

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395266</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/18/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>BEAVER VALLEY HEALTHCARE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>257 GEORGETOWN ROAD BEAVER FALLS, PA 15010</b>		
STATE LICENSE NUMBER: <b>050402</b>				
(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
F 0000	INITIAL COMMENT  Based on an Abbreviated Survey in response to a complaint completed on December 19, 2024, at Beaver Valley Healthcare and Rehabilitation Center it was determined that there were no federal deficiencies identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities; however, the facility was not in compliance with 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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P 5520	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>The facility will continue to take measures to adequately staff nurses' aides to meet the staffing requirement</p> <p>The Nursing Home Administrator or designee will conduct a daily labor meeting and audit the nurses' aide schedule to ensure the nurses' aide to resident ratio is met. The Department of Health staffing worksheet will be utilized at this meeting.</p> <p>Re-education will be completed by the Nursing Home Administrator or designee, on the nurses' aide to resident ratio with the Director of Nursing and the Assistant Director of Nursing.</p> <p>The Facility will continue to post open positions on hiring forums. The facility will continue to interview and hire nurses' aides to meet the facility needs.</p>	<p>Completion Date: <b>01/08/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>01/02/2025</b></p>

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P 5520	Continued from page 1  Based on review of nursing time schedules and staff interviews, it was determined that the facility administrative staff failed to provide a minimum of one nurse aide per 10 residents during the day shifts, one nurse aide per 11 residents on evening shift, and one nurse aide per 15 residents on night shift, on 3 of 21 days (12/13/24, 12/14/24, and 12/15/24).  Findings include:  Review of the nursing schedules and census information for 12/11/24, through 12/17/24, revealed that the facility failed to meet the following: - 12/13/24: Night shift required 56 hours of Nurse Aide (NA) care, facility provided 48 hours; census was 105. - 12/14/24: Daylight shift required 84.80 hours of Nurse Aide (NA) care, facility provided 56 hours; Evening shift required 77.09 hours of NA care, facility provided 53.25; census was 106. - 12/15/24: Daylight shift required 84.80 hours of Nurse Aide (NA) care, facility provided 71.58 hours; census was 106.	P 5520		

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P 5520	Continued from page 2  During an interview on 12/19/24, at 9:43 a.m., the Nursing Home Administrator (NHA) confirmed that the facility failed to provide a minimum of one nurse aide per 10 residents during the day shifts, one nurse aide per 11 residents on evening shift, and one nurse aide per 15 residents on night shift, on 3 of 21 days (12/13/24, 12/14/24, and 12/15/24) as required.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 3  Nursing services.  (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.  This REGULATION is not met as evidenced by:	P 5640	The facility will continue to take measures to adequately staff to meet the minimum of 3.2 hours of direct care for each resident.  The Nursing Home Administrator will conduct a daily labor meeting and audit the staffing schedule to ensure the minimum hours of direct care for each resident is met. The Department of Health staffing worksheet will be utilized at this meeting.  Re-education will be completed by the Nursing Home Administrator or designee with the Director of Nursing and the Assistant Director of Nursing, on the state mandate for minimum hours of direct care for each resident in a 24-hour period  The Facility will continue to post open positions on hiring forums. The facility will continue to interview and hire nurses' aides to meet the facility needs.	Completion Date: <b>01/08/2025</b> Status: <b>APPROVED</b> Date: <b>01/02/2025</b>

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P 5640	<p>Continued from page 4</p> <p>Based on review of nursing time schedules and staff interviews it was determined that the facility administrative staff failed to provide the minimum number of general nursing hours to each resident in a 24 hour period on 1 of 21 days (12/14/24).</p> <p>Findings include:</p> <p>Review of nursing schedules and census information for 12/11/24, through 12/17/24, revealed that the facility failed to maintain 3.20 hours of general nursing care to each resident in a 24-hour period on the following date: - 12/14/24, Census 106. PPD 2.94</p> <p>During an interview on 12/19/24, at 9:43 a.m., the Nursing Home Administrator (NHA) confirmed that the facility failed to provide the minimum number of general nursing hours to each resident in a 24-hour period on 1 of 21 days (12/14/24) as required.</p>	P 5640		



# Certified End Page

**BEAVER VALLEY HEALTHCARE AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 050402**

**SURVEY EXIT DATE: 12/18/2024**

**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