

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 03/24/2026
NAME OF PROVIDER OR SUPPLIER Wecare at South Hills Rehabilitation and Nrsg 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 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 a review of facility policy, observations and staff interview it was determined that the facility failed to properly store food products at safe temperatures in the Main Kitchen, which created the potential for foodborne illness in one of one deep freezer. Findings Include: Review of the facility policy Food Storage dated 8/27/2025, indicated that the facility will maintain proper temperatures in all storage areas. The proper temperature ranges for freezer units are 0 degrees Fahrenheit or below. During an observation of the main kitchen on 3/24/26, at 1:00 p.m., it was revealed the freezer door was ajar and the external temperature gauge read 8 degrees Fahrenheit. The freezer door was closed and at 1:25 p.m. the temperature reading was noted to be 20 degrees Fahrenheit. At 1:40 p.m. the temperature of the freezer was noted to be 20 degrees Fahrenheit. It was noted at that time that the internal thermostat was set to come on at 15 degrees Fahrenheit and turn off at 10 degrees Fahrenheit. At 2:00 p.m. it was noted that the freezer temperature was at 0 degrees Fahrenheit, indicating that the freezer was out of proper range for one hour. During an interview on 3/24/26 at 2:00 p.m., The Director of Maintenance Employee E1 confirmed the above findings and that the freezer was not maintaining temperature at proper ranges which created the potential for food borne illness. During an interview on 3/24/26, at 2:30 p.m., the Nursing Home Administrator confirmed that the facility failed to properly store food products in the Main Kitchen, which created the potential for foodborne illness. Pa. 28 Code: 211.6(c)(d)(f) 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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