

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: 395682	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
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)		
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of closed clinical record review and staff interviews, it was determined that the facility failed to involve the resident's representative in the treatment decision and communicate treatment decision involving testing for one of three sampled residents (Closed Resident Record CR1). Findings include: Review of Closed Resident Record CR1's admission record indicated he was admitted on [DATE]. Review of Closed Resident Record CR1's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 5/18/26, indicated he had diagnoses that included diabetes (a metabolic disorder impacting organ function related to glucose levels in the human body), chronic kidney disease (a loss of kidney function resulting in the swelling of feet, fatigue, high blood pressure and changes in urination), and anxiety disorder (a medical condition creating a sense of acute fear, restlessness, and worry). Review of Closed Resident Record CR1's care plans, indicated to assist with activities of daily living, dressing, grooming, toileting, feeding, and oral care. Review of Closed Resident Record CR1's Certified Registered Nurse Practitioner (CRNP) note dated 5/13/26, indicated he was recently admitted. Resident CR1 was aggressive and combative. Review of Closed Resident Record CR1's clinical nurse note dated 5/13/26, indicated that Resident CR1's family continued to request a TV in his room and because of his increased behaviors they would like a Urinary analysis done to rule out a urinary tract infection (UTI). Review of Closed Resident Record CR1's dated 5/13/26 to 5/18/26 did not indicate that a urinary analysis was completed to rule out a UTI. Review of Closed Resident Record CR1's Certified Registered Nurse Practitioner (CRNP) note dated 5/15/26, indicated he was aggressive and combative. Resident CR1 was not eating well, throwing food, throwing objects at staff, and would not allow staff to examine him. Resident CR1's daughter was present and stated he was not like this before. Review of Closed Resident Record CR1's clinical nurse notes 5/16/26, resident refusing meds, slapping nurse on arm, pushing staff away; he continued to loudly yell out. Review of Closed Resident Record CR1's clinical nurse notes dated 5/18/26, indicated he was up in his chair throwing cups and other things across the dining room. Resident CR2 was spitting on staff. Review of Closed Resident Record CR1's clinical physician notes dated 5/18/26, indicated family was adamant Resident CR1 go to the emergency room despite being counseled that he may return to the facility within a few hours if no acute problems are found. Review of Closed Resident Record CR1's clinical nurse notes dated 5/18/26, indicated Resident CR1 was sent to the hospital. Supervisor aware. Review of Closed Resident Record CR1's clinical nurse notes dated 5/19/26, indicated Resident CR1 returned from emergency room. Has new order for Cefuroxime 500 mg (antibiotic to treat bacterial infections), twice a day for seven days. Diagnoses of UTI. Review of Closed Resident Record CR1's clinical nurse notes and physician notes did not indicate any communication with the family representative explaining why a urinary analysis was not done between 5/13/26 and 5/18/26. During an interview on 7/8/26, at 9:55 (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
--	-------	-----------

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 07/09/2026
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)		
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a.m. Licensed Practical Nurse (LPN) Employee E3 was asked if resident representative request labs test be completed, what is course of action, and she stated: let the nurse supervisor know or pass it along to the doctor or CRNP. Let them know if there are any signs or symptoms. Once doctor puts in the order, get whatever lab test they are requesting. Make sure to tell someone. During an interview on 7/8/26, at 10:03 a.m. Registered Nurse (RN) Supervisor Employee E6 was asked if family request labs be done, what is the course of action: I would let the doctor know and then get the order. Lab results are printed or scanned into the record. During an interview on 7/8/26, at 11:49 a.m. Nurse aide (NA) Employee E8 was asked if Resident CR1 had behaviors like throwing water and food: yes, he threw everything. He would say he threw food for attention. He would refuse drinks. During an interview on 7/9/26, at 12:16 p.m. information was disseminated to the Nursing Home Administrator (NHA), Interim Nursing Home Administrator (NHA) Employee E1, Regional clinical coordinator Employee E2, and the Infection Control Preventionist Employee E7 that the facility failed to involve the resident's representative in the treatment decision and communicate treatment decision involving testing for Closed Resident Record CR1 as required. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(2) Management. 28 Pa. Code 201.29(a): Resident rights.		

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 07/09/2026
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)		
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident's care plan was updated and revised to reflect the resident's specific care needs for one of three sampled resident records (Closed Resident Record CR1). Findings include: The facility Comprehensive care planning policy dated 2/24/26 and last reviewed 5/4/26, indicated that a plan of care will be established and updated as indicated for every resident. The care plan is reviewed on an ongoing basis and revised as indicated by the residents' needs, wishes or change in condition. Review of Closed Resident Record CR1's admission record indicated he was admitted on [DATE]. Review of Closed Resident Record CR1's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 5/18/26, indicated he had diagnoses that included diabetes (a metabolic disorder impacting organ function related to glucose levels in the human body), chronic kidney disease (a loss of kidney function resulting in the swelling of feet, fatigue, high blood pressure and changes in urination), and anxiety disorder (a medical condition creating a sense of acute fear, restlessness, and worry). Review of Closed Resident Record CR1's care plans, indicated to assist with activities of daily living, dressing, grooming, toileting, feeding, and oral care. Review of Closed Resident Record CR1's Certified Registered Nurse Practitioner (CRNP) note dated 5/13/26, indicated he was recently admitted. Resident CR1 was aggressive and combative. Review of Closed Resident Record CR1's Certified Registered Nurse Practitioner (CRNP) note dated 5/15/26, indicated he was aggressive and combative. Resident CR1 was not eating well, throwing food, throwing objects at staff, and would not allow staff to examine him. Resident CR1's daughter was present and stated he was not like this before. Review of Closed Resident Record CR1's clinical nurse notes 5/16/26, resident refusing meds, slapping nurse on arm, pushing staff away; he continued to loudly yell out. Review of Closed Resident Record CR1's clinical nurse notes dated 5/18/26, indicated he was up in his chair throwing cups and other things across the dining room. Resident CR2 was spitting on staff. Review of Closed Resident Record CR1's clinical nurse notes dated 5/25/26, indicated he continued to scream out, threw his drink that family provided. Staff noted Resident CR1 Poor intake and having difficulty swallowing, speech notified. Review of Closed Resident Record CR1's care plans dated 5/26/26 did not include revision pertaining to Closed Resident CR1's behaviors (striking staff, yelling, throwing objects), food refusals, drink refusals or difficulties with swallowing. During an interview on 7/8/26, at 11:49 a.m. Nurse aide (NA) Employee E8 was asked if Resident CR1 had behaviors like throwing water and food: yes, he threw everything. He would say he threw food for attention. He would refuse drinks. During a phone interview on 7/9/26, at 10:53 a.m. Registered Nurse (RN) Supervisor Employee E4 was asked if a resident was exhibiting behaviors (denying food/ not drinking/ throwing things) would these types of behaviors be care planned? yes, they should be care planned. During an interview on 7/9/26, at 12:16 p.m. information was disseminated to the Nursing Home Administrator (NHA), Interim Nursing Home Administrator (NHA) Employee E1, Regional clinical coordinator Employee E2, and the Infection Control Preventionist Employee E7 that the facility failed to ensure that a resident's care plan was updated and revised to reflect the resident's specific care needs for Closed Resident Record CR1 as required. 28 Pa. Code: 211.10(d) Resident care policies. 28 Pa. Code 211.11(d) Resident Care Plan. 28 Pa. Code: 211.12(d)(3)(5) Nursing services.		

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 07/09/2026
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)		
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, closed resident clinical records and staff interviews, it was determined that the facility failed to complete a comprehensive activity assessment to ascertain resident's activity interest and preferences for one of three closed resident records (Closed Resident Record CR2). Findings include: The facility Life enrichment interview, assessment documentation policy dated 4/21/26, and last reviewed 5/4/26, indicated that the life enrichment director will complete interviews, periodic assessments, care planning and documentation. The Life Enrichment Director will meet with each new admission into the community and complete the initial life enrichment interview which will be used to develop a plan of care that reflects the choices and interest of the residents. The welcome note is completed within 24 business hours. Review of Closed Resident Record CR2's admission record indicated she was admitted on [DATE]. Review of Closed Resident Record CR2's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 6/5/26, indicated she had diagnoses that included congestive heart failure (a progressive heart disease affecting pumping action of the heart muscles impacting circulation, swelling and shortness of breath), diabetes (a metabolic disorder impacting organ function related to glucose levels in the human body), chronic kidney disease (a loss of kidney function resulting in the swelling of feet, fatigue, high blood pressure and changes in urination) and depression. Review of Closed Resident Record CR2's care plans dated 6/8/26, did not include her activity preferences. Review of Closed Resident Record CR2's clinical nurse notes dated 5/30/26, indicated she was oriented to her room, hearing was adequate, she denied any pain, no acute distress appears comfortable. Review of Closed Resident Record CR2's clinical nurse notes and staff assessments did not include an activity or life enrichment assessment to ascertain Resident CR2's activity preferences. During an interview on 7/8/26, at 11:28 a.m. Activity director Employee E5 was asked where initial activity assessments are kept and when they occur, she stated: it's in the observations titled-activity observations. These are done within the first five days of admission. Activity refusals are in the plan of care report. During an interview on 7/9/26, at 12:16 p.m. information was disseminated to the Nursing Home Administrator (NHA), Interim Nursing Home Administrator (NHA) Employee E1, Regional clinical coordinator Employee E2, and the Infection Control Preventionist Employee E7 that the facility failed to complete a comprehensive activity assessment to ascertain resident's activity interest and preferences for Closed Resident Record CR2 as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201. 18(b)(3) Management.		