

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER Rochester Residence and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 174 Virginia Avenue Rochester, PA 15074	
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 0844</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel.</p> <p>Based on a review of regulations, documents submitted to the State Agency and staff interviews it was determined that the facility failed to notify the State Agency of a change in the facility's Nursing Home Administrator (NHA) at the time of the change, and ensure that a qualified NHA was assigned to the facility for two of 31 days (3/28/26, and 3/29/26). Findings include: Review of written communication dated 3/29/26, revealed that Nursing Home Administrator (NHA) Employee E3 informed State Agency (SA) that his last day as NHA at the facility was 3/27/26. Review of written communication dated 3/30/26, from SA to [NAME] President of Operations (VPO) Employee E4, requested clarification as to who is the acting NHA at the facility as SA has been made aware of NHA Employee E3's departure from the facility. VPO Employee E4 stated It's me for now, I have been out with an illness so I will get everything to you asap. Review of the above information revealed that the facility failed to have an assigned NHA to the facility from 3/28/26 through 3/29/26. During an interview on 4/1/26, at 9:00 a.m. the Director of Nursing confirmed that the facility failed to notify SA of a change in the facility's NHA at the time of the change, and have an NHA assigned to the facility from 3/28/26 through 3/29/26. PA Code: 201.14(a) Responsibility of licensee.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observations, review of facility policy, and staff interviews, it was determined that the facility failed to ensure a safe, and functional environment for one of two Entry Doors (Employee Entrance). Findings include: Review of the facility policy Preventative Maintenance Program last reviewed 12/11/25, indicated a program shall be developed and implemented to ensure the provision of a safe, functional, sanitary environment for residents, staff, and the public. Review of a resident representative concern dated 2/27/26, stated The employee entrance for staff is supposed to be locked and a code entered at all times, the door for the employee entrance does not safely close and or locked. It is accessible to anyone in the public if they feel the need. During an observation and interview on 4/1/26, at 9:35 a.m. State Agency (SA) went to the Employee Entrance (which is secured from resident access,) with Maintenance Director (MD) Employee E1, who explained that the door has a motion sensor, and does not require a code to exit the building, but that a code is required to punch into a keypad outside to gain entrance to the facility. During an observation on 4/1/26, at 9:36 a.m. SA went outside the Employee Entrance door, and was able to open the door to get into the facility without punching in a code, as the door did not appear to fully close and latch properly. During an interview on 4/1/26, at 9:37 a.m. MD Employee E1 and Maintenance Employee E5, confirmed that the door was not latching properly, and would attempt to have it fixed immediately. MD Employee E1 stated that the door was Broken a couple of weeks ago, and we fixed it. Didn't know that it was broken again. During an interview on 4/1/26, at 12:24 p.m. MD Employee E1 confirmed that the door remained broken, and that they had to call a vendor to replace the lock as it is broken and cannot be replaced by staff. During an interview on 4/1/26, at 1:20 p.m. the Director of Nursing confirmed that the facility failed to ensure a safe, and functional environment for one of two Entry Doors (Employee Entrance). 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(3) Management.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, vendor interview, and staff interviews, it was determined that the facility failed to maintain an effective pest control program for one of two nursing units (Third Floor). Findings include: The facility Pest Control Program dated 12/11/25, indicated that the facility will maintain an effective pest control program that eradicates and contain common household pests (e.g., bed bugs, lice, roaches, ants, mosquitos, flies, mice, and rats). Review of a resident representative concern dated 2/25/26, stated Rodents are running around the building. Rat traps are placed in patients rooms. Over a dozen of rodents were spotted running through the building. Administration and Director of Nursing were asked to get Pest Control in the building immediately. I as a family member fear my loved one getting sick or attacked by a rat completely unsanitary and unsafe. Review of an additional resident representative concern dated 2/27/26, stated Director of Nursing and Administrator continuously deny the fact of rodents being present even with proof of dead rodents, their droplets and rat traps in patients rooms. Rats are seen both by patients, staff and family members. During an interview on 4/1/26, at 9:20 a.m. the Director of Nursing (DON) confirmed that there has been sightings of rodents in the building, and that Pest Control has been called. DON also stated that the facility has a chicken [NAME] with chickens residing in it in the front of the property, and that it was discussed today that it needs to be removed to prevent it from drawing rodents, and it was also discussed that facility may need to call a different Pest Control company to ensure mitigation of the rodents. State agency requested copies of any Pest Control Services rendered for this issue. During an interview on 4/1/26, at 9:24 a.m. Maintenance Director (MD) Employee E1 also confirmed that there has been reports of rats in the building, and that he has been making daily rounds, but has not seen the rodents. MD Employee E1 stated that employees have been reporting that they are seen at night, especially on the Third Floor, and that traps were placed in some resident rooms. Some traps were in residents' reach, but I moved them out of the way. Review of facility provided documents from Pest Control Vendor 1 did not list any services for rodents. Services provided in February 2026, were as follows: 2/26/26 Standard Monthly, and Fly Light Service, and 2/27/26: Bed Bug monthly, Standard. During an interview on 4/1/26, at 10:29 a.m. Registered Nurse (RN) Employee E2 stated that he/she has seen rats during the day, and will often hear them running around in the ceiling. I saw one for the first time about four or five weeks ago. I see one that I think is pregnant because it keeps getting bigger and bigger. I took a picture of a pile of rat shit that was in a corner of one of the bathrooms. They called housekeeping to and clean it up but I haven't seen any exterminators and I still see rats. During an interview on 4/1/26, at approximately 10:35 the DON stated that a new Pest Control Company was on-site to investigate the rats. State Agency requested to speak with Pest Control Vendor to confirm any findings. During an interview at 4/1/26, at 10:49 a.m. Pest Control Vendor 2 (PCV2) stated that the company just received a call this morning (4/1/26) to come to the facility for a rat issue. PCV2 stated that he had just completed a tour of the outside perimeter of the building , and found several bait traps by the dumpster area. When I picked them (traps) up a bunch rats ran out of them. If the traps had been maintained the rats would be dead. Instead they were using them as shelter. During an additional interview on 4/1/26, at 11:33 a.m. PCV2 stated that a tour of the inside of the facility had just been completed, and that fecal evidence of rats were found on the Third Floor. PCV2 placed some traps on the Third Floor, but would write up a proposal for a plan going forward and would recommend about 20 traps be placed on the outside of the building. I found a trap that looked newer on the Third Floor, but it was too small for a rat. During an interview on 4/1/26, at approximately 1:20 p.m. the DON confirmed that the facility failed to maintain an effective pest control program for one of two nursing units. 28 Pa. Code: 201.14(a) Responsibility of licensee.</p>		