

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 04/08/2026
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>Based on staff interview it was determined that the facility failed to employ a qualified Food Service Director to manage the daily operations of the Dietary Department for 1 of 1 month (March 19, 2026 through April 2026). Findings include: During an interview on 4/8/26, at approximately 11:00 a.m., the Corporate Dietary Manager Employee E1 stated the facility currently has no certified dietary manager and that the Dieticians are not employed full time in the facility. The Corporate Dietary Manager Employee E1 confirmed that the facility failed to provide documented evidence that any staff met the qualifications for the position of Food Service Director. Pa Code: 201.18(e)(6) Management. Pa Code: 211.6(c)(d) Dietary Services.</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
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on review facility documents, grievance logs, and individual resident interviews, it was determined that the facility failed to serve food that was palatable and attractive. Findings include: Review of facility documentation on 4/7/26, identified that the food served was not adequate. Review of the February 2026, grievance log identified a resident stating that the food is subpar and food on the list are not provided for lunch and dinner. During individual resident interviews on 4/8/26 from 9:10 a.m. through 11:40 a.m., residents indicated that meals are tasteless, except for the orange chicken and sometimes spaghetti. The male residents indicated that they often do not get enough and sometimes do not get extra even when asking. Trays are almost always late. During an observation of cart delivery on 4/8/26, from 12:00 p.m., through 12:45 p.m., identified meal carts were delivered approximately 20 minutes late. During an interview on 4/8/26, at approximately 1:00 p.m., the Corporate Dietary Manager Employee E1 stated that the facility does not have a dietary manager and staffing in the kitchen is not often adequate to make certain foods are done as they should be and delivered timely. She confirmed that the facility failed to serve food that was palatable and attractive. 28 Pa. Code 211.6(c)(d)(f) Dietary Services.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, and staff interviews, it was determined that the facility failed maintain sanitary conditions to prevent the potential for cross-contamination or foodborne illness in the main kitchen (Main Kitchen). Findings include: During an observation of the kitchen on 4/8/26, from 8:45 a.m., through 9:10 a.m., the following was observed: Dietary Aide (DA) Employee E2 was observed eating food in the dish machine room. The dish machine wash and rinse cycle temperature gauges were not functioning; the dish machine is a low temperature machine with chemicals. The cooler had a cart of undated fruit cups, unsealed bread cubes and undated cooked carrots. The ice machine drainpipe was sitting directly on the floor draining and the drain was approximately four inches away with a cover over it. During an interview on 4/8/26, at 8:50 a.m., Dietary [NAME] Employee E4 stated that the gauges have not worked consistently since the machine was put in. Observation of a prep table identified a pink staff neck cooling collar on top of the prep table and an opened crate of cereal on the second shelf. DA Employee E3 indicated that it was hers. The prep table near the tray line area had a cell phone on a tray, DA Employee E3 stated it was hers. During an interview on 4/8/26, at 9:10 a.m., the Nursing Home Administrator confirmed that the facility failed maintain sanitary conditions to prevent the potential for cross-contamination or foodborne illness in the main kitchen (Main Kitchen). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.6(b)(c)(d) Dietary services.</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observations and staff interviews, it was determined that the facility failed to ensure the dish machine was in proper working order in the Main Kitchen. Findings include: During an observation of the main kitchen on 4/8/26, from 8:45 a.m., through 9:10 a.m., the following was observed: The dish machine wash and rinse cycle temperature gauges were not functioning; the dish machine is a low temperature machine with chemicals. During an interview on 4/8/26, at 8:50 a.m., Dietary [NAME] Employee E4 stated that the gauges have not worked consistently since the machine was put in. During an interview on 4/8/26, at 9:10 a.m., the Nursing Home Administrator confirmed that the facility failed to ensure the dish machine was in proper working order. 28 Pa Code: 207.2(a) Administrator's Responsibility</p>