

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395398	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/20/2026
NAME OF PROVIDER OR SUPPLIER: SOMERSET HEALTHCARE & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 228 SIEMON DRIVE SOMERSET, PA 15501		
STATE LICENSE NUMBER: 970202				
(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
E 0000	INITIAL COMMENT	E 0000		
E 0026	Based on an Emergency Preparedness Survey completed on April 20, 2026, it was determined that Somerset Healthcare and Rehabilitation Center, had deficiencies that have the potential for minimal harm as related to the requirements of 42 CFR 483.73.	E 0026		
SS=C				

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.

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E 0026 SS=C	Continued from page 1 483.73(b)(8) Roles Under a Waiver Declared by Secretary §403.748(b)(8), §416.54(b)(6), §418.113(b)(6)(C)(iv), §441.184(b)(8), §460.84(b)(9), §482.15(b)(8), §483.73(b)(8), §483.475(b)(8), §485.542(b)(7), §485.625(b)(8), §485.920(b)(7), §494.62(b)(7). [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] (8) [(6), (6)(C)(iv), (7), or (9)] The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials. *[For RNHCIs at §403.748(b):] Policies and procedures. (8) The role of the RNHCI under a waiver declared by the Secretary, in accordance with section 1135 of Act, in the provision of care at an alternative care site identified by emergency management officials. This REQUIREMENT is not met as evidenced by:	E 0026	The facility added the information related to 1135 waiver under the Stafford Act or National Emergency Act to out disaster plan in the event that the President declares a disaster or emergency. Also the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act. The department heads will be in serviced on this added information by the Maintenance director / designee. The review of this information as well as the entire disaster manual will be reviewed yearly by the maintenance director and Nursing Home Administrator to ensure that the policy and procedures remain pertinent to regulations. The review of emergency policy and procedures will be discussed in Quality Assurance and Performance Improvement committee meetings monthly for two months then annually.	Completion Date: 05/03/2026 Status: APPROVED Date: 04/30/2026

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E 0026 SS=C	Continued from page 3 Based on a review of the facility's Emergency Preparedness (EP) Plan, it was determined the facility failed to provide a plan for the role of the facility under a waiver declared by the Secretary of the Department of Health. Findings include: 1. Interview and documentation review on April 20, 2026, at 8:50 a.m., revealed procedures to address the role of the facility under a waiver declared by the Secretary, in accordance with Section 1135 of the Act, in the provision of care at an alternative care site identified by emergency management officials, was not included in the EP plan. Interview with the Facility Administrator and Maintenance Director on April 20, 2026, at 11:30 a.m. confirmed the EP plan lacked a written plan of the facility's role during a waiver declared by the Secretary of the Department of Health.	E 0026		



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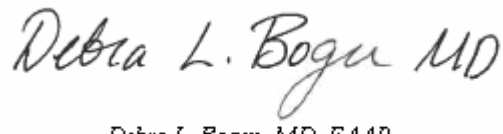
SOMERSET HEALTHCARE & REHABILITATION CENTER

STATE LICENSE NUMBER: 970202

SURVEY EXIT DATE: 04/20/2026

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

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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 970202 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on April 20, 2026, at Somerset Healthcare and Rehabilitation Center, it was determined there were no deficiencies identified under the requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).</p> <p>This is a one-story, Type V (000), unprotected wood frame building, without a basement, which is fully sprinklered.</p>	K 0000		

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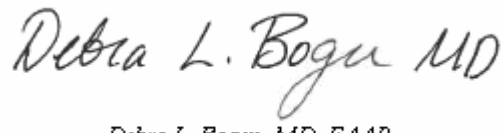
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