

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395731	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/21/2024
NAME OF PROVIDER OR SUPPLIER  Bethel Park Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  60 Highland Road Bethel Park, PA 15102	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26414</p> <p>Based on review of facility policy, clinical records and incident reports and staff interviews, it was determined that the facility failed to make certain each resident received adequate supervision and assistance to prevent accidents for one of five residents (Resident R1).</p> <p>Findings include:</p> <p>A review of the facility's policy, Safe Resident Handling Program, dated 1/18/24, indicated that the facility will maintain a safe care environment.</p> <p>A review of the clinical record revealed that Resident R1 was admitted to the facility on [DATE], with diagnoses that included pneumonia, bladder dysfunction, and seizure disorder.</p> <p>A review of the MDS (Minimum Data Set - resident assessment and care screening) dated 2/14/24, indicated that Resident R1 was alert and oriented and able to make needs known.</p> <p>A review of the care plan dated 2/10/24, indicated that Resident R1 required a one person assist with all ADL's (activities of daily living).</p> <p>A review of a nurse progress note dated 2/18/24, indicated that while care was being provided, Resident R1 rolled out of the bed onto the floor. The resident had a three cm (centimeter) laceration to the left forehead.</p> <p>A review of facility provided documentation by the facility, dated 2/18/24, indicated that Certified Nursing Assistant (CNA) Employee E1 rolled Resident R1 away from them during care and neglected to follow proper procedure.</p> <p>A review of a personnel file for CNA Employee E1 indicated a date of hire 9/20/22. CNA Employee E1 received training for resident turning and positioning, body alignment, and moving in bed, on 9/24/22 and 9/8/23.</p> <p>During a telephone interview on 3/21/24 at 1:00 p.m., CNA Employee E1 was confused about what happened and could not remember what side of the bed they were on, or how it happened. Stated He just fell . CNA Employee E1 confirmed they had training on resident turning and positioning, body alignment, and moving in bed.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/21/24, at 1:30 p.m., Resident R1 indicated the CNA rolled him away from her onto his right side and he just kept rolling out of the bed onto the floor.</p> <p>During an interview on 3/21/24, at 10:30 a.m. the Director of Nursing (DON) confirmed that the facility failed to follow proper procedure during care which resulted in a fall out of bed.</p> <p>During an interview on 3/21/24, at 1:30 p.m. the Nursing Home Administrator confirmed that the facility failed to make certain each resident received adequate supervision and assistance to prevent accidents for Resident R1.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1) Management.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 211.10(c) Resident care policies.</p> <p>28 Pa. Code 211.10(d) Resident care policies.</p> <p>28 Pa. Code 211.11(d) Resident care plan.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services. 28 Pa. Code 201.29(a) Resident rights.</p>		