

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 05/15/2024
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49646</p> <p>Based on review of facility policies, clinical records, and staff interviews, it was determined that the facility failed to provide adequate supervision for one of three residents (Resident R1), which resulted which resulted in an overdose.</p> <p>Findings include:</p> <p>Review of policy Opioid Use Disorder on 1/18/24, states that patients will be assessed for the risk of opioid use disorder (OUD). Interventions to minimize opioid overdose will be implemented as appropriate.</p> <p>Review of Resident R1's admission record indicated that he was admitted on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS-periodic assessment of care needs) dated 5/7/24, included diagnoses of fracture of femur (long bone of upper leg that is broke), opioid dependence (physical and psychological reliance on opioids-found in pain medication, or illegal drugs like heroin), alcohol use, high blood pressure, emphysema (lung disease that results from damage to the air sacs in the lungs). Resident is alert and oriented, able to make own decisions and needs known.</p> <p>Review of Resident R1's plan of care 5/2/24, Activities/Recreation resident will have opportunities to make decisions/choices related to/for self-directed involvement in meaningful activities. Resident R1 feels it is important for him to go outside when the weather is good and enjoy sitting and relaxing. Upon further review Resident R1 was not care planned for his opioid/alcohol dependence.</p> <p>Review of progress report dated 5/9/24, stated Taxi service walked into the facility at 9:00 p.m., seeking assistance as he had Resident R1 in his vehicle, slumped over in the back seat, Resident R1 appeared to be under the influence and 911 was called along with medics. Police arrived and state they found a bag of heroin on the resident and the medics administered Narcan with minimal outcome, Resident R1 was then transported to the hospital.</p> <p>During an interview on 5/15/24 at approximately 11:30 a.m. with the Director Of Nursing, confirmed the story.</p> <p>During an interview with on 5/15. 24, at approximately 12:00 p.m., Nurse E1 stated that when the Narcan was administered Resident R1 was not easy to arouse.</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 5/15/24, at approximately 1:45 p.m., the Nursing Home Administrator (NHA) and the DON confirmed that the facility failed to provide adequate supervision for one of three residents, which resulted in an overdose by Resident R1.</p> <p>28 Pa. Code: 211.12(d)(5) Nursing services.</p>		