

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  02/17/2026
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, resident observations, and resident and staff interviews, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of 10 of 15 residents (Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10) and for four of five staff members (Employee E1, E2, E3, and E4). Findings Include: Review of the facility policy, Answering the Call Light dated 8/27/25, indicated, The purpose of this procedure is to ensure timely responses to the resident's requests and needs. Review of the facility policy, Activities of Daily Living, (ADL), Supporting dated 6/1/25, indicated, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. During an observation on 2/17/26, at approximately 10:56 a.m. Resident R1 was noted to have a large amount of brown substance underneath his very long, curled over fingernails. Review of Resident R1's point of care documentation from 1/18/26, through 2/17/26, revealed Resident R1's scheduled shower days were Wednesdays and Saturdays, on evening shift. 1/21/26: Documented as Shower1/24/26: Documented as Not Applicable1/28/26: Documented as Not Applicable1/31/26: Documented as Not Applicable2/04/26: Documented as Not Applicable2/07/26: Documented as Not Applicable2/11/26: Documented as Refused2/14/26: Documented as Bed bath Review of facility census information confirmed Resident R1 was not out of the facility on any dates from 1/18/26, through 2/17/26. During an observation on 2/17/26, at approximately 10:57 a.m. Resident R2 was noted to have a large amount of dandruff and dry skin crusted on his hair. Review of Resident R2's point of care documentation from 1/18/26, through 2/17/26, revealed Resident R2 did not have documented scheduled shower days. 1/20/26: Documented as Bed/Towel Bath2/07/26: Documented as Bed/Towel Bath2/10/26: Documented as Not Applicable2/11/26: Documented as Not Applicable2/14/26: Documented as Bed/Towel Bath Review of facility census information confirmed Resident R2 was not out of the facility on any dates from 1/18/26, through 2/17/26. During an interview on 2/17/26, at approximately 11:00 a.m. Resident R3 stated that call light response times can be excessive, and it depends on what staff is working. During an interview on 2/17/26, at approximately 11:00 a.m. Resident R4 stated that they are so short-staffed. During an interview on 2/17/26, at approximately 11:10 a.m. Resident R5 stated that they are very understaffed. It stresses the aides out and it's not food for the patients. During an interview and observation on 2/17/26, at approximately 11:15 a.m. Resident R6 stated that call light response times can be excessive. Resident R6 was noted to have a large amount of brown substance underneath his fingernails. During an interview on 2/17/26, at approximately 11:18 a.m. Resident R7 stated that could always use more help. During an interview on 2/17/26, at approximately 11:18 a.m. Resident R7 stated that could always use more help. During an interview on 2/17/26, at approximately 12:41 p.m. Resident R8, when asked if the facility maintained enough staff to care for residents, stated Sometimes.</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
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>When asked about call light response times, Resident R8 stated Depends. During an interview on 2/17/26, at approximately 12:45 p.m. Resident R9, when asked if the facility maintained enough staff to care for residents, stated No and further stated that there is a delay in getting people dressed and out of bed in the morning. When asked about call light response times, Resident R8 stated Call lights are long, because there isn't enough staff. During an observation on 2/17/26, at approximately 12:50 p.m. Resident R10 was noted to have a large amount of brown substance underneath his fingernails. When asked if he wanted his facial hair shaved, Resident R10 nodded his head affirmatively. Review of Resident R10's point of care documentation from 1/18/26, through 2/17/26, revealed Resident R10's scheduled shower days were Wednesdays and Saturdays, on evening shift. 1/21/26: Documented as Not Applicable1/24/26: Documented as Bed/Towel Bath1/28/26: Documented as Not Available (resident was hospitalized [DATE]: Documented as Not Available (resident was hospitalized [DATE]: Documented as Not Applicable2/07/26: No documentation2/11/26: Documented as Bed/Towel Bath2/14/26: No documentation Review of facility census information confirmed Resident R10 was in the facility from 1/18/26, through 1/27/26, and from 2/3/26, through 2/17/26. During staff interviews completed during the survey, the following was stated in response to questions about facility staffing: Employee E1, Do you want me to tell the truth, do you want me to lose my job? They are killing us. They are killing us. Employee E2, Crappy. Changes day-to-day. You never know what's going to go on. Employee E3, It's horrible. Employee E4, They just had a call off. We work short on daylight and then have to pick up on evenings and our days off. During an electronic interview on 2/17/26, at approximately 1:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for ten of fifteen residents. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(e)(6) Management. 28 Pa. Code: 201.20(a) Staff development. 28 Pa. Code: 211.12(a)(c)(d)(1)(2)(3)(4) Nursing services.</p>		