

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Eldercrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 West Run Road Munhall, PA 15120	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>31343</p> <p>Based on observation and staff interview, it was determined that the facility failed to maintain the personal privacy of one of three residents (Resident 143).</p> <p>Findings include:</p> <p>During an observation on 11/26/24, from 11:15 a.m., through 11:44 a.m., Resident R143 had a dressing change to the abdomen at the entrance of his room with the door open, allowing for any passerby to see.</p> <p>During an interview on 11/26/24, at 11:44 a.m., Assistant Director of Nursing Employee E1 confirmed that the resident's personal privacy was not maintained.</p> <p>28 Pa. Code: 201.29(j) Resident rights.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Eldercrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 West Run Road Munhall, PA 15120	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on review of facility policies, clinical records and staff interviews, it was determined that the facility failed to make certain a resident was free from neglect for two of three residents(Residents R21 and R300).</p> <p>Findings include:</p> <p>Review of the facility policy Abuse Prevention Program last reviewed in 2024 with a previous review date of 2/22/23, indicated that the facility will protect the residents from abuse by anyone including, but not necessarily limited to facility staff, other residents, consultants, etc. The facility policy included that it will identify and access all possible incidents of abuse and investigate all allegations. Employees will have training programs that include such topics as abuse prevention, identification and reporting.</p> <p>Review of the clinical record indicated that Resident R21 was admitted to the facility on [DATE], with diagnoses which included a stroke with left sided paralysis and left arm contracture and glaucoma. A Minimum Data Set (MDS- a periodic assessment of resident care needs) dated 11/5/24, indicated the diagnoses remained current. Section C0500 (Brief Interview for Mental Status - BIMS) indicated a score of 14; which indicated the resident was cognitively intact.</p> <p>During an attempted interview on 11/26/24, at 1:00 p.m., Resident R21 could not recall the date or lack of care.</p> <p>Review of a progress note dated 10/8/24, indicated that Registered Nurse Employee E2 had alleged that Resident R21 had not been provided care from 7:30 p.m., through the rest of the shift 11:00 p.m., on that date, after the Nurse Aide working the 7:00 a.m., through 7:00 p.m., shift left and the Nurse Aide currently on duty stated that she was not allowed in the resident room per the DON(Director of Nursing) and NHA(Nursing Home Administrator).</p> <p>Review of Resident R21's 10/8/24, Documentation Survey Report (an electronic report showing the care provided to a resident by the Nurse Aide's) did not include documented care for Resident R21 on 10/8/24, for the 3-11 shift.</p> <p>Review of the clinical record indicated that Resident R300 was admitted to the facility on [DATE], with diagnoses which included stage IV kidney disease and Guillain- Barre Syndrome(a disease that attacks nerves causing paralysis). The resident had been transferred to another facility. A MDS dated [DATE], indicated the diagnoses remained current. Section C0500 (Brief interview for mental status) indicated a score of 14; which indicated the resident was cognitively intact.</p> <p>Review of Resident R300's Documentation Survey Report did not include documented care for Resident R300 on 10/8/24, for the 3-11 shift.</p> <p>During an interview on 11/26/24, at 2:10 p.m., the DON stated that she cannot find any investigation and that she had identified the NA.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Eldercrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 West Run Road Munhall, PA 15120	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 9/12/24, at 1:25 p.m., the Director of Nursing confirmed that the facility failed to make certain a resident was free from neglect for two of three residents reviewed (Resident R21 and R300).</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Eldercrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 West Run Road Munhall, PA 15120	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to investigate and/or report potential neglect for two of three residents (Resident R21 and R300).</p> <p>Findings include:</p> <p>Review of the facility policy Abuse Prevention Program, dated 2024 with a previous review date of 2/22/23, indicated that all reports of resident abuse, neglect, exploitation, etc. shall be promptly reported to local, state and federal agencies as defined by regulations, and thoroughly investigated by facility management. Review of the facility policy indicated that the Administrator is responsible for overall coordination and implementation of the facility program. Delegation of various components may include the Director of Nursing(DON), Director of Social Services, and other staff members. The policy indicated that he facility will protect the residents from harm during the investigation.</p> <p>Review of the clinical record indicated that Resident R21 was admitted to the facility on [DATE], with diagnoses which included a stroke with left sided paralysis and left arm contracture and glaucoma. A Minimum Data Set (MDS- a periodic assessment of resident care needs) dated 11/5/24, indicated the diagnoses remained current. Section C0500 (Brief Interview for Mental Status - BIMS) indicated a score of 14; which indicated the resident was cognitively intact.</p> <p>During an interview on 11/26/24, at 1:00 p.m., Resident R21 could not recall the date or lack of care.</p> <p>Review of a progress note dated 10/8/24, indicated that Registered Nurse Employee E2 had alleged that Resident R21 had not been provided care from 7:30 p.m., through the rest of the shift 11:00 p.m., on that date, after the Nurse Aide working the 7:00 a.m., through 7:00 p.m., shift left as the Nurse Aide currently on duty stated that she was not allowed in the resident room per the Director of Nursing and Nursing Home Administrator.</p> <p>Review of Resident R21's Documentation Survey Report (an electronic report showing the care provided to a resident by the Nurse Aide's) dated 10/8/24, did not include documented care for Resident R21 on the 3-11 shift.</p> <p>Review of the clinical record indicated that Resident R300 was admitted to the facility on [DATE], with diagnoses which included stage IV kidney disease and Guillain- Barre Syndrome(a disease that attacks nerves causing paralysis). The resident had been transferred to another facility. A MDS dated [DATE], indicated the diagnoses remained current. Section C0500 indicated a score of 14; which indicated the resident was cognitively intact.</p> <p>Review of Resident R300's Documentation Survey Report dated 10/8/24, did not include documented care for Resident R300 from the 3:00 p.m., through 11:00 p.m. shift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Eldercrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 West Run Road Munhall, PA 15120	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/26/24, at 1:29 p.m., the DON stated that she did not investigate the allegations and did not know why the Nurse Aide(NA) would have stated that she could not care for Resident R21 but had been told she could not care for Resident R300. Further questioning she could not recall the NA's name and why she could not care for Resident R300.</p> <p>During an interview on 11/26/24, at 2:10 p.m., the DON stated that she failed to investigate and/or report the allegations as neglect for two of three residents (Resident R21 and R300).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1)(3) Management.</p> <p>28 Pa. Code: 211. 10(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(3) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Eldercrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 West Run Road Munhall, PA 15120	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on a review of facility policy, clinical record, and staff interview, it was determined that the facility failed to provide a scheduled medication for one of four residents (Resident R147).</p> <p>Findings include:</p> <p>Review of the facility policy Medication Administration dated 2024, indicated the facility will administer all medications in accordance with prescriber orders and medication times are determined by resident need and benefit and are administered within the required time frame.</p> <p>Review of the clinical record indicated that Resident R147 was admitted to the facility on [DATE], with diagnoses which included prostate cancer, a pacemaker/defibrillator, left femur fracture after fall without surgical intervention.</p> <p>Review of Resident R147's hospital records and referral indicated the use of the drug Erleada for treatment of prostate cancer.</p> <p>Review of Resident R147's Medication Administration Record (MAR) indicated that from 11/18/24, through 11/25/24, staff had documented that the drug was unavailable and not given.</p> <p>During an interview on 11/25/24, at approximately 12:00 p.m., the Director of Nursing confirmed that the facility failed to provide the medication and had not contacted the provider to obtain an alternative drug or a order change for Resident R147. Resident R147 did not receive the cancer treatment drug for eight days.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>28 Pa. Code: 201.29(a) Resident rights.</p> <p>28 Pa. Code: 201.10(c)(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Eldercrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 West Run Road Munhall, PA 15120	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on review of facility policy, clinical record, and staff interview, it was determined that the facility failed to make certain significant medications are administered as ordered by the physician for one of three residents (Resident R147).</p> <p>Findings include:</p> <p>Review of the facility policy Medication Administration dated 2024, indicated the facility will administer all medications in accordance with prescriber orders and medication times are determined by resident need and benefit and are administered within the required time frame.</p> <p>Review of the clinical record indicated that Resident R147 was admitted to the facility on [DATE], with diagnoses which included prostate cancer, a pacemaker/defibrillator, left femur fracture after fall without surgical intervention.</p> <p>Review of Resident R147's hospital records and referral indicated the use of the drug Erleada for treatment of prostate cancer.</p> <p>Review of Resident R147's Medication Administration Record (MAR) indicated that from 11/18/24, through 11/25/24, staff had documented that the drug was unavailable and not given. Resident R147 had not received the cancer treatment drug for eight days.</p> <p>During an interview on 11/25/24, at approximately 12:00 p.m., the Director of Nursing confirmed that the facility failed to make certain significant medications are administered as ordered by the physician.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28Pa. Code:211.9(e)(f)(g)(h) Pharmacy services.</p> <p>28 Pa. Code: 211.10(c) Resident care policies.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Eldercrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 West Run Road Munhall, PA 15120	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>31343</p> <p>Based on review of facility employee personnel files, documents and staff interviews it was determined that the facility failed to employ a qualified Director of Dining Services(DDS) to manage the daily operations of the Dietary Department.</p> <p>Findings include:</p> <p>During an interview on 11/25/23, at 8:30 a.m., Dietary Aide Employee E3 and Dietary [NAME] Employee E4 stated that the Dietitian comes in weekly on Wednesday. The facility has the Head [NAME] Employee E6 in school for Dietary Manager and she was off today.</p> <p>A review of Dietary Head [NAME] Employee E6 personnel file revealed evidence that Dietary [NAME] Employee E6 failed to meet the requirements for the Director of Dining Services position in education, experience, and certification.</p> <p>A review of information provided by the Administrator indicated that Dietary Head [NAME] Employee E6 is currently as of August of 2024 been enrolled in classes to become a Dietary Manager but had not graduated with her certification.</p> <p>During an interview on 11/25/24, at 10:33 a.m., the Nursing Home Administrator (NHA) confirmed that the facility failed to provide documented evidence that Dietary [NAME] Employee E6 met the qualifications for the position of Director of Dining Services.</p> <p>Pa Code: 211.6(c)(d) Dietary services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Eldercrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 West Run Road Munhall, PA 15120	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>31343</p> <p>Based on review of facility policy, observations and staff interview, it was determined that the facility failed to exercise proper infection control techniques and wear proper Personal Protective Equipment (PPE) during a dressing change to prevent the potential of spread of infection for one of three residents (Resident R143).</p> <p>Findings include:</p> <p>Review of the facility policy Wound Care, dated 2024, indicated that when preparing to perform a dressing change the resident's plan of care will be reviewed for special instructions needed. A disposable cloth will be placed on the resident's overbed table to establish a clean field for supplies. During the procedure gloves will be worn and a gown if there is a potential form soilage of feces, blood or any other fluids and a mask should be worn if there is a potential for splashing of fluids. The procedure states to wash your hands thoroughly before you begin and in between procedure steps.</p> <p>During an observation of wound care on 11/26/24, from 11:15 a.m., through 11:44 a.m., the following was observed:</p> <p>Assistant Director of Nursing(ADON) did not perform through hand washing prior to the beginning of the process. Resident R143 stated his colostomy pouch also needed changed. The ADON and her assistant Licensed Practical Nurse (LPN) Employee E7 did not don a gown due to the potential for contamination of clothing, etc. from blood and body fluids.</p> <p>The resident's overbed table was cleaned, however, personal items remained on the overbed table which led to the potential of contamination with fluids.</p> <p>Resident R143 had a leaking colostomy bag and the wound was adjacent to the leaking bag which contained stool. Resident R143 stated that staff have not been able to place the ostomy bag properly and it has been leaking.</p> <p>ADON Employee E1 removed the ostomy bag and the dressing covering the wound, while cleansing the stoma, also cleansed the wound with no sponge or glove change and no handwashing between procedures.</p> <p>ADON Employee E1 obtained a box of gloves, Dakin's solution (solution for cleaning wounds) bottle and hand sanitizer and placed them on the resident's over bed table.</p> <p>During the procedure the resident's door was left opened allowing any passerby to watch and see the residents wounds.</p> <p>During an interview on 11/26/24, the ADON Employee E1 indicated that Resident R43 was in enhanced precautions (staff to use PPE during dressing changes) although there was not a sign or PPE available in his room at that time.</p> <p>After the procedure, ADON Employee E1 took the gloves, bottle of Dakins and hand sanitizer from Resident R143's room and placed them back onto her treatment cart.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Eldercrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 West Run Road Munhall, PA 15120	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/26/24, at 11:44 a.m., ADON Employee E1 that the facility failed to exercise proper infection control techniques, perform proper handwashing, don proper PPE during a dressing change and dispose of contaminated items after the dressing change to prevent the potential of spread of infection for Resident R143. Also failed to maintain Resident R143's privacy during the dressing change with the resident door being left open during the procedure.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code: 201.20(c) Staff Development.</p> <p>28 Pa. Code: 211.10(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p>		