

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395682	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Providence Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Third Ave Beaver Falls, PA 15010	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility's admission notice packet, observations, and staff interview, it was determined that the facility failed to accommodate the shower needs for one of five residents (Resident R1). Findings include: Review of the facility's admission notice packet indicated residents have the right to have their personal needs and preferences provided for to the extent that they do not interfere with the rights of other residents of the nursing facility. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/19/25, indicated diagnoses of high blood pressure, osteoporosis (condition when the bones become brittle and fragile), and diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy). Review of Resident R1's current physician orders indicated shower twice weekly on Sunday, and Thursday during the 3:00 p.m. - 11:00 p.m. shift. Review of Resident R1's Point of Care History (an electronic documentation of the type of bath provided) from 9/1/25, - 1/5/25, revealed only six showers documented as complete on 9/4/25, 10/4/25, 10/5/25, 10/26/25, 11/23/25, and 12/28/25. Observation on 1/5/26, at 12:54 p.m. Resident R1 was engaged in a telephone conversation and waived survey agency out of the room. Interview on 1/5/26, at 2:00 p.m. the Director of Nursing confirmed Resident R1 only received six showers during the period of 9/1/25, - 1/5/25, and confirmed the facility failed to accommodate the shower needs for one of five residents (Resident R1). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.10(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(5) Nursing services.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 395682	If continuation sheet Page 1 of 3

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record, observations, and interviews with staff and residents, the facility failed to provide appropriate care and treatment post fall for one of three residents (Closed Record Resident CR1). Findings:Review of the facility policy Fall Prevention and Management Policy dated 10/28/25, indicated providers will be consulted regarding risks and interventions, feedback, and any further approaches recommended.Review of the admission sheet indicated Resident CR1 admitted to the facility on [DATE].Review of Resident CR1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 12/19/25, indicated the diagnoses of anemia (the blood doesn't have enough healthy red blood cells), diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), and Alzheimer's Disease with late onset (a progressive disease that destroys memory and other important mental functions). Section C0500 Brief Interview for Mental Status (BIMS - is a screening test that aids in detecting cognitive impairment). The BIMS score was three, severe cognitive impairment.Review of Resident CR1's current care plan indicated resident has a fall risk related to decreased safetyawareness, impaired cognition, Alzheimer's, age related cognitive decline, and sarcopenia (progressive loss of skeletal mass).Review of facility provided documentation dated 12/27/25, at 12:45 p.m. indicated Resident CR1 was found lying on the floor in bedroom between the recliner and the bed. Fall unwitnessed. Pain observation indicated Resident CR1 had moderate pain to the right side of back and head. Review of facility provided documentation dated 12/27/25, at 2:20 p.m. indicated Resident CR1 had an unwitnessed fall. Pain observation indicated Resident CR1 had moderate pain to the head with an abrasion present.Review of Third Eye Health Note dated 12/27/25, at 2:16 p.m. indicated fall with head strike. Resident with two unwitnessed falls striking head on wall or floor. Resident reports back pain. Laceration of the head is 4 x 4 cm (centimeters). Neurochecks with vital signs post fall as follows: every 15 minutes for one hour, every 30 minutes for one hour, hourly for four hours, and every four hours for 24 hours.Review of Resident CR1's Continuity of Care Document (CCD) indicated Neurochecks, and vital signs were completed on 12/27/25, at 2:41 p.m., and 8:48 p.m. On 12/28/25, Neurochecks and vital signs were completed at 12:23 a.m., 8:13 a.m., and 3:53 p.m.Interview on 1/5/26, at 1:00 p.m. the Director of Nursing confirmed the facility did not complete the Neurochecks with vital signs every 15 minutes for one hour, every 30 minutes for one hour, hourly for four hours, and every four hours for 24 hours as the provider ordered.During an interview on 1/5/26, at 2:00 p.m. the Director of Nursing confirmed the facility failed to provide appropriate care and treatment post fall for one of three residents (Closed Record Resident CR1).28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18 (b)(1) Management.28 Pa. Code: 211.10 (c)(d) Resident Care policies.28 Pa. Code: 211.12 (d)(1)(2)(3)(5) Nursing services.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, observations, and staff interviews, it was determined that the facility failed to ensure a resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility for one of three residents (Residents R2). Findings include: Review of the facility policy Splint Issuance Policy dated 10/28/25, indicated splints shall be issued or fabricated with a provider's order and therapist must evaluate patient to determine need for splint, fit and issuance. Patient splint schedule will be communicated to the multidisciplinary team and documented in the care plan. Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/4/25, indicated diagnoses of high blood pressure, stroke (damage to the brain from an interruption of blood supply), and hemiplegia (paralysis of one side of the body). Review of Resident R2's current physician orders indicated resident to wear left shoulder subluxation (a partial dislocation where a joint's bones are slightly put out of place) sling, on with morning care, off with evening care, as tolerated twice a day. Review of Resident R2's current care plan failed to include management and treatment of left shoulder subluxation splint. Observation on 1/5/26, at 1:10 p.m., Resident R2 was observed in wheelchair without a left shoulder subluxation splint in place as ordered. Interview on 1/5/26, at 1:11 p.m. Resident R2 indicated they never put my splint on. I'm not even sure where it. I do know that it cuts down on the pain though. Interview and observation on 1/5/26, at 1:13 p.m. Licensed Practical Nurse (LPN) Employee E1 indicated the left shoulder splint was not in place as ordered. Interview and observation on 1/5/26, at 1:38 p.m. Resident R2 remained in the wheelchair and did not have the left splint in place as ordered. Resident R2 indicated They couldn't find it. Interview on 1/5/26, at 2:00 p.m. the Director of Nursing confirmed the facility failed to ensure a resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility for one of three residents (Residents R2). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1) Management. 28 Pa. Code: 211.10(a)(c)(d) Resident care policies. 28 Pa. Code: 211.12(c)(d)(1)(2)(3)(5) Nursing services.</p>		