| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
|---|---|---|---|
| | 395751 | A. BLDG: 00<br>B. WING: | 12/17/2024 |

| NAME OF PROVIDER OR SUPPLIER: | STREET ADDRESS, CITY, STATE, ZIP CODE: |
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| **ROCHESTER RESIDENCE AND CARE CENTER**<br>STATE LICENSE NUMBER: **180902** | **174 VIRGINIA AVENUE**<br>**ROCHESTER, PA 15074** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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<br><br>Based on an Abbreviated Survey in response to two complaints, completed on December 17, 2024, it was determined that Rochester Residence and Care Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities. | F 0000 | | |
| F 0584<br><br>SS=F | | F 0584 | | |

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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| F 0584<br><br>SS=F | Continued from page 1<br><br>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment<br><br>§483.10(i) Safe Environment.<br>The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>The facility must provide-<br>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.<br>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.<br>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.<br><br>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;<br><br>§483.10(i)(3) Clean bed and bath linens that are in good condition;<br><br>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);<br><br>§483.10(i)(5) Adequate and comfortable lighting levels in all | F 0584 | 1. The hot water supply was restored on Wednesday, 12/18/24 at 3:23pm. Disposable wipes were stocked on the floors to provide hygiene care to residents. An emergency supply of wipes was ordered.<br><br>2. Education for staff on emergency hot water supply/outage will be provided to the Plant Operations Manager by NHA or designee. This education includes resident care in an emergent hot water situation.<br><br>3. An audit of water temperatures was completed on 12/18/2024. The audit will take place on 3rd and 4th floors and continue and weekly x 3 weeks and monthly x 2 months by Plant Operations Manager or designee.<br><br>4. The facility will submit findings to the monthly internal QA process for monitoring and IDT discussion. | Completion Date: **01/09/2025**<br>Status: **APPROVED**<br>Date: **01/02/2025** |

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| F 0584<br><br>SS=F | Continued from page 2<br><br>areas;<br><br>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and<br><br>§483.10(i)(7) For the maintenance of comfortable sound levels.<br><br>This REQUIREMENT is not met as evidenced by: | F 0584 | | |

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| F 0584<br><br>SS=F | Continued from page 3<br><br>Based on review of facility policy, observations and staff interviews it was determined that the facility failed to provide a clean, safe, comfortable, and homelike environment by maintaining an acceptable water temperature throughout resident areas for two of two units on the same boiler line (Third and Fourth floors) and failed to have disposable wash cloths immediately available for staff use for two of two units (Third and Fourth floors).<br><br>Findings Include:<br><br>Review of the facility policy "Safe and Homelike Environment" dated 8/21/24, indicated the facility will provide and maintain bed and bath linens that are clean and in good condition. Housekeeping and Maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment.<br><br>Review of the facility policy "Emergency Water Supply" dated 8/21/24, indicated in the case of hot water loss, the facility will follow these guidelines: | F 0584 | | |

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| F 0584<br><br>SS=F | Continued from page 4<br><br>Have a supply of disposable wash wipes to provide baths.<br><br>During a tour of the facility on 12/17/24, at 9:05 a.m. the staff were noted to be stating there's not any water pressure and it's freezing.<br><br>Interview on 12/17/24, Nurse Aide (NA) Employee E1 indicated there was no hot water, and indicated the facility does not use wet wipes (a disposable method of providing hygiene).<br><br>Interview on 12/17/24, at 9:07 a.m. Licensed Practical Nurse (LPN) Employee E2 indicated there is not hot water and replied, "I think the aides are putting water into a basin and heating it in the microwave", when asked how staff were providing hygiene to the residents.<br><br>Interview on 12/17/24, at 9:10 a.m. Registered Nurse (RN) Employee E3 indicated there was no hot water, and she was not sure why not. | F 0584 | | |

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| F 0584<br><br>SS=F | Continued from page 5<br><br>Interview on 12/17/24, at 9:11 a.m. Nurse Aide (NA) Employee E4 indicated "The facility doesn't use disposable wipes. I'm going to try and heat some water in the microwave", when asked how staff were providing hygiene to residents.<br><br>Interview on 12/17/24, at 9:18 a.m. Plant Operations Manager Employee E5 indicated, the facility does not have hot water at this time.<br><br>Interview on 12/17/24, at 9:19 a.m. Maintenance Worker Employee E6 indicated upon arrival today at 7:50 a.m. he walked into the department and there was water on the floor. Upon further investigation it was discovered that the storage holding tank was pouring water out, so we had to shut the water off to it. The floors are still getting water to sinks, showers, and toilets, it's just cold.<br><br>Interview on 12/17/24, at 2:00 p.m. the Nursing Home Administrator confirmed the facility failed to provide a clean, safe, comfortable, and homelike environment by maintaining an acceptable water | F 0584 | | |

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| F 0584<br><br>SS=F | Continued from page 6<br><br>temperature throughout resident areas for two of two units on the same boiler line (Third and Fourth floors) and failed to have disposable wash cloths immediately available for staff use for two of two units (Third and Fourth floors).<br><br>28 Pa. Code 201.14(a) Responsibility of licensee<br>28 Pa. Code 201.18(b)(3) Management<br>28 Pa. Code 207.2(a) Administrator's responsibility | F 0584 | | |
| F 0726<br><br>SS=E | | F 0726 | | |

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| F 0726<br><br>SS=E | Continued from page 7<br><br>483.35(a)(3)(4)(c) Competent Nursing Staff<br><br>§483.35 Nursing Services<br>The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.<br><br>§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.<br><br>§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.<br><br>§483.35(c) Proficiency of nurse aides.<br>The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.<br><br>This REQUIREMENT is not met as evidenced by: | F 0726 | 1. The facility provided disposable wipes to the units to provide hygiene care to the residents. Disposable wipes are provided by central supply and are available on all units. Central Supply is responsible for stocking and having a supply available.<br><br>2. Nursing staff will be educated on the emergent water policy which includes utilizing disposable wipes to provide hygiene care. This education will be provided by DON or designee.<br><br>3. Audits of emergent disposable wipe inventory will be conducted weekly x 3 weeks and monthly x 2 months by Central Supply or designee.<br><br>4. Results of staff education will be submitted to monthly QA process for monitoring and IDT discussion. | Completion Date: **01/09/2025**<br>Status: **APPROVED**<br>Date: **01/02/2025** |

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| F 0726<br><br>SS=E | Continued from page 8 | F 0726 | | |

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| F 0726<br><br>SS=E | Continued from page 9<br><br>Based on observations, and staff interview it was determined that the facility failed to ensure that nursing staff have the specific competencies and skill sets necessary to provide care for resident bathing for five of five nursing staff (Licensed practical Nurse (LPN) Employee E2, Nurse Aide (NA) Employee E1, NA Employee E4, NA Employee E7, and NA Employee E8).<br><br>Findings include:<br><br>Review of Code of Federal Regulations §483.35 Nursing Services. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(c) Proficiency of nurse aides. | F 0726 | | |

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| F 0726<br><br>SS=E | Continued from page 10<br><br>The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs.<br><br>Review of the facility policy "Emergency Water Supply" dated 8/21/24, indicated in the case of hot water loss, the facility will follow these guidelines: Have a supply of disposable wash wipes to provide baths.<br><br>During a tour of the facility on 12/17/24, at 9:05 a.m. the staff were noted to be stating there's not any water pressure and it's freezing.<br><br>Interview on 12/17/24, Nurse Aide (NA) Employee E1 indicated there was no hot water, and indicated the facility does not use wet wipes (a disposable method of providing hygiene).<br><br>Interview on 12/17/24, at 9:07 a.m. Licensed Practical Nurse (LPN) Employee E2 indicated there is not hot water and replied, "I think the aides are putting water into a basin and heating it in the | F 0726 | | |

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| F 0726<br><br>SS=E | Continued from page 11<br><br>microwave", when asked how staff were providing hygiene to the residents.<br><br>Interview on 12/17/24, at 9:10 a.m. Registered Nurse (RN) Employee E3 indicated there was no hot water, and she was not sure why not.<br><br>Interview on 12/17/24, at 9:11 a.m. Nurse Aide (NA) Employee E4 indicated "The facility doesn't use disposable wipes. I'm going to try and heat some water in the microwave", when asked how staff were providing hygiene to residents.<br><br>Interview on 12/17/24, at 12:51 p.m. NA Employee E7 indicated today, nobody told us that the holding tank broke. Today we had no idea why there was no hot water and were unsure what to do because this facility does not use wet wipes to clean people.<br><br>Interview on 12/17/24, at 12:52 p.m. NA Employee E8 indicated, before the state showed up, we didn't have a solution of what to do without hot water to bathe the residents. When we asked for wet wipes, | F 0726 | | |

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| F 0726<br><br>SS=E | Continued from page 12<br><br>they told us there were none in the facility.<br><br>Interview on 12/17/24, at 2:00 p.m. the Nursing Home Administrator confirmed the facility could not produce evidence of specific competencies and skill sets necessary to provide care for resident bathing for five of five nursing staff LPN Employee E2, NA Employee E1, NA Employee E4, NA Employee E7, and NA Employee E8).<br><br>28 Pa. Code 201.18 (b)(1) Management.<br>28 Pa. Code 201.20(a) Staff development.<br>28 Pa. Code 201.29(d) Resident rights.<br>28 Pa. Code 211.10 (c)(d) Resident care policies.<br>28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services. | F 0726 | | |
| F 0908<br><br>SS=F | | F 0908 | | |

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| F 0908<br><br>SS=F | Continued from page 13<br><br>483.90(d)(2) Essential Equipment, Safe Operating Condition<br><br>§483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.<br><br>This REQUIREMENT is not met as evidenced by: | F 0908 | 1. The main elevator was restored on 12/18/24 at 3:19pm. The service elevator generator was submitted to insurance and the facility will receive weekly updates from the insurance company and elevator company on when it can be installed.<br><br>2. The elevator inspector reviewed the main elevator on 12/23/24. The elevator and boiler system is in working order.<br><br>3. Audits of the elevator's operations and boiler system will be performed weekly x 3 weeks and monthly x 2 months by the Plant Operations Manager or designee.<br><br>4. Results of elevator audits will be submitted to the monthly QA process for monitoring and IDT review. | Completion Date: **01/09/2025** Status: **APPROVED** Date: **01/02/2025** |
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| F 0908<br><br>SS=F | Continued from page 14<br><br>Based on review of facility documentation and staff and resident interviews, it was determined that the facility failed to maintain mechanical systems (boiler system), and three of three facility elevator cars (Two cars on Main, and one car on service elevator) in a safe operating condition resulting in no hot water being available for resident hygiene on two of two units (Third and Fourth floors) and residents unable to the leave the floors (Third and Fourth floors) unless in the event of a necessary medical reason where they would have to be carried down flights of stairs on a bed sled (an emergency type device used to transport residents up and down stairs who are not able to safely navigate on their own).<br><br>Findings include:<br><br>Review of Code of Federal Regulations §483.90(d) (2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.<br><br>Interview on 12/17/24, at 9:18 a.m. Plant | F 0908 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
|---|---|---|---|
| | 395751 | A. BLDG: __00_____ B. WING: _____ | 12/17/2024 |

| NAME OF PROVIDER OR SUPPLIER: | STREET ADDRESS, CITY, STATE, ZIP CODE: |
|---|---|
| **ROCHESTER RESIDENCE AND CARE CENTER** STATE LICENSE NUMBER: **180902** | **174 VIRGINIA AVENUE ROCHESTER, PA 15074** |

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|---|---|---|---|---|
| F 0908<br><br>SS=F | Continued from page 15<br><br>Operations Manager Employee E5 indicated, the facility does not have hot water at this time.<br><br>Interview on 12/17/24, at 9:19 a.m. Maintenance Worker Employee E6 indicated upon arrival today at 7:50 a.m. he walked into the department and there was water on the floor. Upon further investigation it was discovered that the storage holding tank was pouring water out, so the facility had to shut the water off to it. The floors are still getting water to sinks, showers, and toilets, it's just cold.<br><br>Upon entrance to the facility on 12/17/24, at 8:30 a.m. the service elevator (one car) and the Main elevators (two cars) were not functional.<br><br>Review of facility provided Repair Proposal Q-80850 dated 9/25/24, indicated to provide team labor and material to install new roller guides on tops and bottom of car and counterweight. Total cost $24,132. | F 0908 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
|---|---|---|---|
| | 395751 | A. BLDG: 00<br>B. WING: | 12/17/2024 |

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| **ROCHESTER RESIDENCE AND CARE CENTER**<br>STATE LICENSE NUMBER: **180902** | **174 VIRGINIA AVENUE**<br>**ROCHESTER, PA 15074** |

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| F 0908<br><br>SS=F | Continued from page 16<br><br>Review of facility provided Repair Proposal Q-80884 dated 9/26/24, indicated to replace rope gripper pump and hoses that are leaking. Total cost $7,882.<br><br>Interview on 12/17/24, at 8:46 a.m. the Nursing Home Administrator (NHA) indicated, "The Department of Health was out on 11/6/24, the elevator vendor wouldn't come out to fix the main elevators until a bill of $24,000 or greater was paid in full. The owner tried to work out a payment agreement. The Service elevator was functional at that time. The owners paid it in full for the Main elevators recently".<br><br>Further interview on 12/17/24, at 8:50 a.m. the Nursing Home Administrator indicated when the service elevator went down on 12/16/24, the facility had no functioning elevators. Meals were carried up steps and unnecessary medical appointments were cancelled. When questioned about the delay from the 9/25/24, and 9/26/24, when repair proposals for the main elevators were received by the facility, until | F 0908 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
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| F 0908<br><br>SS=F | Continued from page 17<br><br>present, 12/16/24, when the only functional service elevator failed leaving the facility without one functional elevator car, the NHA indicated that a payment plan had not been worked out between the facility and the vendor.<br><br>Interview with Plant Operations Manager Employee E5 on 12/17/24, at 9:30 a.m. indicated, "Yesterday, the service elevator broke mid-day. The generator on the roof, from over use, carbon built up inside it and shorted out some wires. It's been on full load since the main elevators have been down".<br><br>Observation on 12/17/24, at 10:00 a.m. an unidentified visitor was huffing and puffing on the fourth floor stairwell landing, pausing to catch her breath.<br><br>Interview on 12/17/24, at 10:01 a.m. the unidentified visitor indicated "I'm too old to be climbing all these steps to visit".<br><br>Interview on 12/17/24, at 2:00 p.m. the Nursing | F 0908 | | |

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|---|---|---|---|---|
| F 0908<br><br>SS=F | Continued from page 18<br><br>Home Administrator was informed the facility failed to maintain mechanical systems (boiler system), and three of three facility elevator cars (Two cars on Main, and one car on service elevator) in a safe operating condition resulting in no hot water being available for resident hygiene on two of two units (Third and Fourth floors) and residents unable to the leave the floors (Third and Fourth floors) unless in the event of a necessary medical reason where they would have to be carried down flights of stairs on a bed sled.<br><br>28 Pa. Code 201.14(a) Responsibility of licensee.<br>28 Pa. Code 201.18(b)(3) Management.<br>28 Pa. Code 207.2(a) Administrator's responsibility. | F 0908 | | |

# Certified End Page

**ROCHESTER RESIDENCE AND CARE CENTER**

**STATE LICENSE NUMBER: 180902**

**SURVEY EXIT DATE: 12/17/2024**

**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
*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