

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395109	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/26/2024
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NAME OF PROVIDER OR SUPPLIER: BEAVER HEALTHCARE AND REHABILITATION CENTER STATE LICENSE NUMBER: 070702	STREET ADDRESS, CITY, STATE, ZIP CODE: 616 GOLF COURSE ROAD ALIQUIPPA, PA 15001
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 0000	INITIAL COMMENT Based on an Abbreviated Survey in response to a complaint, completed on December 26, 2024, it was determined that Beaver Healthcare and Rehabilitation Center was in compliance with the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities; however, the facility was not in compliance with the 28. Pa Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	P 0000		
P 5520		P 5520		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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P 5520	Continued from page 1 Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	NHA has educated Scheduler on minimum staffing hours/regulations on new staffing guidelines effective 07/01/2024. Facility has advertised for open CNA positions. Interviews will be conducted as applicants apply. Scheduler will meet with NHA/DON twice daily to review staffing schedule for a period of 1 week to ensure CNA ratios are being met. NHA/DON/Scheduler will continue to monitor CNA ratios to ensure facility has sufficient staff. Findings will be reported to QAPI for further review and monitoring. Date of compliance 01/06/2025.	Completion Date: 01/06/2025 Status: APPROVED Date: 01/02/2025

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P 5520	<p>Continued from page 2</p> <p>Based on a review of staffing documents provided by the facility and staff interview it was determined that the facility failed to provide one nurse assistant (NA) per 10 residents on the daylight shift for four of 21 days (12/10/24, 12/12/24, 12/16/24, and 12/22/24) one NA per 11 residents on the second shift for two of 21 days (12/12/24 and 12/24/24) and one NA per 15 residents on the night shift on six of 21 days (12/4/24, 12/6/24, 12/7/24, and 12/15/24, 12/16/24, and 12/22/24) as required.</p> <p>Review of facility census data and nursing time schedules from 12/3/24, through 12/24/24, revealed the following nurse assistant (NA) staffing shortages:</p> <p>Day shift:</p> <table border="0"> <tr> <td>Date:</td> <td>Census:</td> <td>Actual hours:</td> </tr> <tr> <td>Hours required:</td> <td></td> <td></td> </tr> <tr> <td>12/10/24</td> <td>47</td> <td>28.75</td> </tr> <tr> <td>34.18</td> <td></td> <td></td> </tr> <tr> <td>12/12/24</td> <td>49</td> <td>38.25</td> </tr> <tr> <td>39.20</td> <td></td> <td></td> </tr> <tr> <td>12/16/24</td> <td>49</td> <td>38.50</td> </tr> </table>	Date:	Census:	Actual hours:	Hours required:			12/10/24	47	28.75	34.18			12/12/24	49	38.25	39.20			12/16/24	49	38.50	P 5520		
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P 5520	Continued from page 3 39.20 12/22/24 47 32.00 37.60 Evening shift: Date: Census: Actual hours: Hours required: 12/12/24 49 31.00 35.64 12/24/24 48 28.00 34.91 Night Shift: Date: Census: Actual hours: Hours required: 12/4/24 48 23.50 25.60 12/6/24 47 24.00 25.07 12/7/24 47 23.75 25.07 12/15/24 49 24.00 26.13	P 5520		

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P 5520	Continued from page 4 12/16/24 49 24.00 26.13 12/24/24 48 28.00 34.91 During an interview completed on 12/26/24, at 2:45 p.m. the Nursing Home Administrator confirmed the facility failed to provide one nurse assistant (NA) per 10 residents on the daylight shift for four of 21 days (12/10/24, 12/12/24, 12/16/24, and 12/22/24) one NA per 11 residents on the second shift for two of 21 days (12/12/24 and 12/24/24), and one NA per 15 residents on the night shift on six of 21 days (12/4/24, 12/6/24, 12/7/24, and 12/15/24, 12/16/24, and 12/22/24) as required.	P 5520		



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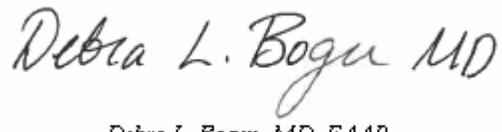
BEAVER HEALTHCARE AND REHABILITATION CENTER

STATE LICENSE NUMBER: 070702

SURVEY EXIT DATE: 12/26/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY