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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/23/2026 |
| NAME OF PROVIDER OR SUPPLIER Wecare at South Hills Rehabilitation and Nrsng Ctr | | STREET ADDRESS, CITY, STATE, ZIP CODE 201 Village Drive Canonsburg, PA 15317 | |
| 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, resident council group interview, observations and staff interviews it was determined that the failed to provide a clean, safe, comfortable, and homelike environment for clean public shower areas and equipment for two of two resident shower rooms (B/C and A/E shower rooms), failed to provide a clean, safe, comfortable, and homelike environment for two of four resident hallways (B/C Hallways), and two of two resident lounges B/C and A/E resident lounges).Findings include:Review of the facility policy Homelike environment dated 8/27/25, indicated to provide a safe, clean and comfortable environment. Provide a clean, sanitary, and orderly environment and provide comfortable and safe temperatures between 71 and 81.During a tour on 1/21/26, at 2:20 p.m. with the Nursing Home Administrator the following observations were noted:-B/C shower room had a dark brown/black substance in the grout of the shower's floor, cracked tiles at base of the shower and the wall. Thes shower chairs were soiled with brown residue.-A/E shower room had a metal pin sticking out of stall one's rear wall, had discolored shower grout, the third stall's shower head handle with brown substance. Shower chair with brown residue and rust apparent on all four wheels.During an interview on 1/21/26, at 2:21 p.m. the Nursing Home Administrator confirmed the observations of the B/C and A/E shower rooms and equipment.During a Resident council group interview on 1/21/26, at 1:00 p.m. five out of five residents indicated the resident lounges on each side (B/C and A/E) are too cold in the winter months.During an interview and tour on 1/21/26, at 2:50 p.m. with the Nursing Home Administrator and Maintenance Director Employee the following areas indicated inadequate temperatures:-B/C lounge noted to be blowing cold air. Temperature 58.1 F (Fahrenheit).-room [ROOM NUMBER], the temperature was 68 F.-room [ROOM NUMBER], the temperature was 68.9 F.-room [ROOM NUMBER], the temperature was 65.6 F.-room [ROOM NUMBER], the temperature was 64.7 F.-room [ROOM NUMBER], the temperature was 68.3 F.During an interview on 1/21/26, at 4:00 p.m. the Nursing Home Administrator confirmed the facility failed to provide a clean, safe, comfortable, and homelike environment for two of four resident hallways (B/C Hallways), and two of two resident lounges B/C and A/E resident lounges), and failed to provide clean public shower areas and equipment for two of two resident shower rooms (B/C and A/E shower rooms).28 Pa. code: 201.14 (b) Responsibility of licensee.28 Pa Code: 201.18 (e)(1)(2) Management. 28 Pa Code: 201.29 (a)(c) 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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 395289 |
| | | If continuation sheet Page 1 of 2 |

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| <p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, resident clinical records, and staff interviews, it was determined that the facility failed to ensure a resident received appropriate behavioral health services to maintain the highest practicable well-being for one of two sampled residents (Resident R33). Findings include: Review of the facility policy Behavioral health Services dated 8/27/25, indicated behavioral health services are provided to residents as needed as part of the interdisciplinary, person-centered approach to care. Review of the admission record indicated Resident R33 admitted to the facility on [DATE]. Review of Resident R33's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/14/26, indicated the diagnoses of heart failure (heart doesn't pump blood as well as it should), anxiety, and depression. Review of Resident R33's current care plan indicated resident has a behavior problem of requesting staff to purchase gift cards for an online friend and requesting staff take her to the store to purchase gift cards related to intellectual disability and poor safety awareness. Interview with Resident R33 on 1/22/26, at 10:00 a.m. indicated the Legal Guardian took the resident's personal cell phone a few weeks ago and resident hasn't had their private therapy call for two weeks now. Interview with Director of Nursing (DON) 1/22/26, at 11:20 a.m. indicated Resident R33 has a private therapy call every Monday at 1:00 p.m. for as long as the DON has worked at the facility. Resident R33 has missed two therapy appointments because the facility did not have the private therapist's name or number because the Legal Guardian took the phone for repairs and has not returned it. Further interview with the DON on 1/22/26, at 11:50 a.m. revealed the facility did not have the contact name and number of the resident's therapist and indicated the facility has not reached out to the Legal Guardian in attempt to retrieve the therapist's name and number to continue Resident R33's weekly calls from a facility phone for their therapy. During an interview on 1/22/26, at 3:00 p.m. the Director of Nursing confirmed that Resident R33 missed two therapy treatment calls and that the facility failed to ensure a resident received appropriate behavioral health services to maintain the highest practicable well-being for one of two sampled residents (Resident R33). 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3)(e)(1) Management 28 Pa. Code 211.12(c)(d)(3) Nursing services 28 Pa. Code 211.16(a) Social services</p> | | |