

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395751	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: ROCHESTER RESIDENCE AND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 174 VIRGINIA AVENUE ROCHESTER, PA 15074		
STATE LICENSE NUMBER: 180902				
(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	F 0000		
F 0584 SS=D	Based on an Abbreviated Survey in response to two complaints, completed on January 28, 2025, 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 and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	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 SS=D	Continued from page 1 483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. 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. The facility must provide- §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. (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. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all	F 0584	1. Cold air return vents, ceiling tiles, and ceiling light covers were cleaned/replaced. 2. Education to EVS staff on a safe clean/homelike environment will be conducted by EVS manager or designee. 3. Audits of cold air return vents/tiles/light covers will continue weekly x 3 weeks and monthly x 2 months. 4. Results of audits will be submitted to facility QA process.	Completion Date: 03/13/2025 Status: APPROVED Date: 02/16/2025

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F 0584 SS=D	Continued from page 2 areas; §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 §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:	F 0584		
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F 0584 SS=D	Continued from page 3 Based on observation, and staff interview, it was determined that the facility failed to maintain a clean homelike environment on five of six nursing units (lilac lane, rosewood, riverview, hilltop, and grandview) Findings Include: Review of the facility policy "Safe and Homelike Environment" last reviewed 1/7/25, indicates the facility will provide a safe, clean, comfortable and homelike environment. Housekeeping and maintenance service will be provided as necessary to maintain a sanitary, orderly and comfortable environment. During a facility tour complete on 1/28/25, 10:00 a.m. thru 10:30 am. the following observations were noted: <ul style="list-style-type: none"> . Third floor lilac lane hallway the ceiling cold air return vents were coved in a dark grey fuzzy substance. . Third floor rosewood hallway the ceiling cold air 	F 0584		

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F 0584 SS=D	<p>Continued from page 4</p> <p>return vents were covered in a dark grey fuzzy substance and had visible cobwebs hanging down.</p> <p>. Fourth floor riverview hallway ceiling light covers were noted having a blackish substance, some of the ceiling panels were drooping down; some ceiling tiles were missing pieces and others were spotted with water stains.</p> <p>. Fourth floor hilltop hallway ceiling light covers were noted having a blackish substance, some ceiling tiles were spotted with water stains.</p> <p>. Fourth floor grandview hallway ceiling light covers were noted having a blackish substance.</p> <p>During an interview completed on 1/28/25, at 10:30 a.m. Maintenance Employee E3 confirmed the above observations and while on the third floor stated " this is the newer part of the building" and confirmed that the facility failed to maintain a clean homelike environment on five of six nursing units (lilac lane, rosewood, riverview, hilltop, and</p>	F 0584		

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F 0584 SS=D	Continued from page 5 grandview) 29 Pa. Code 207.2(2) Administrator's Responsibility. 28 Pa. Code 201.29(j) Resident rights.	F 0584		
F 0865 SS=D		F 0865		

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F 0865 SS=D	Continued from page 6 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i) QAPI Prgm/Plan, Disclosure/Good Faith Attmpt §483.75(a) Quality assurance and performance improvement (QAPI) program. Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must: §483.75(a)(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities; §483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; §483.75(a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and	F 0865	1. Call bell pagers are in place for each unit and nursing employee. Nursing staff are to sign out the pagers at the start of their shift and return them when their shift is completed. The pagers work in conjunction with the call bell kiosks on the units. Residents will continue to use the current call system by utilizing the call bell in their room. 2. Facility staff will be educated on the pager system. This will be conducted by the DON or designee. 3. The functionality and response time of the pagers will be tested by the maintenance director/DON or designee daily x 5 days, weekly x 3 weeks, then monthly x 2 months. 4. Resident interviews will be conducted on call bell response time by social services director or designee. 10% of residents will be audited daily x 5 days, weekly x 3 weeks, then monthly x 2 months. 5. Monthly QAPI meetings are in	Completion Date: 03/15/2025 Status: APPROVED Date: 02/19/2025

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F 0865 SS=D	Continued from page 7 §483.75(a)(4) Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request. §483.75(b) Program design and scope. A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must: §483.75(b)(1) Address all systems of care and management practices; §483.75(b)(2) Include clinical care, quality of life, and resident choice; §483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF. §483.75(b) (4) Reflect the complexities, unique care, and services that the facility provides. §483.75(f) Governance and leadership. The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:	F 0865	place and the call bell system is placed on a performance improvement plan for monitoring including audits and resident interviews. 6. Results of PIP will be submitted and reviewed through internal QA process.	

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F 0865 SS=D	Continued from page 8 §483.75(f)(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities. §483.75(f)(2) The QAPI program is sustained during transitions in leadership and staffing; §483.75(f)(3) The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed; §483.75(f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information. §483.75(f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and §483.75(f)(6) Clear expectations are set around safety, quality, rights, choice, and respect. §483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section. §483.75(i) Sanctions.	F 0865		

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F 0865 SS=D	Continued from page 9 Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by:	F 0865		

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F 0865 SS=D	Continued from page 10 Based on review of facility documentation and staff interview it was determined that the facility failed to maintain and implement an effective Quality Assurance and performance improvement program that focuses on outcome by failing to implement a QAPI for the call bell system pager use. Findings include: Review if the facility policy " Call Bells: Accessibility and Timely Response" last reviewed 1/7/25, indicates call bells will directly relay to a staff member or centralized location to ensure appropriate response. Ensure the call system alerts staff members directly or goes to a centralized staff work area. Review of the facility documents dated 10/3/19, stated the following: A permanent exception is granted to upgrade the nurse call system to eliminate the dome lights above each resident room door. Documentation submitted indicates that there are kiosks placed throughout both neighborhoods and	F 0865		

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F 0865 SS=D	Continued from page 11 at each nurses' station. The system chimes when a call bell is activated, and the room number shows on the kiosk as well as shows red when an active call light is occurring. In addition, each nursing team member will carry a pager that notifies them directly of an activated call bell. The pager will show the room number and the bed of the resident who activated the system. An escalation protocol will be installed with the system, so no resident calls go unanswered. The facility is working more towards their person-centered care and homelike environment initiative. Review of the facilities plan of correction for survey event number B1XB11 dated 11/25/24, indicated: 1. Residents were provided a silver bell at bedside, in addition to the call bell system, to alert staff of any resident needs. 2. Maintenance conducted kiosk function tests to confirm the call bell system and kiosks are working properly. 3. Pager system working at partial functionality, work order submitted for updates to call bell	F 0865		

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F 0865 SS=D	<p>Continued from page 12</p> <p>system. Kiosk with alert bell system in place and functioning, residents have also been provided individual bells to alert staff of resident needs.</p> <p>4. Staff will be re-educated on the facility call bell system policy by DON or designee.</p> <p>5. Call bell audits will be conducted weekly x4 weeks, monthly x2 months.</p> <p>6. Audit results will be reviewed through the monthly QAPI process meeting.</p> <p>During an interview and observation completed on 1/28/25, at 10:00 a.m. through 10:30 a.m. on the fourth floor Maintenance Employee E3 upon asking what a dinging noise was stated "that is the call bell system, the call bells do not light up over the room, they have kiosks in the halls". Upon asking about a pager system Maintenance Employee E3 stated "they do not have a pager system that I am aware of". Maintenance Employee E3 pointed out the kiosk as we toured the hallways all were on and functioning on both floors.</p> <p>During an interview on 1/28/25, at 10:38 am</p>	F 0865		

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F 0865 SS=D	Continued from page 13 Occupational Therapist (OT) Employee E6 confirmed that there are kiosks in each hallway as well as at each nurse ' s station to indicate that a call bell has been activated. Upon asking about pagers OT Employee E6 stated "I don ' t believe the aides carry pagers" During an interview on 1/18/25, at 11:48 a.m. upon asking Registered Nurse (RN) Employee E5 about the call bell system stated, "they either have a push button or a flat button in the room when they push it goes to a kiosk in the hall". Employee E5 confirmed that the lights do not light up over the doors when a resident activates a call bell. When inquiring if staff also carry pages she stated " They did use pagers years ago and tried to get staff to use again, the staff quit carrying the pagers. The kiosk are loud, every hall has one. I feel we should be carrying the pagers its very troublesome because you don ' t know who is calling. If I knew what bell was on, I would answer it. Pagers would be helpful. There was a basket of pagers up front at nursing station. Staff was told they need to carry them."	F 0865		

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F 0865 SS=D	<p>Continued from page 14</p> <p>During an interview completed on 1/28/25, at 11:54 a.m. upon asking RN Employee E8 about the call bell system stated "they have buttons in the room. The kiosk are in the hallways and nursing station. Upon asking about the pager system Employee E8 stated " I don ' t know anything about using pagers". Further inquiry concerning pagers RN Employee E8 indicated she has only been employed at facility for about two months and never received education on the call bells.</p> <p>During an interview completed on 1/28/25, at 12:04 p.m. Nurse Aid (NA) Employee E7 upon asking about the call bell system stated "it's hard because the light on the door doesn ' t light up. You have to run to the kiosk. They offered a pager a long time ago but it didn ' t work".</p> <p>During an interview completed on 1/28/25, at 12:10 p.m. the Nursing Home Administrator (NHA) had a box of gold ring bells that she was passing out to the resident. She further stated "the call system works;</p>	F 0865		

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F 0865 SS=D	Continued from page 15 this is just a backup system. I believe RN Employee E2 is getting pagers so staff can use instead of running to the kiosk". During an interview completed on 1/28/25, at 12:14 p.m. upon asking NA Employee E10 about the call bell system stated" we have screens that we have to look at as we pass it in the halls. When I first started, we had pagers. They were not working correctly. During an interview completed on 1/28/25, at 12:16 p.m. upon asking NA Employee E11 about the call bell system stated " We have to use the screens. Some residents use the regular bells because the system goes down. Upon asking how often the system goes down she was not able to give a direct answer "occasionally". During an interview completed on 1/28/25, at 12:21 p.m. Upon asking NA Employee E9 about the call bell system stated " we have a kiosk, when you hear them, you just look to see what numbers. We have	F 0865		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395751	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: ROCHESTER RESIDENCE AND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 174 VIRGINIA AVENUE ROCHESTER, PA 15074		
STATE LICENSE NUMBER: 180902				
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F 0865 SS=D	Continued from page 16 had pagers in the past." During an interview on 1/28/25, at 2:20 p.m. the Nursing Home Administrator confirmed that the facility is not using a pager system and stated "would like to start using" and has not included the call bell pager system in the QAPI meetings and that the facility failed to maintain and implement an effective QAPI program that focuses on outcome. 28 Pa. Code 201.14(a)Responsibility of licensee. 28. Pa. Code 201.18(a)(b)(3)e(1)(3) (4)Management.	F 0865		
F 0919 SS=D		F 0919		

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F 0919 SS=D	Continued from page 17 483.90(g)(1)(2) Resident Call System §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from- §483.90(g)(1) Each resident's bedside; and §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced by:	F 0919	<ol style="list-style-type: none"> 1. Call bell pagers are in place for each unit and nursing employee. Nursing staff are to sign out the pagers at the start of their shift and return them when their shift is completed. The pagers work in conjunction with the call bell kiosks on the units. Residents will continue to use the current call system by utilizing the call bell in their room. 2. Facility staff will be educated on the pager system. This will be conducted by the DON or designee. 3. The functionality and response time of the pagers will be tested by the maintenance director/DON or designee daily x 5 days, weekly x 3 weeks, then monthly x 2 months. 4. Resident interviews will be conducted on call bell response time by social services director or designee. 10% of residents will be audited daily x 5 days, weekly x 3 weeks, then monthly x 2 months. 5. Monthly QAPI meetings are in 	Completion Date: 03/15/2025 Status: APPROVED Date: 02/19/2025

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F 0919 SS=D	Continued from page 18	F 0919	place and the call bell system is placed on a performance improvement plan for monitoring including audits and resident interviews. 6. Results of PIP will be submitted and reviewed through internal QA process.		

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F 0919 SS=D	Continued from page 19 Based on review of facility policy, facility document, staff interviews, and observations, it was determined that the facility failed to ensure that the call bell system was in full working order for six of six units (lilac lane, vineyard, rosewood, riverview, hilltop, and grandview) by ensuring employees were in possession of a pager as indicated in the exemption dated 10/3/19. Findings include: Review of the facility policy "Call Bells: Accessibility and Timely Response" last reviewed 1/7/25, indicates that call bells will directly relay to a staff member or centralized location to ensure appropriate response. Review of the facility documents dated 10/3/19, stated the following: A permanent exception is granted to upgrade the nurse call system to eliminate the dome lights above each resident room door. Documentation submitted indicates that there are kiosks placed throughout both neighborhoods and	F 0919		

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F 0919 SS=D	Continued from page 20 at each nurses' station. The system chimes when a call bell is activated, and the room number shows on the kiosk as well as shows red when an active call light is occurring. In addition, each nursing team member will carry a pager that notifies them directly of an activated call bell. The pager will show the room number and the bed of the resident who activated the system. An escalation protocol will be installed with the system, so no resident calls go unanswered. The facility is working more towards their person-centered care and homelike environment initiative. During an interview and observation completed on 1/28/25, at 10:00 a.m. through 10:30 a.m. on the third and fourth floor with Maintenance Employee E3 upon asking what a dinging noise was stated" that is the call bell system, the call bells do not light up over the room, they have kiosks in the halls". Upon asking about a pager system Maintenance Employee E3 stated "they do not have a pager system that I am aware of". Maintenance Employee E3 pointed out the kiosk as we toured the hallways	F 0919		

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F 0919 SS=D	Continued from page 21 all were on and functioning on both floors. During an interview on 1/28/25, at 10:38 am Occupational Therapist (OT) Employee E6 confirmed that there are kiosks in each hallway as well as at each nurse ' s station to indicate that a call bell has been activated. Upon asking about pagers OT Employee E6 stated "I don ' t believe the aides carry pagers" During an interview on 1/18/25, at 11:48 a.m. upon asking Registered Nurse (RN) Employee E5 about the call bell system stated, "they either have a push button or a flat button in the room when they push it goes to a kiosk in the hall". Employee E5 confirmed that the lights do not light up over the doors when a resident activates a call bell. When inquiring if staff also carry pages she stated " They did use pagers years ago and tried to get staff to use again, the staff quit carrying the pagers. The kiosk are loud, every hall has one. I feel we should be carrying the pagers its very troublesome because you don ' t know who is calling. If I knew what bell was on, I would	F 0919		

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F 0919 SS=D	Continued from page 22 answer it. Pagers would be helpful. There was a basket of pagers up front at nursing station. Staff was told they need to carry them." During an interview completed on 1/28/25, at 11:54 a.m. upon asking RN Employee E8 about the call bell system stated "they have buttons in the room. The kiosk are in the hallways and nursing station. Upon asking about the pager system Employee E8 stated " I don ' t know anything about using pagers". Further inquiry concerning pagers RN Employee E8 indicated she has only been employed at facility for about two months and never received education on the call bells. During an interview completed on 1/28/25, at 12:04 p.m. Nurse Aid (NA) Employee E7 upon asking about the call bell system stated "it's hard because the light on the door doesn ' t light up. You have to run to the kiosk. They offered a pager a long time ago, but it didn ' t work". During an observation and interview completed on	F 0919		

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F 0919 SS=D	<p>Continued from page 23</p> <p>1/28/25, at 12:10 p.m. the Nursing Home Administrator (NHA) had a box of gold ring bells that she was passing out to the resident. She further stated "the call system works; this is just a backup system. I believe RN Employee E2 is getting pagers so staff can use instead of running to the kiosk".</p> <p>During an interview completed on 1/28/25, at 12:14 p.m. upon asking NA Employee E10 about the call bell system stated" we have screens that we have to look at as we pass it in the halls. When I first started, we had pagers. They were not working correctly.</p> <p>During an interview completed on 1/28/25, at 12:16 p.m. upon asking NA Employee E11 about the call bell system stated " We have to use the screens. Some residents use the regular bells because the system goes down. Upon asking how often the system goes down she was not able to give a direct answer "occasionally".</p> <p>During an interview completed on 1/28/25, at 12:21</p>	F 0919		

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F 0919 SS=D	Continued from page 24 p.m. Upon asking NA Employee E9 about the call bell system stated " we have a kiosk, when you hear them, you just look to see what numbers. We have had pagers in the past." During an interview completed on 1/28/25, at 2:20 p.m. the NHA confirmed the facility is not currently using pagers with the call bell system and stated "I wasn ' t aware of the pager part of the exemption" and that the facility failed to ensure that the call bell system was in full working order for six of six units (lilac lane, vineyard, rosewood, riverview, hilltop, and grandview) by ensuring employees were in possession of a pager as indicated in the exemption dated 10/3/19. 28 Pa. Code 207.2(a) Administrator's Responsibility. 28 Pa. Code 211.12(d)(5) Nursing Services	F 0919		
F 0921 SS=D		F 0921		

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F 0921 SS=D	Continued from page 25 483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by:	F 0921	1. Maintenance identified the source of the leak as an external leak from the ceiling. Housekeeping storage area leak has been mitigated, and ceiling waterproofing measures have been implemented and area cleaned. 2. Education for EVS and maintenance staff on maintaining a safe/homelike environment will be conducted by EVS manager or designee. 3. Audits of ceiling leaks will be conducted weekly x 3 weeks then monthly x 3 months. 4. Results of audits/education will be submitted to QA for internal monitoring.	Completion Date: 03/15/2025 Status: APPROVED Date: 02/19/2025

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F 0921 SS=D	<p>Continued from page 26</p> <p>Based on observation and staff interviews, it was determined that the facility failed to ensure a clean, sanitary, functional environment in the laundry room storage area and the large main storage area located on the facilities lower level.</p> <p>Findings include:</p> <p>Review of the facility policy "Safe and Homelike Environment" last reviewed 1/7/25, indicates housekeeping and maintenance service will be provided as necessary to maintain a sanitary, orderly and comfortable environment.</p> <p>Review of Appendix PP of the State Operational manual §483.90(i) Other Environmental Conditions: The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>During an observation completed on 1/28/25, at 10:05 a.m. of the lower-level laundry storage area it was discovered that the center of the floor contained</p>	F 0921		

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F 0921 SS=D	<p>Continued from page 27</p> <p>two large puddles of water. The right corner of the room was roped off with caution tape. The storage area contained shelves that included but not inclusive to numerous uncovered pillows, 31 boxes of briefs in assorted sizes, as well as floor cleaning supplies and trash can liners.</p> <p>During an interview completed on 1/28/25, at 10:08 a.m. Maintenance Employee E3 confirmed the lower-level laundry room contained two large puddles of water, the right corner of the room was rope off with caution tape. The room was being used as storage for residents supplies that included but not inclusive to uncovered pillows and briefs as well as floor cleaning supplies and trash can liners. Maintenance Employee E3 stated " the water is from the roof leaking; this roof is located under the front parking lot".</p> <p>During an observation completed on 1/28/25, 10:10 a.m. of the facility ' s large main storage area, upon entering the room four large buckets were observed placed on the floor, the buckets were collecting</p>	F 0921		

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F 0921 SS=D	Continued from page 28 water dripping from the ceiling. This area contained including but not inclusive to numerous wheelchairs, bed frames, mattresses, trash isolation bins. During an interview completed on 1/28/25, at 10:12 a.m. Maintenance Employee E3 confirmed the lower-level main storage area contained four large buckets collecting drips from the ceiling and the area was being used as the facility ' s main storage area. Maintenance Employee E3 stated " the drips are coming from the main water supply pipes coming into the building" and confirmed that the facility failed to ensure a clean, sanitary, functional environment in the laundry room storage area and the facilities main storage area located on the facilities lower level. 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 201.18(b) Management.	F 0921		

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P 4550	<p>Reportable diseases.</p> <p>(a) When a resident develops a reportable disease, the administrator shall report the information to the appropriate health agencies and appropriate Division of Nursing Care Facilities field office. Reportable diseases, infections and conditions are listed in § 27.21a (relating to reporting of cases by health care practitioners and health care facilities).</p> <p>This REGULATION is not met as evidenced by:</p>	P 4550	<ol style="list-style-type: none"> 1. New cases of reportable diseases (covid) were reported to DOH via ERS system. Line listing for covid and all diseases/infections updated and tracked by facility IP/DON. 2. The NHA will be educated by VP of Operations or designee on reportable diseases to Pa DOH event reporting system. 3. An audit of reportable diseases will be completed weekly x 3 weeks then monthly x 2 months. 4. Results of audits submitted to facility QA process. 	<p>Completion Date: 03/15/2025</p> <p>Status: APPROVED</p> <p>Date: 02/19/2025</p>
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

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P 4550	Continued from page 1 Based on facility policy, national and state guidance, clinical record review, observations, and staff interviews, it was determined the facility failed to maintain a system for reporting communicable diseases for residents following accepted national standards for twenty-eight out of 30 residents from 12/27/24, thru 1/23/25. Findings include: Review of the facility policy "Transmission-Based Isolation Precautions" last reviewed 1/7/25, indicates It is our policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens ' modes of transmission. Review of facility provided COVID line listing indicates outbreak began 12/27/24, and continued with last resident testing positive 1/23/25, however the listing was not updated to include Residents testing positive 1/27/25, and 1/28/25. During an observation and interview completed on	P 4550		

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P 4550	Continued from page 2 1/28/25, at 12:10 p.m. Registered Nurse (RN) Employee E5 was passing out N95 masks to employees as well as placing PPE in the hallways for staff use. RN Employee E5 stated "it was on the 4th floor now it's here as well" and confirmed a Resident had just tested positive on the 3rd floor this day (1/28/25). During an interview completed on 1/28/25, at 10:38 a.m. the Regional Vice President of Operations Employee E1 stated "the first two cases were reported on 12/27/24, she didn't realize the need to keep reporting, I don ' t think she knew she had to continue to report the additional cases and confirmed the facility failed to report new cases of COVID 19. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.10(d) Resident care policies. 28 Pa. Code: 201.18 (b) (1) (e) (1) Management.	P 4550		
P 5520		P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395751	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: ROCHESTER RESIDENCE AND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 174 VIRGINIA AVENUE ROCHESTER, PA 15074		
STATE LICENSE NUMBER: 180902				
(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 5520	Continued from page 3 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	<p>1. The facility is actively hiring nurse aides for daylight and evening shifts. Shift pick up bonuses and sign on bonuses for new hires are offered. Shift differentials are offered for evening shifts. Job fair is scheduled for 2/19/2025.</p> <p>2. Education on nurse aide ratios will be provided to the nurse scheduler and DON by NHA or designee.</p> <p>3. Daily audits of nurse aide ratios will be completed by nurse scheduler.</p> <p>4. Results of audits will be submitted to internal QA process for monitoring.</p>	Completion Date: 03/15/2025 Status: APPROVED Date: 02/19/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395751	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: ROCHESTER RESIDENCE AND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 174 VIRGINIA AVENUE ROCHESTER, PA 15074		
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P 5520	Continued from page 4 Based on review of nursing schedules, nursing staffing documents and staff interview, it was determined that the facility failed to provide the State required minimum of one Nurse Aide (NA) per 10 residents on the daylight shift for five out of 21 days (1/13/25, 1/20/25, 1/24/25, 1/25/25 and 1/27/25), and failed to provide the State required minimum of one NA per 11 residents on six out of 21 evening shifts (1/7/25, and 1/12/25 1/13/25, 1/24/25, 1/25/25, and 1/27/25). Findings include: Review of the facility's 3-week nurse staffing schedules (1/7/25, - 1/27/25) did not include the State required minimum of Nurse Aides (NA) on: -Daylight shift: 1/13/25, needed 73.50 and only had 68.49. Census was 98. 1/20/25, needed 75.00 and only had 70.57. Census was 100. 1/24/25, needed 75.50 and only had 69.28. Census	P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395751	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: ROCHESTER RESIDENCE AND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 174 VIRGINIA AVENUE ROCHESTER, PA 15074		
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P 5520	Continued from page 5 was 102. 1/25/24, needed 75.00 and only had 56.65. Census was 100. 1/27/25, needed 75.00 and only had 65.90. Census was 100. -Evening shifts: 1/7/25, needed 64.45 and only had 59,78. Census was 96. 1/12/25, needed 67.50 and only had 62.09. Census was 99. 1/13/25, needed 66.82 and only had 52.68. Census was 98. 1/24/25, needed 68.86 and only had 65.09. Census was 101. 1/25/25, needed 68.18 and only had 53.38. Census was 100. 1/27/25, needed 68.18 and only had 61.96. Census was 100. Interview on 1/28/25 at 2:20 p.m. the Nursing Home Administrator confirmed that the facility failed to provide the	P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395751	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
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P 5520	Continued from page 6	P 5520		
P 5640	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5640	<p>1. The facility is actively hiring nursing staff for all shifts. Shift pick up bonuses and sign on bonuses for new hires are offered. Shift differentials are offered for evening shifts. Job fair is scheduled for 2/19/2025.</p> <p>2. Education on nurse staff PPD will be provided to the nurse scheduler and DON by NHA or designee.</p> <p>3. Daily audits of nurse staff PPD will be completed by nurse scheduler.</p> <p>4. Results of audits will be submitted to internal QA process for monitoring.</p>	<p>Completion Date: 03/15/2025 Status: APPROVED Date: 02/19/2025</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395751	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: ROCHESTER RESIDENCE AND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 174 VIRGINIA AVENUE ROCHESTER, PA 15074		
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P 5640	Continued from page 7 Based on a review of nursing time schedules and staff interview it was determined that the facility failed to provide a minimum of 3.20 PPD (per patient daily) hours of direct care for each resident for six out of 21 days reviewed (1/12/25, 1/13/25, 1/20/25, 1/24/25, 1/25/25 and 1/27/25). Findings include: Review of staffing documents and nurse schedules for 3 weeks (1/7/25 thru 1/27/24) indicated that State required PPD (per patient daily) minimum hours of 3.20 was not met on the following day: 1/12/25, actual 3.14. Census was 99. 1/13/25, actual 3.00. Census was 98. 1/20/25, actual 3.00. Census was 100. 1/24/25, actual 3.01 Census was 102. 1/25/24, actual 2.89 Census was 100. 1/27/25, actual 2.80. Census was 100. Interview on 1/28/25 at 2:20 p.m. the Nursing Home Administrator confirmed that the facility failed	P 5640		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395751	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: ROCHESTER RESIDENCE AND CARE CENTER STATE LICENSE NUMBER: 180902			STREET ADDRESS, CITY, STATE, ZIP CODE: 174 VIRGINIA AVENUE ROCHESTER, PA 15074		
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P 5640	Continued from page 8 to provide a minimum of 3.20 PPD (per patient daily) hours of direct care for each resident for six out of 21 days reviewed (1/12/25, 1/13/25, 1/20/25, 1/24/25, 1/25/25 and 1/27/25).	P 5640			



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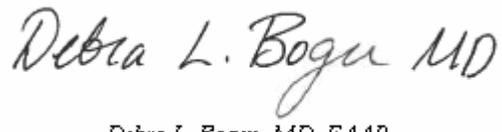
ROCHESTER RESIDENCE AND CARE CENTER

STATE LICENSE NUMBER: 180902

SURVEY EXIT DATE: 01/28/2025

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