehensive assessment, the Center will ensure that all patients maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range, unless the patient's clinical condition demonstrates that it is not possible for the patient's preferences to indicate otherwise. The facility policy Nutritional Management dated 3/20/26, indicated, Patients within the Center will maintain adequate parameters of nutritional status, to the extent possible, to ensure each patient is able to maintain the highest practicable level of well being. Staff will provide nutritional care and services to each patient, consistent with the patient's comprehensive assessment and will provide a therapeutic diet that accounts for the patient's clinical condition and preferences. Review of the clinical record indicated Resident R39 was admitted to the facility on [DATE]. Review of Resident R39's Minimum Data Set (MDS, periodic assessment of resident care needs) dated 6/4/26, included diagnoses of chronic kidney disease (gradual loss of kidney function), high blood pressure, and heart failure (a progressive heart disease that affects pumping action of the heart muscles). Review of a physician's order dated 12/15/25, indicated for staff to weigh every Monday for four weeks, then monthly thereafter. Review of Resident R39's plan of care for initiated 12/9/25, indicated for staff to weigh Resident R39 as ordered and alert dietician and physician to any significant loss or gain. Review of Resident R39's weight record indicated on 5/6/26, Resident R39 was weighed twice, 340 pounds and 353 pounds three hours later. No additional weights assessments were completed to verify accuracy. The next weight assessment was on 6/10/26, for 354.4 pounds. Review of a progress note dated 6/1/26, indicated Resident R39 had increased edema. Review of a weight change note dated 6/12/26, at 8:34 a.m. indicated a Resident R39 triggered for a significant weight gain. Review of a psychiatry progress note dated 6/16/26, at 8:53 indicated that Resident R39 had scrotal edema. Review of a progress note dated 6/18/26, at 2:00 a.m. indicated Resident R39 was transferred to the hospital due to severe swelling and pain to scrotum. Review of a progress note dated 6/18/26, indicated Resident R39 was admitted to the hospital for a diagnosis of congestive heart failure. Review of a progress note dated 6/15/26, at 1:32 p.m. indicated Resident R39 had visible edema to penis and scrotum with increased pain. Review of a hospital emergency room note dated 6/18/26, indicated Resident R39 had scrotal edema and shortness of breath that has been progressing over the past few days. Review of hospital discharge paperwork dated 7/2/26, indicated that Resident R39 received aggressive diuresis (increased urine production) while hospitalized. Review of facility census information indicated Resident R39 was readmitted on [DATE]. Review of Resident R39's weight record indicated a readmission weight on 7/3/26, of 325.5 pounds. Review of the clinical record indicated that Resident R81 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of spinal stenosis (a narrowing of the spaces within the spine, which causes pain and weakness), diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and the presence of a stage four pressure ulcer (full-thickness skin and tissue loss). Review of a physician's order dated 6/15/26, indicated that Resident R81 is to receive 30 ml (milliliters) of liquid protein twice daily for wound healing. Review of Resident R81's plan of care for risk for skin breakdown initiated 6/14/26, included the intervention of, provide supplements as ordered. Review of (continued on next page)		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a progress note dated 6/18/26, at 7:35 p.m. indicated Resident R81 was transferred to the hospital for stomach pain. Review of the physician's orders indicated that all Resident R81's medications were discontinued on 6/19/26, and again reordered upon his return later that day. Review of the physician's orders indicated that Resident R81's liquid protein was not reordered. During an interview on 7/14/26, at approximately 12:45 p.m. Resident R81 stated that he has not been receiving his supplement. Review of the clinical record indicated Resident R164 was admitted to the facility on [DATE]. Review of Resident R164's MDS dated [DATE], indicated diagnoses of hypertension (high blood pressure), diabetes (body does not use insulin effectively), and end stage renal disease (kidneys fail to filter waste and balance fluids). Review of a physician's order dated 1/16/26, discontinued 7/7/26, indicated that Resident R164 is to receive 120 ml of liquid nutritional supplement twice daily. Review of a physician's order dated 2/23/26, discontinued 7/7/26, indicated that Resident R164 is to receive fortified pudding twice daily to promote weight maintenance. Review of a diet order dated 2/5/26, discontinued 7/7/26, indicated Resident R164 received a regular texture, thin liquid consistency diet. Review of a progress note dated 7/6/26, at 10:20 a.m. indicated Resident R164 was transferred to the hospital. Review of a progress note dated 7/7/26, at 1:21 p.m. indicated, resident still in ER (emergency room) at [local hospital], still having testing completed. did see ST (speech therapy) and was downgraded to puree diet with honey thick liquid related to coughing while eating. Review of a progress note dated 7/9/26, at 10:43 p.m. indicated Resident R164 returned to the facility with no medication changes. Review of facility census information indicated Resident R164 was present in the facility from 7/9/26, through 7/14/26, when he was re-hospitalized until 7/16/26. Review of Resident R164's diet orders failed to include a diet order active from 7/7/26, through 7/16/26. Review of the diet order dated 7/16/26, indicated Resident R164 received a renal diet, regular texture, thin liquid consistency. Review of Resident R164's clinical record failed to include reassessment by Speech Therapy upon readmission to the facility to ensure the resident is able to have a regular texture, thin liquid diet after being ordered puree diet with honey thick liquid at the hospital. During an interview on 7/16/26, at approximately 11:30 the Regional Dietary Manager Employee E25 confirmed that when a resident is readmitted, the meal tracker system automatically reactivates the previous diet. If any changes are needed, nursing staff need to enter a new diet order. Further review of the physician's orders failed to include orders for the fortified pudding or the liquid nutritional supplement. During an interview on 7/16/26, at approximately 2:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to implement interventions to maintain nutritional status for one of three residents reviewed for nutritional concerns for three of nine residents. 28 Pa. Code: 201.18(b)(1)(e)(1) Management.28 Pa. Code: 211.6 (b) Dietary services.28 Pa. Code: 211.10(c)(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(2)(5) Nursing		

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interviews it was determined that the facility failed to make certain consistent dialysis communication was maintained for two of three residents reviewed (Residents R5 and R164). Findings include: Review of the facility policy Dialysis; Hemodialysis (HD) - Communication and Documentation dated 3/20/26. The policy indicates, prior to the patient leaving the center for HD, a licensed nurse will complete the Hemodialysis Communication Record (pre/post dialysis evaluation) and send with the patient to the HD facility. Following completion of the HD, the dialysis facility should complete and return the form to the center with the patient. Upon return of the patient to the center, a licensed nurse will: review the dialysis facility communication; evaluate/observe the patient; and complete the post-hemodialysis treatment evaluation using the Hemodialysis Communication Record (pre /post dialysis evaluation). Review of the clinical record indicated Resident R5 was originally admitted to the facility on [DATE]. Review of Resident R5's Minimum Data Set (MDS-a periodic assessment of care needs) dated 7/3/26, indicated diagnoses of hypertension (high blood pressure), diabetes (body does not use insulin effectively), and end stage renal disease (kidneys fail to filter waste and balance fluids). Review of Resident R5's physician order dated 3/12/26, indicated dialysis: Monday, Wednesday, and Friday at [dialysis center]. Transport time scheduled for 11:00 a.m. Review of Resident R5's current care plan indicated dialysis three times a week, treatments as scheduled: Monday, Wednesday, and Friday at [dialysis center]. Resident R5's dialysis communication forms from 5/13/26 through 7/13/26 revealed incomplete communication on the following dates: Pre dialysis information incomplete: Incomplete assessment on the dialysis log prior to departure to dialysis center (to be completed by nursing facility nurse) on the following date; 6/29/26. Dialysis information center information incomplete Incomplete assessment to be completed by dialysis center on the dialysis log on the following dates; 6/3, 7/3. Post dialysis information incomplete Incomplete assessment on dialysis log upon return to the facility (to be completed by nursing facility nurse) on the following dates; 5/13, 5/18, 5/20, 5/22, 5/25, 5/27, 6/1, 6/3, 6/12, 6/15, 6/17, 6/19, 6/22, 6/24, 6/26, 7/10. Review of the clinical record indicated Resident R164 was admitted to the facility on [DATE]. Review of Resident R164's MDS dated [DATE], indicated diagnoses of hypertension (high blood pressure), diabetes (body does not use insulin effectively), and end stage renal disease (kidneys fail to filter waste and balance fluids). Review of Resident R164's physician order dated 3/12/26, indicated dialysis: Monday, Wednesday, and Friday at [dialysis center]. Transport time scheduled for 10:15 a.m. Review of Resident R164's current care plan indicated dialysis three times a week, treatments as scheduled: Monday, Wednesday, and Friday at [dialysis center]. Resident R164's dialysis communication forms from 5/13/26 through 7/13/26, failed to reveal dialysis communication sheets present for 5/13/26, 5/20/26, 5/27/26, 6/10/26, 6/17/26, 6/24/26, and 7/1/26. Review of facility census information confirmed Resident R164 was present in the facility on the above dates. Review of Resident R164's progress notes failed to reveal documentation of dialysis refusals for the above dates or other documentation relating to dialysis for the above dates. During an interview on 7/15/26, at 2:00 p.m. the Nursing Home Administrator and Director of Nursing confirmed the facility failed to make certain consistent dialysis communication was maintained for two of three residents. 28 Pa. Code: 211.5(f) Clinical records 28 Pa. Code: 211.12(d)(2)(3) Nursing services		

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical records, medication regimen reviews, and staff interviews, it was determined that the facility failed to ensure the attending physician documented that they reviewed the pharmacy recommendation or irregularities in a timely manner for four of five residents reviewed (Resident R6, R7, R11, and R101). Findings include: Review of facility policy Medication Regimen Review reviewed 3/20/26, indicated the drug regimen of each resident is reviewed at least once a month by a licensed pharmacist. The Medication Regimen Review (MRR) includes review of the medical record in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities. It looks for irregularities like ensuring a written diagnosis, indication, or documented objective findings to support each medication. Recommendations are acted upon and documented by the staff and/or the prescriber. Review of the clinical record revealed Resident R6 was admitted to the facility on [DATE], with diagnoses that included Alzheimer's Disease (gradual loss of memory and cognitive abilities, eventually leading to inability to perform simple tasks), dementia (group of symptoms affecting memory, thinking and social abilities), and high blood pressure. Review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 6/23/26, indicated the diagnoses remain current. Review of the Consultant Pharmacist's Recommendation to Inter-Disciplinary Team (IDT) for 10/14/25, 11/5/25, 12/8/25, 2/28/26, 6/17/26, and 7/15/26, failed to indicate Resident R6's physician reviewed and signed the pharmacy recommendations. The facility was unable to provide documentation for pharmacy recommendations dated 12/8/25 and 4/29/26. Review of the clinical record revealed Resident R7 was admitted to the facility on [DATE], with diagnoses that included Alzheimer's Disease, dementia, and diabetes. Review of the MDS dated [DATE], indicated the diagnoses remain current. Review of the Consultant Pharmacist's Recommendation to Inter-Disciplinary Team (IDT) for 9/6/25, 11/5/26, 2/28/26, 3/31/26, and 5/27/26, failed to indicate Resident R6's physician reviewed and signed the pharmacy recommendations. Review of the clinical record indicated Resident R11 was admitted to the facility on [DATE], with the diagnoses that included dementia, depression, and history of falling. Review of the MDS dated [DATE], revealed the diagnoses remain current. Review of the Consultant Pharmacist's Recommendation to Inter-Disciplinary Team (IDT) for 10/17/25, 12/8/25, 1/23/26, and 6/17/26 failed to indicate Resident R6's physician reviewed and signed the pharmacy recommendations. Review of the clinical record indicated Resident R101 was admitted to the facility on [DATE], with diagnoses that included dementia, high blood pressure, and insomnia. Review of the MDS dated [DATE], revealed the diagnoses remain current. Review of the Consultant Pharmacist's Recommendation to Inter-Disciplinary Team (IDT) for 4/30/26, 5/30/26, and 6/17/26, failed to indicate Resident R6's physician reviewed and signed the pharmacy recommendations. The facility was unable to provide documentation for pharmacy recommendations dated 10/17/25, and 7/15/26. During an interview on 7/16/26, at 10:00 a.m. the Director of Nursing confirmed the facility could not locate all the past pharmacy recommendations, and confirmed the facility failed to obtain the residents physician's signature for the above dates. 28 Pa Code 201.14(a) Responsibility of Licensee 28 Pa Code 211.9(k) Pharmacy Services		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on review of facility policy, facility documentation, observations, and staff interviews, it was determined that the facility failed to implement an infection control program that included a system of surveillance to identify possible communicable diseases or infections for six of 12 months (January 2026, February 2026, March 2026, April 2026, May 2026, June 2026). Findings include: Review of facility policy Infection Control Outcome and Process Surveillance and Reporting last reviewed 3/20/26, indicated the Infection Preventionist will conduct regular Outcome Surveillance which consists of collecting and documenting data on individual cases and comparing the collective data standard, written definitions of infection. Process Surveillance will be used to review practices directly related to patient care such as proper hand hygiene, use of disposable gloves, and observation of the environment. These methods will detect possible communicable diseases or infections, plan control activities before communicable diseases or infections can spread to others and identify and manage potential outbreaks of disease. They will also be used to identify whether the practices comply with established prevention and control procedures and policies based on recognized standards. Review of the facility's Infection Control documentation for the previous six months (January 2026-June 2026) failed to reveal surveillance for tracking infections for residents in four of six months (January 2026, February 2026, March 2026 and April 2026), and the previous six months (July 2025 -December 2025) were not available for review. During an interview on 7/16/26, at 11:00 a.m. Infection Preventionist (IP) Employee E4 confirmed that the facility failed to accurately track communicable diseases and infections. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(5) Nursing services.		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. Based on review of facility's infection control policies and procedures and staff interviews it was determined that the facility failed to implement an antibiotic stewardship program for six of 12 months (January 2026, February 2026, March 2026, April 2026, May 2026, June 2026).Findings include:Review of the facility policy Antibiotic Stewardship last reviewed 3/20/26, indicated the Antibiotic Stewardship will focus on monitoring use of antibiotics, improving antibiotic use by avoiding unnecessary or inappropriate antibiotics. The antibiotic stewardship process will be overseen and managed by the Infection Preventionist who uses expertise and data to inform strategies to improve antibiotic use to include tracking of antibiotics starts, monitoring adherence to evidence based, published criteria during the evaluation and management of treated infections; and reviews antibiotic resistance patterns in the facility to understand which infections are caused by resistant organisms. The will works collaboratively with the medical director, pharmacist, nursing and administrative leadership. Review of the facility's Infection Control surveillance for January 2026-June 2026 failed to include documentation to indicate that antibiotic monitoring was completed, previous six months was unable to be located for review (July 2025- December 2025).During an interview on 7/16/26, at 11:00 a.m. the Infection Preventionist confirmed that the facility failed to implement an antibiotic stewardship program.28 Pa. Code: 211.10(c)(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.		

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, observations, and staff interview, it was determined that the facility failed to determine whether it was safe to self-administer medications for one of four residents (Resident R151). Findings include: Review of facility policy Medication Administration dated 3/20/26, indicated Clients are allowed to self-administer medications when specifically authorized by the prescriber, the center's Interdisciplinary Team (IDT), and in accordance with procedures for self-administration of medications and state regulations. Review of the clinical record indicated Resident R151 was admitted to the facility on [DATE]. Review of Resident R151's Minimum Data Set (MDS - a periodic assessment of care needs) dated 4/24/26, indicated diagnoses of hyperlipidemia (high levels of fats in the blood), diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and depression. During an observation on 7/13/26, at approximately 10:00 a.m. Resident R151 was observed lying in bed, asleep. On the bedside table revealed a cup of seven pills. Review of Resident R151's physician orders failed to include an order for self-administration of medications. Review of Resident R151's care plan failed to address self-administration of medications. During an interview on 7/13/26, at approximately 10:30 a.m. Registered Nurse (RN) Employee E21 confirmed he left the cup of medication on Resident R151's bedside table and confirmed the facility failed to determine whether it was safe to self-administer medications. During an interview on 7/15/26, at approximately 2:00 p.m. the Nursing Home Administrator and Director of Nursing confirmed the facility failed to determine whether it was safe to self-administer medications. 28. Pa. Code 211.12(d)(1)(2)(5) Nursing services.		

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, facility records, resident, and staff interviews, it was determined that the facility failed to make certain that call lights were accessible for two of eight residents as required (Resident R10 and R53). Findings include: The facility policy Call Lights dated 3/20/26, indicated Patients will have a call light or alternative communication device at each patient's bed side, toilet, and bathing room to allow patients to call for assistance when unattended. Staff will respond to call lights and communication devices promptly. Review of Resident R10's clinical record indicated admission to the facility on 6/3/24. Review of Resident R10's Minimum Data Set (MDS - a periodic assessment of care needs) dated 4/19/26, indicated diagnoses of non alzheimers dementia (dementia caused by vascular, lewy body or frontotemporal dementia), diabetes (body does not use insulin effectively), and seizure disorder (sudden disruptions of the brain's normal electrical activity). Review of Section GG: Functional Abilities GG0130, indicated that Resident R10 is independent with toileting hygiene and GG0170 toilet transfers independent. During an interview and observation on 7/13/26, at approximately 10:30 a.m. Resident R10 stated she has the call light next to her bed and one in the bathroom if she needs it. When asking Resident R10 what she would do if she needed help in the bathroom, she stated, I would use the call light next to the toilet. The call light cord in the bathroom was wrapped around the grab bars rendering it inoperable. Review of Resident R53's clinical record indicated admission to the facility on 4/28/22. Review of Resident R53's MDS dated [DATE], indicated a diagnosis of foot drop (inability to lift the front part of the foot), non Alzheimer's dementia (dementia caused by vascular, Lewy body or frontotemporal dementia), and anxiety disorder (intense, excessive, and persistent feelings of worry, fear and uneasiness). Review of Section GG: Functional Abilities GG0130, indicated that Resident R53 is independent with toileting hygiene and GG0170 toilet transfers independent. During an interview and observation on 8/5/25, at approximately 10:45 a.m. Resident R53 stated she uses the bathroom and would use the bathroom call light pull cord if she needs help. The call light cord in the bathroom was wrapped around the grab bars rendering it inoperable. During an observation and interview on 7/13/26 at 11:45 a.m. Employee E1 Licensed Practical Nurse (LPN) confirmed the call light cords were wrapped around the grab bars rendering them inoperable for Residents R10 and R53. During an interview on 7/15/26 at 2:00 p.m. the Nursing Home Administrator and Director of Nursing (DON) confirmed the facility failed to make certain that call lights were accessible. 28 Pa. Code: 211.12(d)(1)(5) Nursing services.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, observations, and staff interviews, it was determined that the facility failed to provide appropriate respiratory care and maintain oxygen equipment for two of eight sampled residents (Residents R3 and R8). Findings include: Review of the facility policy Oxygen Therapy Administration reviewed on 3/20/26. The policy indicates replace disposable set-up every seven days. Date and store oxygen delivery device in treatment bag when not in use. Review of Resident R3's admission record indicated he was admitted on [DATE]. Review of Resident R3's Minimum Data Set (MDS- a periodic assessment of care needs) dated 5/6/26, indicated the diagnoses of cerebral palsy (a neurological disorder that affect body movement and muscle coordination, often caused by abnormal brain development or damage to the developing brain), hypertension (high blood pressure), and diabetes (body does not use insulin effectively). Review of Resident R3's current physician orders dated 5/15/26, indicated CPAP change or clean intake filter and disposable supplies (e.g. tubing) per manufacturer's instructions as needed and 5/30/26 order CPAP change or clean intake filter and disposable supplies (e.g., tubing) with soap and water, every night shift. Resident oxygen setting is 2 liters per minute every evening and night shift. Interview and observations on 7/13/26, at approximately 12:00 p.m. to 12:30 p.m., with Licensed Practical Nurse (LPN) Employee E1 and Respiratory Therapist (RT) Employee E2, confirmed Resident's R3 oxygen tubing connected to their oxygen concentrator was dated 6/30/26 and should have been changed weekly. Review of Resident R8's admission record indicated he was admitted on [DATE]. Review of Resident R8's MDS dated [DATE], indicated the diagnoses of coronary artery disease (CAD arteries become narrowed or blocked by buildup of plaque reducing blood flow to the heart), Multiple sclerosis (disease that causes breakdown of the protective covering of nerves, can cause numbness, weakness, trouble walking, vision changes and other symptoms), and diabetes (body does not use insulin effectively). Review of Resident R8's current physician orders dated 7/6/26, indicated oxygen 2 liters per minute as needed. Interview and observations on 7/13/26, at approximately 12:00 p.m. to 12:30 p.m., with Licensed Practical Nurse (LPN) Employee E1 and Respiratory Therapist (RT) Employee E2, confirmed Resident's R8 oxygen tubing connected to their oxygen concentrator was located in the resident's bathroom, blocked by an electric powered wheelchair, with oxygen tubing that was not in a treatment bag and was not labeled with a date. During an interview on 5/19/26, at 10:00 a.m. the Nursing Home Administrator confirmed that the facility failed to provide appropriate respiratory care and maintain oxygen equipment. 28 Pa. Code 211.10(d) Resident Care Policies. 28 Pa. Code 211.12(d)(1)(2)(5) Nursing services.		

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, clinical records, and resident and staff interviews, it was determined that the facility failed to provide culturally competent, trauma care in accordance with professional standards of practice, accounting for the resident's past experiences and preferences in order to eliminate and/or mitigate triggers that may cause re-traumatization of the resident for one of four residents (Resident R99). Findings include: Review of the Facility Assessment dated 7/13/26, indicated that the facility will provide services for psychiatric/mood disorders. Included in the list of conditions treated was post-traumatic stress disorder (PTSD, mental health condition triggered by experiencing or witnessing a terrifying event), Review of the clinical record revealed that Resident R99 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS, periodic assessment of resident care needs) dated 5/11/26, included diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), anxiety, and depression. Further review of the MDS failed to include a diagnosis of PTSD. Review of Resident R99's care plan initiated 8/5/25, failed to a plan of care developed for PTSD. Review of Resident R9's Social Services Assessment and Documentation dated 8/9/25, indicated that the patient did not report, and the medical record did not indicate, a history of trauma and/or PTSD. Review of Resident R9's Social Services Assessment and Documentation dated 2/19/26, indicated that the patient did not report a traumatic event such as physical or sexual assault, a natural disaster, or seeing someone be killed. Review of Resident R99's hospital discharge paperwork dated 8/5/26, indicated Resident R99 had been seen by a doctor due to having suicidal thoughts or actions. Review of a progress note dated 2/28/26, at 12:35 p.m. indicated Resident R99 has faced a traumatic event or experience in the past. Review of a progress note dated 3/19/26, at 10:14 p.m. indicated Resident R99 had, a past psychiatric history of PTSD. During an interview on 7/16/26, at 9:35 a.m. Resident R99 stated she had been sexually molested as a child and had been in abusive relationships. During an interview on 7/16/26, at approximately 2:15 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to provide culturally competent, trauma care in accordance with professional standards of practice, accounting for the resident's past experiences and preferences in order to eliminate and/or mitigate triggers that may cause re-traumatization of the resident for one of four residents. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1) Management.		

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 07/16/2026
NAME OF PROVIDER OR SUPPLIER Bridgeville Rehabilitation & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3590 Washington Pike Bridgeville, PA 15017	
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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observation and staff interviews, it was determined that the facility failed to ensure that current and accurate nurse staffing information was posted in the facility at the beginning of each shift for two of six reviewed days. Findings include: Observation conducted on 7/13/26, at approximately 9:00 a.m., revealed that nurse staffing information was posted in the main lobby on the reception desk. At that time, the nurse staffing information had the date of (7/10/26), resident census, and the staffing hours did not accurately reflect the current total number of hours worked for licensed and unlicensed nursing staff directly responsible for resident care per shift for the current date. During an interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on 7/13/26, at approximately 9:30 a.m., the NHA and DON confirmed the facility failed to post the required current facility information for staffing hours and the facility census. 201.18(b)(3) Management.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and staff interviews it was determined that the facility failed to properly store and secure a medication cart, a treatment cart, and failed to store a prescribed alcoholic beverage in a secure location (two medical carts, and one alcoholic beverage). Findings include: Review of facility policy Storage of Medications reviewed [DATE], indicated medications and biologicals are stored properly, following manufacturers or pharmacy recommendations, to maintain integrity and to support safe effective drug administration. The medication supply shall be accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Medication rooms, cabinets, and medication supplies should remain locked when not in use or attended by persons with authorized access. Outdated, discontinued, contaminated, or deteriorated medications are immediately removed from stock and disposed of. Review of facility policy Alcoholic Beverages reviewed [DATE], indicated a physician order will be obtained for the consumption of alcoholic beverages. Alcohol supplied by the resident or resident representative is labeled with resident's name, room number, and date opened and stored in a secure location. During an observation on [DATE], at 10:45 a.m. a resident was leaving the Staff Development room with two cups in his hand, one was a paper cup from a popular Italian Ice establishment that contained hot coffee and requested help closing the door. Upon entering room to allow the resident to leave, two medication carts were noted in the room, unlocked, and accessible by residents, visitors, and other staff members. The contents of the Staff Development room included an unlocked red medical cart, an unlocked beige medical cart, an unlocked refrigerator, two broken wheelchairs, two locked file cabinets, teaching material for Nurse Aid training, a microwave, an instant k-cup single use coffee maker, and a broken electric reclining chair. The room had two entrance doors and neither door contained a locking mechanism. The red medical cart contained the following:-four glucose monitoring lancets (small, sharp, double-edged instrument primarily used to make tiny incisions or draw blood).-one blood glucose monitoring test strips, expired [DATE].-one glucometer-one pulse oximeter machine-six 21g (gauge, measurement used for medical needle sizes) butterfly needles used for blood draws-one 21g intravenous (IV) start needle-one 25-foot oxygen tubing-two 15-inch humidifier connector tubes-one box alcohol wipes- four face shields-four Yankauer bulb tip suction tip (rigid, curved or straight medical suction instrument used to clear secretions from the mouth and throat)-one six-foot IV line (flexible plastic tubing used in IV therapy to deliver fluids directly into the bloodstream)-three plastic PPE (Personal Protection Equipment) isolation gowns-two manual blood pressure cuffs-one adult oxygen face mask -one 340 ml (milliliters) pre-filled oxygen humidifier bottle-three 100 ml bottles of normal saline 0.9% (a sterile solution of sodium chloride dissolved in one liter of water; closely matches the natural salt and water balance in human blood); expired [DATE]-one irrigation tray with 60 ml piston syringe (sterile, single-use medical kit designed to flush fluids into body cavities, wounds, or urinary catheters (small tube that drains urine from the bladder)-one box adult flexible tracheostomy tube (medical device inserted into a patient's trachea [windpipe] to help them breathe; tracheostomy - surgically created opening, or stoma, through the front of the neck into the trachea) -two tracheostomy oxygen masks (specialized medical device designed to fit over a patient's neck stoma -one Ambu-bag (Artificial Manual Breathing Unit; hand-held medical device used to pump oxygen into the patient's lungs)-one box of 4x4 gauze sponge, including (continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Bridgeville Rehabilitation & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3590 Washington Pike Bridgeville, PA 15017	
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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	approximately 50 packages-one 1000 ml bag of Normal Saline 0.9% The beige medical cart contained the following:-one sterile drape (medical specialized germ-free sheet used to help prevent the spread of infections)-11 single-blade disposable razor bladesThe unlocked refrigerator contained the following:-white plastic bag covering a plate with liquid pooling in the bottom of the bag-a can of Celsius (sparkling or non-sparkling flavored drink with 200 mg (milligrams) of caffeine)-one multi-use vial of tuberculin skin test (TB; Mantoux test); expired 2/20-two open soda bottles -one unopened bottle of beer-one 66 oz (ounce) bottle of coffee creamer, undated, with very small amount of liquid remainingDuring an interview on [DATE], at 11:15 a.m. the Director of Nursing confirmed the above observations and confirmed the facility failed to properly store and secure two medical carts containing medication and biologicals, failed to properly store and secure an alcoholic beverage, and failed to properly secure a non-resident room that contained multiple hazards for resident safety.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0868 Level of Harm - Potential for minimal harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on review of facility policy, Quality Assurance attendance records, and staff interview, it was determined that the facility failed to conduct Quality Assessment and Assurance (QAA) meetings at least quarterly with all of the required committee members for three of four quarterly meeting (August 2025 to March 2026). Findings Include: Review of the facility policy Center Quality Assurance Performance Improvement Process (QAPI) reviewed 3/20/26, indicated QAPI activities will be integrated across all care and service areas and include clinical care, quality of life, and resident choice. During an interview on 7/14/26, at 10:35 a.m. the Nursing Home Administrator (NHA) was unable to locate the sign-in sheets for the QAPI meetings from August 2025 through March 2026. During an interview on 7/16/26, at 10:00 a.m. the NHA confirmed that the facility failed to conduct Quality Assessment and Assurance (QAA) meetings at least quarterly with all of the required committee members as required. 28 Pa Code 201.18(e)(1)(2)(3)(4) Management 28 Pa Code 211.12(d)(3)(5) Nursing Services		