STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395295	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wecare at Murrysville Rehab and Nursing Center	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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records and staff interviews, it was determined that the facility failed to conduct care plan conferences and failed to ensure a resident or resident representative was notified in advance of care conference meetings for one of two residents (Resident R1).Findings include: The facility Resident participation-Assessments/Care plans policy dated 1/8/26, indicated that the resident and his or her representative are encouraged to participate in the resident's assessment and in the development of the resident's care plan. A seven day advance notice of the care plan conference is provided to the resident and his or her representative. The Social Services director is responsible for notifying the resident or representative and for maintaining records of such notices. Review of the facility policy Care Plans. Comprehensive Person-Centered, dated 1/8/26, indicated that the comprehensive, person-centered care plan is developed within seven days of the completion of the required MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) i.e. Admission, Annual, or Significant Change, and no more than 21 days after admission. Review of Resident R1's admission record indicated he was originally admitted on [DATE]. Review of Resident R1's MDS assessment dated [DATE], indicated diagnoses of high blood pressure, muscle weakness, and diabetes (a group of diseases that affect how the body uses blood sugar. Review of Resident R1's written concern dated 5/26/26, stated the following: I do not feel included in my plan of care, and I do not feel that I am being kept informed in a way that helps me understand or participate in my own care decisions. Resident R1's clinical record revealed the following MDS assessments with the following Assessment Reference Date (ARD- a look back period of time for the MDS assessment): MDS with ARD of 2/12/26, Significant change MDS with ARD of 4/1/26, and MDS with ARD of 5/8/26. Resident R1's clinical record revealed that a care plan meeting was held with the resident on 2/18/26, which was in correlation with the MDS with ARD of 2/12/26. Further review of Resident R1's clinical record lacked any evidence that the resident and/or resident representative was invited to or attended a care plan meeting in conjunction with the MDS for 4/1/26, or 5/8/26 ARD. During an interview on 6/3/25, at 2:30 p.m. Social Worker Employee E1 confirmed that the facility failed to conduct care plan conferences and failed to ensure a resident or resident representative was notified in advance of care conference meetings for Resident R1 for MDS ARD of 4/1/26, and 5/8/26. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395295	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wecare at Murrysville Rehab and Nursing Center	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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interview, it was determined the facility failed to make certain a resident had an updated, person-centered care plan individualized to each specific resident's needs for one of two residents (Resident R1).Findings include: Review of the facility policy Care Plans. Comprehensive Person-Centered, dated 1/8/26, indicated that the comprehensive, person-centered care plan is developed within seven days of the completion of the required MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) i.e. Admission, Annual, or Significant Change, and no more than 21 days after admission. Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. Review of Resident R1's admission record indicated he was originally admitted on [DATE]. Review of Resident R1's MDS assessment dated [DATE], indicated diagnoses of high blood pressure, muscle weakness, and diabetes (a group of diseases that affect how the body uses blood sugar. Section M0100 indicated that resident has a pressure injury, a scar over bony prominence, or a non-removable dressing/device. Review of Resident R1's care plan dated 5/18/26, failed to include any revision that resident had developed a pressure injury. During an interview on 6/3/26, at 3:05 p.m. the Director of Nursing confirmed that the care plan was not updated to include Resident R1's pressure injury, and confirmed that the facility failed to make certain a resident had an updated, person-centered care plan individualized to each specific resident's needs for one of two residents (Resident R1). 28 Pa. Code 201.24(e)(1)(5) Admissions Policy28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.