STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395034	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vincentian Home	111 Perrymont Road Pittsburgh, PA 15237

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on review of facility policy, facility documents and staff and resident interviews it was determined that the facility failed to provide complete documentation in response to a resident concern and failed to log concerns for one of three residents (Resident R53).Findings include: Review of the facility policy Grievance Policy dated 3/9/26, indicated the resident has the right to voice grievances in writing or orally to the facility or other agency or entity. Grievance Official/Nursing Home Administrator/Designee will be responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions. The Grievance Official/Designee will investigate and provide follow-up within 72 hours to resident/family member. The Pink Encounter Form is logged on the Encounter Form Log for tracking purposes. Review of Resident R53's Pink Encounter Form dated 5/14/26, indicated resident reported an incident that happened on 5/13/26, involving a comment made by Housekeeping Employee E8 to resident in front of the resident's visitor. Further review of R53's Pink Encounter Form on 5/27/26, the Section Below to Be Completed by Facility Staff portion was blank. Review of May 2026, facility provided Encounter Form Log on 5/27/26, failed to include Resident R53's grievance. Interview on 5/27/26, at 1:12 p.m. Chief Nursing Officer Employee E2 confirmed that the facility failed to provide complete documentation in response to a resident concern and failed to log concerns for one of three residents (Resident R53). 28 Pa. Code 201.14 (a) Responsibility of licensee.28 Pa. Code 201.18 (e)(1) Management.28 PA Code: 201.29 (a) Resident rights.

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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy and documentation, staff and resident interviews it was determined that the facility failed to protect residents from abuse for one of three residents (Resident R53).Findings include: Review of the facility policy Freedom from Abuse, Neglect, and Exploitation last reviewed 3/9/26, indicated to maintain an environment where residents are free from abuse, neglect, exploitation and misappropriation of resident's property. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Review of the clinical record indicated Resident R53 was admitted to the facility on [DATE]. Review of Resident R53's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/14/26, indicated diagnoses of anemia (the blood doesn't have enough healthy red blood cells), renal insufficiency (a condition in which the kidneys lose the ability to remove waste and balance fluids), and high blood pressure. Section C0500 indicated a Brief Interview for Mental Status (BIMS is a screening test that aids in detecting cognitive impairment) score of 15, cognitively intact. Review of facility provided documents dated 5/13/26, indicated the facility received a grievance form this afternoon indicating an alleged abuse incident. Resident R53 was interviewed by Social Service Employee E18 stating the resident had gone to bathroom and made a mess. Resident said they tried to clean up what they could see. A friend came in to visit and while visitor was present, Housekeeping Employee E8 said to the resident You made a mess of this bathroom. If this happens again you need to let the nurse or someone know. Resident indicated they were embarrassed and pissed that housekeeper said this in from of resident's friend and not waited until resident was alone. Review of Resident R53's account of the incident dated 5/14/26, indicated the resident used the bathroom in the resident room independently. When the resident was done a housekeeper went into the bathroom. The resident thought the housekeeper was cleaning, then the housekeeper left the room. Later, the resident had a friend visiting. While the visitor was still present, the housekeeper came back into the room and yelled at resident for making a mess in the bathroom. Housekeeper continued to tell resident if they make a mess, they need to tell someone right away and not wait. Resident reported feeling berated and belittled. Resident was unaware that they had made a mess and that is why they did not tell anyone. On top of getting yelled at, the visitor who was an old work colleague now was aware the resident was incontinent. Review of Housekeeping Employee E8's signed witness statement dated 5/14/26, indicated the housekeeper was in Resident R53's bathroom in the afternoon and the bathroom was filled with bowel movement. The bowel movement was on the walls in the bathroom, on the floor and running down the side of the toilet. It was so messy the housekeeper cleaned it up right away. The resident had company and the housekeeper told the resident if the room is messy like this again to ring call bell and let staff know. Housekeeper denied yelling at resident and indicated they were just trying to clean the room. Interview on 5/27/26, at 1:00 p.m. Resident R53 indicated they had a friend visiting, one of the housekeepers came in and said you made a mess in there and you need to tell a nurse. If they had come one on one with me, it would have been fine. The housekeeper said it in front of my friend. Resident indicated they were a younger resident and were completely embarrassed and humiliated by the housekeeper's statements. Interview on 5/27/26, at 1:10 p.m. the Chief Nursing Officer Employee E2 confirmed the facility failed to protect residents from abuse for one of three residents (Resident R53). 28 Pa. Code 201.14(a) Responsibility of Licensee.28 Pa. Code 201.18(b)(1)(3) Management.28 Pa. Code 201.29(a)(c) Resident Rights28 Pa. Code 211.10(c)(d) Resident Care Policies.28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on review of the Long-Term Care Resident Assessment Instrument User's Manual, clinical records, and staff interview, it was determined that the facility failed to transmit Minimum Data Set's (MDS -periodic assessment of care needs) to the required electronic system within the mandated time frame for two of six residents reviewed (Resident R51 and R85).Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required MDS assessments, dated October 2025, indicated that Entry, Death and Facility and Discharge tracking MDS assessments must be completed and transmitted within 14 days of the event date. Resident R51 had a discharge date of 2/27/26. Further review of the clinical record failed to reveal a discharge MDS completed for Resident R51. Resident R85 had a discharge date of 2/13/26. Further review of the clinical record failed to reveal a discharge MDS completed for Resident R51. During an interview on 5/27/26, at 1:00 p.m., Resident Nurse Assessment Coordinator 1 (RNAC1) Employee E9 and RNAC2 Employee E10 confirmed that the facility failed to transmit MDS assessments to the required electronic system within the mandated time frame for two of six residents reviewed (Resident R51 and R85) as required. 28 Pa. Code 211.5(d) Medical records.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and staff interview, it was determined that the facility failed to follow a physician order for one of six residents (Resident R83).Findings include: A review of the clinical record indicated Resident R83 was admitted to the facility on [DATE], with diagnoses that included congestive heart failure (long-term condition in which your heart can't pump blood enough to meet your body's needs), vascular dementia (cognitive decline caused by decreased blood flow to the brain) and diabetes mellitus. A review of Resident R83's a MDS annual assessment (minimum data assessment)- periodic assessment of resident care needs) dated 4/28/26, indicated the diagnosis remained current. A review of Resident R83's physician orders dated 3/17/26 indicated monitor blood pressure daily- call MD if BP > 140. A review of Resident R83's MAR (Medication Administration Record) for March and April 2026 revealed no daily blood pressure were taken. During an interview on 5/28/26, at 1:30 p.m. the Interim Director of Nursing Employee E19 confirmed the facility failed to follow physician orders for Resident R83's as required. 28 Pa. Code: 211.12 (d)(1)(5) Nursing Services

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical records and staff interview, it was determined that the facility failed to provide documentation that medication regimen reviews (MRR) were completed and reviewed by the resident's attending physician monthly for two of five residents (Residents R10, and R13).Findings include: Review of the facility policy Medication Regimen Review dated 3/9/26, indicated the consultant pharmacist performs a comprehensive medication regimen review (MRR) at least monthly. Findings and recommendations are reported to the resident's attending physician, the facility's Medical Director and Director of nursing. Review of the clinical record indicated Resident R10 was admitted to the facility on [DATE]. Review of Resident R10's Minimum Data Set (MDS - a periodic assessment of care needs) dated 4/7/26, indicated diagnoses of renal insufficiency (a condition in which the kidneys lose the ability to remove waste and balance fluids), obstructive uropathy (a blockage in the urinary tract that prevents normal urine flow), and high blood pressure. Review of Resident R10's MRR dated 10/17/25, indicated the following recommendation from the pharmacist to the physician: This patient has been taking Pantoprazole 40 mg daily at 6:00 a.m. for GERD (gastroesophageal reflux disease) since at least 8/2024. Please review current therapy and select an option below. Review of Resident R10's clinical record failed to include a response from the resident's attending physician regarding the recommendation made on 10/17/25. Review of the clinical record indicated Resident R13 was admitted to the facility on [DATE]. Review of Resident R13's MDS dated [DATE], indicated diagnoses of anemia (the blood doesn't have enough healthy red blood cells), heart failure (heart doesn't pump blood as well as it should), and high blood pressure. Review of Resident R13's MRR dated 1/13/26, indicated the following recommendation from the pharmacist to the physician: Please review the following medication for a possible dose reduction in attempts to eliminate or find the minimally effective dose. ABR gel (Ativan 1mg (milligram)/Benadryl 25 mg/Reglan 10mg) topically to upper back four times a day. Review of Resident R13's clinical record failed to include a response from the resident's attending physician regarding the recommendation made on 1/13/26.y Review of Resident R13's MRR dated 2/13/26, indicated the following recommendation from the pharmacist to the physician: This patient's as needed order below has not been used within the previous 90 days. Albuterol, Geri-Tussin, and Imodium. Please consider discontinuing due to lack of use. Review of Resident R13's clinical record failed to include a response from the resident's attending physician regarding the recommendation made on 2/13/26. Review of Resident R13's MRR dated 4/10/26, indicated the following recommendation from the pharmacist to the physician: This patient is ordered as needed lorazepam. On 2/1/26, the directions were changed, stating to give as needed for anxiety/insomnia, though lorazepam is not indicated for use in insomnia. Please consider clarifying the reason for use of the lorazepam. Review of Resident R13's clinical record failed to include a response from the resident's attending physician regarding the recommendation made on 4/10/26. During an interview on 5/29/26, at 9:30 a.m. Clinical Records Manager Employee E20 confirmed the MRR's were completed by Certified Registered Nurse Practitioners (CRNPs) and not the resident's attending physician as required for Residents R10, and R13. 28 Pa Code: 201.14 (a) Responsibility of licensee.28 Pa. Code 211.5(f) Medical records.28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of facility policies, observations, and staff interviews, it was determined that the facility to properly to properly store medication in two of three medication carts (First Floor 119 Hall Medication Cart and the Second Floor Low End Hall Medication Cart).Findings include: Review of the facility policy Drug Acquisition, Storage, Inspection, and Dispensing Last reviewed 3/9/26, indicated drugs used in the facility shall be labeled in accordance with current accepted principles and include:Appropriate contents, accessories, and cautionary instructions.Expiration date, when applicableMedications shall be stored under proper conditions as stated by the medication manufacturer to ensure stability of that medication. During an observation completed on 5/26/26, at 9:23 a.m. the First Floor 119 Hall Medication Cart contained the following: 1 Tube of Nystatin cream not stored in a bag and not labeled with a date opened as required. During an interview completed on 5/26/26, Licensed Practical Nurse (LPN) Employee E16 confirmed the above observation and that the facility to properly store medications in First Floor 119 Hall Medication Cart. During an observation completed on 5/26/26, at 9:35 a.m. the Second Floor Low End Medication Cart contained the following: 1 bottle of nystatin liquid not labeled with a date opened as required1 Breo inhaler not labeled with name or date opened as required.1 albuterol inhaler not labeled with a date opened as required. During an interview completed on 5/26/26, at 9:43 a.m. Registered Nurse (RN) Employee E4 confirmed the above observations and that the facility to properly to properly store medications in the Second Floor Low End Medication Cart. 28 Pa. Code: 211.9(a)(1) Pharmacy services.28 Pa. Code: 211.12(d)(1)(2)(5) Nursing services.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on facility policy, menu, observations, and staff interviews, it was determined that the facility failed to follow the menu and preferences for three of eight residents (Resident R14, R30, and R49). Findings include: The facility policy entitled Therapeutic Diet Policy dated 3/9/26, indicated therapeutic diets must be prescribed and authenticated by the practitioners responsible for the care of the resident, or by a qualified dietitian or qualified nutrition professional as authorized by the medical staff and in accordance with state law. Review of the facility policy Meal Service to Residents dated 3/9/26, indicated Nutritional Services shall work with Nursing Services and the Registered Dietician to provide the correct meals to each resident. Residents shall be verified using the Diet Sheets and proper diet will be confirmed before plating and presenting the resident with their meal. Trays shall be assembled according to the residents' choice and delivered to the resident by Nurse Aides or Culinary staff. Review of Resident R14's Diet Sheet dated 5/26/26, indicated mechanical soft heart healthy. Prosource twice daily by nurse. Shake em up with each meal. Observation of Resident R14 on 5/26/26, at 11:49 a.m. indicated resident was almost through with the lunch meal and had not received a beverage of any type. A review of the menu indicated that the menu for breakfast on Tuesday, 5/26/26 was as follows:Frittata, Juice, hot or cold cereal. During an observation of breakfast meal rounds in building four on 5/26/26, at 9:05 a.m., it was revealed Resident R30 had the following: Frittata, regular sausage patty, coffee Review of Resident R30 physician orders dated 3/25/26 indicated a diet order of Heart Healthy/Diabetic, Mechanical Soft texture, Regular/Thin consistency. During an interview on 5/26/26, Licensed Practical Nurse (LPN) Employee E1 confirmed Resident R30 should have a mechanical soft sausage patty as ordered. Review of Resident R49's Diet Sheet Dated 5/26/26, indicated Mechanical Soft Diet. Ok to have regular finger foods, sandwiches, and cut fruit. Cut crust off sandwiches. Ensure Plus twice a day. Prosource 30mls (milliliters) in the morning. Inner lip plate, built up utensils, two handled cup with lid and straw. Observation of Resident R49 on 5/26/26, at 11:50 a.m. indicated resident was provided with a sandwich as an alternative. The sandwich failed to have the crust cut off as indicated on the Diet Sheet. Resident was not provided with a beverage of any type with the meal. During an interview on 5/26/26, at 11:52 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident R14 and R49 were not served beverages with their lunch meal and that Resident R49's sandwich did not have the crust cut off as indicated on the Diet Sheet. 28 Pa. Code: 211.6(a) Dietary services

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and staff interview, it was determined that the facility failed to maintain food service equipment in accordance with professional standards for food service safety on one of two Country Kitchens (Building Four Country Kitchen).Findings include: Observation on 5/26/26, at 9:27 a.m. of the Building Four Country Kitchen indicated a freezer filled with resident ice cream and frozen treats. The ice buildup in the base of the freezer floor was greater than eight inches thick. Tour and interview on 5/26/26, at 9:30 a.m. Dining Manager Employee E3 confirmed the ice buildup in the base of the freezer floor was greater than eight inches thick and not in accordance with professional standards for food service safety28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1) Management.

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F 0844 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel. Based on review of regulations, documents submitted to the State agency and staff interviews, it was determined that the facility failed to notify the State agency of a change in the facility's Director of Nursing at the time of the change. Findings include: Review of facility provided Employee Information Sheet on 5/27/26, at 11:45 a.m. indicated the Director of Nursing started a leave on 5/14/26. Interview on 5/27/26, at 12:00 p.m. the Chief Nursing Officer Employee E2 confirmed the facility failed to notify the State Agency that the Interim Director of Nursing Employee E19 assumed the position on 5/14/26. 28 PA Code: 201.14(a) Responsibility of licensee.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policies, clinical record review, facility documents, observation, and staff interview, it was determined that the facility failed to prevent cross contamination during a dressing change for one of two residents (Resident R15).Findings include: Review of facility policy Hand Hygiene last reviewed 3/9/26, indicated always follow standard precautions, gloves shall be worn when contact with -blood, bodily fluids, mucus membranes, dressings, non-intact skin. Change gloves and discard after each resident. Change gloves when moving from a contaminated body site to a clean site. Review of the facility policy Skin and Wound Assessment last reviewed 3/9/26, indicated the facility will provide wound care in a manner to decrease potential for infection and cross-contamination. Physician's orders will specify type of dressing and frequency of changes. Guidelines for the application of dry, clean dressings include but not inclusive to:Wash and dry hands thoroughly. Put on clean gloves.Establish a clean field.Remove soiled dressing, pull glove over dressing and discard into waste basket.Wash and dry hands put on clean gloves.Cleanse the wound with ordered cleanser.Use dry gauze to pat the wound dry.Wash and dry hands.Put on clean gloves Review of the clinical record indicated Resident R15 was admitted to the facility on [DATE]. Review of Resident's R15's Minimum Data Set (MDS- a periodic assessment of needs) dated 5/11/26, indicated the diagnosis of anemia (low iron in the blood), hypertension (high blood pressure) and diabetes (high sugar in the blood). Review of Resident R15's physician orders dated 5/13/26, indicated cleanse sacral/coccyx area with soap and water, pat dry apply medical grade honey and calcium alginate then cover with a border gauze dressing daily and as needed. During a dressing change observation completed on 5/27/26, at 10:54 a.m. Registered Nurse (RN) Employee E5 donned a pair of gloves then gown, she then donned another pair of gloves on top of the prior placed gloves (double gloved). RN Employee E5 placed a towel under Resident R15's buttock area removed Resident R15's brief and completed peri care. Removed the towel and placed it onto the bed. RN Employee E5 removed the outer layer gloves. RN Employee E5 failed to complete hand hygiene and reapplied a pair of gloves onto the prior placed gloves. RN Employee E5 picked the towel up that was placed on the bed and dipped a corner of the towel into a basin that contained soap and water, cleansed the wound and used another portion of the towel to dry the wound. During an interview completed on 5/27/26, at 11:35 a.m. RN Employee E5 confirmed to double gloving, not completed hand hygiene and cleansing and drying the wound area with a towel that had been placed on the bed and that the facility failed to prevent cross contamination during a dressing change. 28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(1)(3)(d)(e)(1) Management.28 Pa. Code 211.10(d) Resident care policies.28 Pa. Code 211.12(d)(1)(5) Nursing services.

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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)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observations, review of facility documentation, and staff interview, it was determined that the facility failed to make certain that equipment was in safe operating condition for two of three crash carts (Second Floor High Side Crash Cart and Second Floor Low Side Crash Cart).Findings include: Review of the facility Emergency Crash Cart policy dated 3/9/26, indicated the facility shall maintain an Emergency/Crash Cart in a readily accessible location to provide emergency equipment and supplies for resident emergencies. Minimum Crash Cart Contents include but are not inclusive of: Portable suction equipment. Weekly Crash Cart Checks: The nursing supervisor or designee shall verify:Crash carts are present and accessibleOxygen tank is adequately filledNo visible missing equipment. Following any emergency the nursing staff or nursing supervisor shall be responsible for re-stocking supplies or used equipment. During an observation completed on 5/27/26, at 11:39 a.m. it was revealed that the Second Floor High Side Crash Cart (a cart maintained with equipment used in cardiac emergencies) failed to have a suction machine or a check list for the emergency supplies to be included on the crash cart. During an interview completed on 5/27/26, at 11:39 a.m. Registered Nurse (RN) Employee E5 confirmed that the crash cart did not contain a suction machine. Upon asking RN Employee E5 concerning a check list for emergency supplies included on the crash cart replied, I have never seen a check list. During an observation completed on 5/27/26, at 11:58 a.m. the Second Floor Low Side Crash Cart failed to reveal a check list for the emergency supplies to be included on the crash cart. During an interview completed on 5/27/26, at 11:58 a.m. RN Employee E6 confirmed a check list for the emergency supplies failed to be included on the crash cart. RN Employee E6 referred to a piece of paper that was taped to the cupboard in the storage room titled Emergency Supplies QA - to be done by the 11-7 nurse Sunday and stated, this does not contain the crash cart supplies and it was not completed for two of the four weeks 5/10/26, and 5/24/26. During an interview completed on 5/28/26, at 2:00 p.m. the interim Director of Nursing Employee E19 confirmed no check list were available for the accountability of the crash carts emergency supplies and that the facility failed to make certain that equipment was in safe operating condition for two of three crash carts (Second Floor High Side Crash Cart and Second Floor Low Side Crash Cart). 28 Pa. Code: 201.14(a) Responsibility of licensee.