STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395682	A. BLDG: 00 B. WING:	**05/04/2023**

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PROVIDENCE CARE CENTER STATE LICENSE NUMBER: **425002**	**900 THIRD AVENUE** **BEAVER FALLS, PA 15010**

(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	F 0000		
	Based on an Abbreviated Survey in response to complaints, completed on May 4, 2023, it was determined that Providence 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 SS=D		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	Maintenance carts were immediately secured by maintenance staff, wire was secured above ceiling tiles and ceiling tiles were positioned back in place, upon identification of concern. The Administrator, or designee, will educate the maintenance department staff on F584, the importance of securing maintenance equipment, and providing a safe, homelike environment. The Administrator, or designee, will perform random audits on each unit to ensure maintenance equipment has not been left unsecured and a safe, homelike environment is being maintained. These audits will be completed weekly for four weeks, then monthly for two months. Results of these audits will be reviewed by the Quality Assurance Committee until such time consistent substantial compliance has been achieved.	Completion Date: **06/06/2023** Status: **APPROVED** Date: **05/24/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **395682**	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: **05/04/2023**

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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 review of facility policy, observations and staff interviews it was determined that the facility failed to provide a clean, safe, comfortable, and homelike environment for two of two resident areas Room 5117 and the Dining Room on the 6th floor. Findings include: On 5/3/23, at 2:00 p.m. the Nursing Home Administrator indicated the facility does not have a policy for safe, clean and homelike environment. Observation on 5/3/23, at 11:34 a.m. of unoccupied Resident room 316 on the Memory Impaired Unit (MIU), revealed two maintenance carts in the bathroom area with hand held drills, scraping tools, and caulk gun supplies. The ceiling tiles were removed and a large wire was hanging down into the resident room space. Interview on 5/3/23, at 11:36 a.m. Housekeeping Employee E1 confirmed the above observation and that the room was unlocked and unattended.	F 0584		

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F 0584 SS=D	Continued from page 4 Interview on 5/3/23, at 12:00 p.m. the Nursing Home Administrator confirmed the facility failed to provide a clean, comfortable homelike environment for one of two resident areas Room 316. 28 Pa. Code: 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(e)(1) Management	F 0584		
F 0680 SS=F		F 0680		

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F 0680 SS=F	Continued from page 5 483.24(c)(2)(i)(ii)(A)-(D) Qualifications of Activity Professional §483.24(c)(2) The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who- (i) Is licensed or registered, if applicable, by the State in which practicing; and (ii) Is: (A) Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (B) Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or (C) Is a qualified occupational therapist or occupational therapy assistant; or (D) Has completed a training course approved by the State. This REQUIREMENT is not met as evidenced by:	F 0680	E2 will enroll in and complete a state approved program to be qualified to oversee the Activity Program. Facility has identified a current activities employee who meets the criteria of having more than two years experience working full-time in an activities program and will assume the Interim Activities Director, while E2 completes the qualifications necessary to resume the position of Activities Director. Administrative staff will be educated on the regulatory requirements for Activities Professional. Administrator will monitor compliance with this regulation by ensuring that employee certifications qualify for Activities Management prior to hiring.	Completion Date: **06/06/2023** Status: **APPROVED** Date: **05/24/2023**

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F 0680 SS=F	Continued from page 6 Based on staff interview, it was determined that the facility failed to ensure that the Activities department had a qualified director to oversee the Activities Program. Findings include: During an interview on 5/4/23, at 12:30 p.m. with Activities Director Employee E2 indicated that he had been the Director for approximately one year and did not complete a state approved program to be qualified to oversee the Activity Program. During an interview on 5/4/23, at 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to have a qualified Activity Professional as Director. 28 Pa. Code: 201.18(b)(3)Management.	F 0680		

Certified End Page

PROVIDENCE CARE CENTER

STATE LICENSE NUMBER: 425002

SURVEY EXIT DATE: 05/04/2023

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

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY