

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER Squirrel Hill Wellness and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2025 Wightman Street Pittsburgh, PA 15217	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>49646</p> <p>Based on review of facility policy, observations, resident and staff interviews, and review of the pest control documentation it was determined that the facility failed to maintain effective pest control programs so that the facility was free of pests in the Main Kitchen.</p> <p>Finding include:</p> <p>Review o the facility policy Pest Control Program dated 2/14/25, indicated it is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents.</p> <p>During an observation of the Main Kitchen on 5/20/25, at 8:42 a.m. mouse droppings and mouse traps were observed in the kitchen storage area.</p> <p>During an interview on 5/20/25, at 8:44 a.m. Assistant Kitchen Manager Employee E1 confirmed that there is a current concern with mice in the Main Kitchen. Assistant Kitchen Manager Employee E1 stated that morning she came in to throw tortilla shells away due to mice getting into the package. She keeps a detailed list of all food that needs to be discarded and replaced.</p> <p>During an observation in the Main Kitchen Dry Storage room it was noted that an open box with bags of brown sugar inside had mouse droppings on the top of the box near the opening. There were also two mouse traps located in the room. It was also observed that tortilla shells had to be disposed of due to mice eating through the packaging.</p> <p>During an interview on 5/20/25, at 9:08 a.m. Resident R1 stated, The mice used to be really bad, has gotten a little better but still see them running around.</p> <p>During observations on nursing units on the 4th, 5th, and 6th floors multiple mouse traps were noted in resident ' s rooms.</p> <p>Review of the facility pest control records revealed the following:</p> <p>-4/23/25: Inspection of the kitchen, pantry, storage, breakroom, dining room and common areas, along with bait stations. Changed glue boards as needed. Bait was eaten in the dining room and breakroom areas and replaced as needed. Caught one mouse in glue traps on the 4th floor breakroom area and changed glue trap as needed.</p> <p>(continued on next page)</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: 395028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER Squirrel Hill Wellness and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2025 Wightman Street Pittsburgh, PA 15217	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-4/29/25: Inspection of the kitchen, pantry, storage, breakroom, dining room, offices, and common areas, along with bait stations. Changed glue boards as needed. Bait was eaten in the dining room area and breakroom area, replaced bait as needed.</p> <p>-5/8/25: Inspection of the kitchen, storage, breakroom, and common areas, along with bait stations. Changed glue boards as needed. Bait was eaten in the 8th floor dining room area, kitchen area and the 2nd floor hallway area, replaced bait as needed. Caught two mice on glue traps in the 8th floor breakroom, changed glue traps as needed.</p> <p>-5/16/25: Inspection of the kitchen, storage, offices, and common areas, along with bait stations. Changed glue boards as needed. Bait was eaten in the storage room areas and the exterior of the building, replaced bait as needed.</p> <p>-5/19/25: Inspection of the kitchen, offices, pantry, storage, and common areas, along with bait stations. Changed glue boards as needed. Added bait stations to the 8th floor kitchen areas and pantry areas. Caught three mice on glue traps; two on the 8th floor pantry area and one on 3rd floor rehab area, changed glue traps as needed.</p> <p>During an interview on 5/20/25, at 11:40 a.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to maintain an effective pest control program.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 207.2 Administrator ' s responsibility.</p>		