

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 04/21/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, resident, and staff interviews, it was determined that the facility failed to provide a safe, clean, comfortable, and homelike environment on three of three nursing units (4th floor, 5th floor, and 6th floor). Findings include:Review of the facility policy Safe and Homelike Environment dated 2/14/25, indicated the facility will provide a safe, clean, comfortable, and homelike environment.During an observation on 4/21/2026, from 11:12 a.m., through 12:25 p.m., the following was identified:Hallway on 4th floor had an overwhelming urine scent.Ceiling fans along the 5th floor hallway had a white dusty substance covering the filtering area.Dining room on the 5th floor has loose floor strip at center of room, causing a potential tripping hazard.Additional resident rooms with broken blinds include:Resident room [ROOM NUMBER]Resident room [ROOM NUMBER]Resident room [ROOM NUMBER] During an interview on 4/21/26, at 1:25 p.m., Nursing Home Administrator confirmed the above findings and that the facility failed to provide a safe, clean, comfortable, and homelike environment on three of three nursing units (4th floor, 5th floor, and 6th floor).</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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