

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Wecare at Murrysville Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 Logan Ferry Road Murrysville, PA 15668	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<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 and staff interview it was determined that the facility failed to provide a clean, safe, comfortable, and homelike environment for eight of 15 resident rooms (Rooms 114, 116, 119, 122, 139, 140, 143, and 144). Findings include: Review of facility Homelike Environment policy dated 5/30/25, indicated residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. During a tour of the facility on 11/4/25, from 11:30 a.m. to 12:00 p.m. with the Nursing Home Administrator (NHA), Director of Nursing, Assistant Director of Nursing, and the Regional Maintenance Director Employee E1 the following were observed: Resident room [ROOM NUMBER]'s bathroom had stained, grime tiles around the toilet and the plaster behind the toilet was chipped and stained dark brown. Resident room [ROOM NUMBER]'s bathroom had stained, grime tiles around the toilet and the plaster behind the toilet was chipped and stained dark brown. Resident room [ROOM NUMBER]'s bathroom had brown, grime tiles throughout the bathroom and a missing vent cover on the ceiling. Resident room [ROOM NUMBER]'s bathroom had brown, grime tiles throughout the bathroom. Resident room [ROOM NUMBER]'s bathroom had brown, grime tiles around the toilet and throughout the bathroom. Resident room [ROOM NUMBER]'s bathroom had incomplete patchwork below the sink. Resident room [ROOM NUMBER]'s bathroom had no toilet. Resident room [ROOM NUMBER]'s bathroom had brown, grime tiles around the toilet and throughout the bathroom. During an interview on 11/4/25, at 12:01 p.m. the NHA and the Regional Maintenance Director Employee E1 confirmed the above findings and that the facility failed to provide a clean, safe, comfortable, and homelike environment for eight of 15 resident rooms (Rooms 114, 116, 119, 122, 139, 140, 143, and 144). 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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