

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395977	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Bella Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 410 Terrace Drive Uniontown, PA 15401	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on review of facility policies, facility provided documents, clinical records and staff interview, it was determined that the facility failed to make certain a resident was free from abuse, neglect or misappropriation of property for one of two residents reviewed (Resident R69).</p> <p>Findings include:</p> <p>Review of the facility policy Abuse, Neglect, Misappropriation last reviewed on 3/25/24, indicated that the facility intent is to prevent the abuse, mistreatment or neglect of residents and to provide guidance to direct care staff to manage concerns or allegations of abuse. Employees will receive abuse preventive training as required as part of the orientation, as needed/indicated and annually thereafter. Accurate and timely reporting of incidents both alleged and substantiated, will be sent to the officials in accordance with state law; if an alleged violation is verified, appropriate corrective action will be taken by the facility.</p> <p>Review of the clinical record indicated that Resident R69 was admitted to the facility on [DATE], with diagnoses which included kidney disease, compression fractures of spine, cognitive communication deficit, diabetes, lung disease, respiratory failure, falls and obesity. A Minimum Data Set (MDS- a periodic assessment of resident care needs) dated 8/23/24, indicated the diagnoses remained current. Section C0500 (Brief interview for mental status) indicated a score of 15; which indicated the resident was cognitively intact.</p> <p>Review of a facility provided document dated 9/3/24, indicated that Resident R69 had alleged that Registered Nurse(RN) Employee E6 had verbally abused her when she tried to get her up to get weighed.</p> <p>During an interview on 9/3/24, by the Social Worker Employee E7 indicated that Resident R69 stated that the Unit Manager (RN Employee E6) is rude and has a bad attitude, that she is verbally abusive. The resident stated that she had cried many times over the way the RN Employee E6 speaks to her. Resident R69's Family Member was also interviewed on 9/3/24, as she had witnessed the event, and stated that she agreed with Resident R69's statement and that the Unit Manager(RN Employee E6) used a bad tone.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395977	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Bella Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 410 Terrace Drive Uniontown, PA 15401	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility report indicated the facility reported the event and provided re-education to RN Employee E6 for abuse and communication skills on 9/5/24. A Corrective Action was dated 9/5/24, indicated RN Employee E6 was given a written warning but refused to sign.</p> <p>Review of the facility training dated 2/16/24, and again on 6/27/24, indicated that RN Employee E6 had previous abuse training.</p> <p>During an interview during the annual survey on 9/12/24, at 12:15 p.m., with Resident R69 identified that RN Employee E6 had been mean and he does not want her in his room. He stated that she chased a Nurse Aide, who I trusted to help me, out of my room when she was helping me transfer into my chair and left me standing holding on to my bedside table to transfer myself because she was not assigned to provide care for me that day.</p> <p>During an interview on 9/12/24, at 1:25 p.m., the Director of Nursing confirmed that the facility failed to make certain a resident was free from abuse, neglect or misappropriation of property for one of two residents reviewed (Resident R69).</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395977	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Bella Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 410 Terrace Drive Uniontown, PA 15401	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>31343</p> <p>Based on a review of facility policy, observations and staff interviews it was determined that the facility failed to properly store food products in the Main Kitchen, which created the potential for foodborne illness.</p> <p>Findings Include:</p> <p>Review of the facility policy Food Storage: Cold Foods last reviewed on 3/25/24, indicated that all time/temperature control for safety foods will be appropriately stored in accordance with guidelines of the Food and Drug Administration (FDA) Food Code. All food items will be stored 6 inches above the floor and 18 inches below the sprinkler units.</p> <p>During an initial observation on 9/10/24, at 10:30 a.m., of the dietary department the following was identified:</p> <p>Three staff lunch bags were in the cooler with resident food items.</p> <p>The deep freezer had ice build up on vent pipes with food stored directly under ice dripping onto boxes.</p> <p>Bread stored on shelf on floor of refrigerator.</p> <p>During and interview on 9/10/24, at 11:00 a.m., Dietary Manager Employee E8 confirmed that the facility failed to properly store food products in the Main Kitchen, which created the potential for foodborne illness.</p> <p>Pa. 28 Code: 211.6(c)(d)(f) Dietary services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395977	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Bella Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 410 Terrace Drive Uniontown, PA 15401	
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 0944</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>39311</p> <p>Based on review of facility documents and staff interview, it was determined that the facility failed to provide training on Quality Assurance and Performance Improvement (QAPI) for two of ten staff members (Employee E2 and E5).</p> <p>Findings include:</p> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on effective communication.</p> <p>Nurse Aide (NA) Employee E2 had a hire date of 4/1/14, failed to have QAPI in-service education between 4/1/23, and 4/1/24.</p> <p>Therapy Employee E5 had a hire date of 8/15/22, failed to have effective communication in-service education between 8/15/23, and 8/15/24.</p> <p>During an interview on 9/13/24, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on QAPI for two of ten staff members.</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: 201.20 (a)(c) Staff development.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395977	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Bella Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 410 Terrace Drive Uniontown, PA 15401	
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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of facility documents, staff education records, and staff interviews, it was determined that the facility failed to conduct at least 12 hours of in-service education, within 12 months of their hire date anniversary, for nurse aides as required for two of five nurse aides (Nurse Aide (NA) Employees E2 and E3).</p> <p>Finding include:</p> <p>Review of the Facility assessment dated [DATE], indicated the facility will provide required in-service training for nurse aides.</p> <p>Review of NA Employees Employees E2 and E3 education records with hire date greater than 12 months revealed the following:</p> <p>NA Employee E2 had a hire date of 4/1/24, with 4.25 hours in-service education between 4/1/23, and 4/1/24.</p> <p>NA Employee E3 had a hire date of 8/9/21, with 7.50 hours in-service education between 8/9/23, and 8/9/24.</p> <p>During an interview on 9/13/24, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to conduct at least 12 hours of in-service education, within 12 months of their hire date anniversary, for nurse aides as required for two of five nurse aides.</p> <p>28 Pa. Code: 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 201.20(c) Staff Development.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395977	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Bella Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 410 Terrace Drive Uniontown, PA 15401	

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 0949</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on behavioral health for three of ten staff members (Employees E1, E2, and E3).</p> <p>Findings include:</p> <p>Review of the Facility assessment dated [DATE], revealed a list of educational topics, and included in that list was Caring for persons with Alzheimer's or other dementia.</p> <p>Review of facility provided documents and training records revealed the following staff members did not have documented training on behavioral health.</p> <p>Nurse Aide (NA) Employee E1 had a hire date of 7/5/21, failed to have behavioral health in-service education between 7/5/23, and 7/5/24.</p> <p>NA Employee E2 had a hire date of 4/1/14, failed to have behavioral health in-service education between 4/1/23, and 4/1/24.</p> <p>NA Employee E3 had a hire date of 8/9/21, failed to have behavioral health in-service education between 8/9/23, and 8/9/24.</p> <p>During an interview on 9/13/24, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide training on behavioral health for three of ten staff members.</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: 201.20 (a)(c) Staff development.</p>