

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 03/28/2025
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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46167</p> <p>Based on review of facility policy, resident records, observation, and staff interview it was determined that the facility failed to uphold the privacy and dignity of two of four residents reviewed utilizing an indwelling urinary catheter (foley - a thin rubber tube inserted either through the urethra or suprapubic [abdomen] to allow for bladder drainage) for two of four residents (Residents R12 and R187).</p> <p>Findings include:</p> <p>Review of the facility policy Resident Rights last reviewed 2/12/25, indicated that employees shall treat residents with kindness, respect, and dignity. Resident rights include the right to a dignified existence.</p> <p>Review of the clinical record indicated Resident R12 was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident R12's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/24/25, indicated diagnoses of high blood pressure, hyperlipidemia (high levels of fat in the blood), and neurogenic bladder (bladder problems due to disease or injury of the nervous system involved in the control of urination).</p> <p>Review of a physician order dated 3/2/25, indicated Resident R12 had a suprapubic catheter, size 18 French, 10 cc (cubic centimeters) balloon change every 30 days for neuromuscular dysfunction.</p> <p>During an observation on 3/24/25, at 10:53 a.m. Resident R12's catheter collection bag was observed hanging on her bed without a privacy cover present. Urine was visible in the collection bag.</p> <p>During an interview on 3/24/25, at 11:03 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed Resident R12's catheter collection bag did not have a privacy cover on it and that the facility failed to ensure care was provided in a manner in which maintained Resident R12's dignity.</p> <p>Review of the clinical record revealed Resident R187 was admitted to the facility on [DATE].</p> <p>Review of Resident 187's MDS dated [DATE], indicated diagnoses of high blood pressure, urinary tract infection (infection in any part of the kidneys, bladder or urethra), and cancer.</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
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 3/24/25, at 12:27 p.m. Resident R187 was observed utilizing an indwelling catheter without a privacy cover on the urine collection bag. The urinary bag was observed on the floor beside the resident's bed without a dignity bag covering the urine collection bag. Urine was visible in the bag.</p> <p>During an interview on 3/24/25, at 12:27 p.m. Licensed Practical Nurse Employee E10 confirmed that Resident R187 did not have a dignity bag covering the urine collection bag of the catheter, and that the facility failed to uphold his privacy and dignity.</p> <p>28 Pa Code: 201.29 (a) Resident rights.</p>		

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<p>F 0575</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p>50075</p> <p>Based on observations, and staff interview it was determined that the facility failed to have complete contact information for State Long-Term Care Ombudsman program posted at the facility.</p> <p>Findings include:</p> <p>During an observation, in the front lobby area, there was a poster with Ombudsman contact information which only consisted of the county of the Ombudsman and the phone number, and did not have Ombudsman name, address, or email address listed.</p> <p>During an interview on 3/28/25, at 10:29 a.m. the Nursing Home Administrator confirmed that the facility failed to post the Ombudsman's name, address, and email address as required.</p> <p>28 Pa. Code: 201.14(a)Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(3) Management.</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on review of facility policy, resident grievances for 90 days, clinical records, and resident and staff interviews, it was determined that the facility failed to effectively resolve, in a timely manner, a grievance in relation to concerns documented via Grievance procedure and complete the reports in their entirety for one of five grievances reviewed (R58), failed to provide grievance forms, and failed to post an updated policy and procedure that included the current grievance officer name in an accessible location (Front lobby area).</p> <p>Findings include:</p> <p>Review of facility policy, Resident Rights dated 2/12/25, indicated that the facility will treat all residents with kindness, respect and dignity. Residents have the right to voice grievances to the facility, or other agency that hears grievances, without discrimination or reprisal and without fear of discrimination or reprisal. Residents have the right to have the facility respond to his or her grievance.</p> <p>Review of facility policy, Grievance Policy and Procedures dated 2/12/25, indicated that the facility will record and resolve all grievances. The Grievance Officer shall be responsible for facilitating, tracking resolutions, and reporting to the Quality Assurance committee. Grievance form ' s location is at front reception desk. Facility members or grievance officer receiving the grievance form shall assign a responsible party to investigate and complete a resolution within five days dated on form.</p> <p>Review of Resident R58's clinical record indicated the resident was admitted [DATE].</p> <p>Review of Resident R58's Minimum Data Set (MDS- a periodic assessment of resident care needs) dated 2/1/25, indicated he had diagnoses that included depression, chronic pain syndrome, and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time).</p> <p>During a review of Complaint/Grievance form dated 2/20/25, indicated that the residents phone was missing. Resident R58 is alert and oriented and stated the last time he saw his phone was beside him laying on the bed.</p> <p>During a review of Complaint/Grievance form dated 2/20/25, corrective action taken/to be taken is blank.</p> <p>During an observation, Resident R58 does not have an easy assessable drawer that can be secured within reach to keep his belongings.</p> <p>During an interview on 3/24/25, at 10:44 a.m. Resident R58 stated that the facility talked to him and will not replace his personal item, but is not satisfied with the outcome.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/27/25, at 1:03 p.m. the Nursing Home Administrator stated, Just so you know, we are still investigating this concern. No updated solutions were identified on the grievance form. The facility was unable to produce documented evidence of Resident R58's was educated on lost personal items upon admission and failed to produce a copy of his inventory sheet.</p> <p>During an interview on 3/28/25, at 10:45 a.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to resolve a dispute via grievance process in a timely manner.</p> <p>During an observation on 3/28/25, at 10:25 a.m. of the facility's posted grievance policy failed to indicate the current grievance officers name and failed to have grievance forms available to residents or representatives located by the front lobby.</p> <p>During an interview on 3/28/25, at 10:30 a.m. Social Worker Employee E13 confirmed that the grievance officer needed updated, and that there were no grievance forms located by the front lobby.</p> <p>During a group interview conducted on 3/25/25, at 1:00 p.m. indicated residents stated, there is no new business in Feb & March because it's the same issues.</p> <p>During an interview on 3/28/25, at 11:03 a.m. the NHA confirmed that the facility failed to effectively resolve, in a timely manner, a grievance in relation to concerns documented via Grievance procedure and complete the reports in their entirety for one of five grievances reviewed (R58), and failed to provide grievance forms and provide an updated policy and procedure that included the current grievance officer name in an accessible location.(Front lobby area</p> <p>28 Pa. Code: 201.18(b)(3) Management</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546</p> <p>Based on review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to ensure that residents were free from neglect for one of three residents reviewed (Resident R46).</p> <p>Finding include:</p> <p>Review of facility policy Abuse and Neglect - Clinical Protocol dated 2/12/25, indicated neglect means the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.</p> <p>Review of the clinical record indicated Resident R46 was admitted to the facility on [DATE].</p> <p>Review of Resident R46's Minimum Data Set (MDS - a periodic assessment of resident care needs) dated 2/7/25, indicated diagnoses of high blood pressure, depression, and repeated falls.</p> <p>Review of a physician order dated 3/18/25, indicated to apply Triple Antibiotic External Ointment to skin tear to right elbow every day shift for impaired skin integrity for 7 days. Cleanse skin tear with NSS (normal sterile saline), pay dry and apply TAO (Triple Antibiotic Ointment) and cover with border dressing (a self-adhering dressing).</p> <p>During an observation on 3/24/25, at 9:10 a.m. a dressing was observed on Resident R46's right elbow and was dated 3/22.</p> <p>During an interview on 3/24/25, at 9:18 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed the date on Resident R46's right elbow dressing was 3/22.</p> <p>During an interview on 3/27/25, at 11:06 a.m. the Director of Nursing (DON) stated, The nurse admitted she didn't do the dressing on 3/23/25, she said she forgot.</p> <p>During an interview on 3/26/25, at 11:06 a.m. the DON confirmed that the facility failed to ensure Resident R46 was free from neglect as required.</p> <p>28. Pa Code 201.14(a) Responsibility of licensee.</p> <p>28. Pa Code 201.18(b)(1)(e)(1) Management.</p> <p>28. Pa. Code 211.12(d)(1)(5) Nursing services.</p>

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46167</p> <p>Based on review of facility policies and clinical records, observations and staff interviews it was determined that the facility failed to identify a bolster (a long, thick cushion) as a possible restraint, failed to assess the functional status of the individual resident to determine if the use of a bolster is a restraint, and failed to obtain physician's order for the use of a bolster for one of two residents (Resident R70.)</p> <p>Findings include:</p> <p>The facility policy Use of Restraints last reviewed 2/12/25, indicated that restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. When the use of restraints is indicated, the least restrictive alternative will be used for the least amount of time necessary, and the ongoing reevaluation for the need for restraint will be documented.</p> <p>Physical Restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body.</p> <p>Prior to placing a resident in restraints, there shall be a pre-restraining assessment and review to determine the need for restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms.</p> <p>Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative. Restrained individuals shall be reviewed regularly (at least quarterly) to determine whether they are candidates for restraint reduction, less restrictive methods of restraints, or total restraint elimination.</p> <p>Review of the clinical record indicated Resident R70 was admitted to the facility on [DATE].</p> <p>Review of Resident R70's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/23/25, indicated diagnoses of Post Traumatic Stress Disorder (PTSD- a disorder that develops when a person has experienced or witnessed a scary, shocking, terrifying, or dangerous event), high blood pressure, and stroke.</p> <p>During an observation on 3/24/25, at 12:24 p.m. Resident R70 was observed lying in bed with bolsters between his body and both sides of the bed.</p> <p>Review of Resident R70's clinical record failed to identify any assessments, orders, or ongoing evaluations for use of bolsters.</p> <p>(continued on next page)</p>

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview on 3/28/25, at 11:12 a.m. the Director of Nursing confirmed the facility failed to assess Resident R70 for a restraint, failed to have any ongoing evaluation of a possible restraint, and failed to obtain a physician's order for use of bolsters.</p> <p>28 Pa. Code: 211.8(d)(e) Use of restraints.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1) Management.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546</p> <p>Based on review of facility documents, facility policy, clinical records, and staff interviews, it was determined that the facility failed to implement written policies and procedures to ensure complete and thorough investigations of allegations of abuse and neglect for four of five residents (Resident R14, R44, R46, and R286).</p> <p>Findings include:</p> <p>Review of facility policy Abuse and Neglect - Clinical Protocol dated 2/12/25, indicated neglect means the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.</p> <p>Review of the clinical record indicated Resident R14 was admitted to the facility on [DATE].</p> <p>Review of Resident R14's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/19/25, indicated diagnoses of high blood pressure, depression, and cerebral palsy (group of disorders that affect a person's ability to move and maintain balance and posture).</p> <p>During a review of facility provided documents, labeled Complaint/Grievance Form, on 3/27/25, at 9:02 a.m. indicated that Resident R14 stated his aide had an attitude and refused to change his brief on 9/22/24. Corrective actions taken included Nursing Assistant (NA) was added to the facilities Do Not Return list.</p> <p>During an interview on 3/27/25, at 10:55 a.m. the Director of Nursing (DON) confirmed that this was an allegation of neglect and confirmed that the facility failed to implement written policies and procedures to ensure a complete and thorough investigation of an allegation of neglect for Resident R14.</p> <p>Review of the clinical record indicated Resident R44 was admitted to the facility on [DATE].</p> <p>Review of Resident R44's MDS dated [DATE], indicated diagnoses of depression, diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and irritable bowel syndrome.</p> <p>During a review of facility provided documents, labeled Complaint/Grievance Form on 3/27/25, at 9:15 a.m. indicated that Resident R44 reported that a NA was yelling and screaming at her when she needs her bedpan emptied and that the NA threw a clean brief at her on 11/22/24, when she asked for a brief to be put on her.</p> <p>During an interview on 3/27/25, at 10:51 a.m. the DON confirmed that this was an allegation of abuse and confirmed that the facility failed to implement written policies and procedures to ensure a complete and thorough investigation of an allegation of abuse for Resident R44.</p> <p>Review of the clinical record indicated Resident R46 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R46's MDS dated [DATE], indicated diagnoses of high blood pressure, depression, and repeated falls.</p> <p>Review of a physician order dated 3/18/25, indicated to apply Triple Antibiotic External Ointment to skin tear to right elbow every day shift for impaired skin integrity for 7 days. Cleanse skin tear with NSS (normal sterile saline), pat dry and apply TAO (Triple Antibiotic Ointment) and cover with border dressing (a self-adhering dressing).</p> <p>During an observation on 3/24/25, at 9:10 a.m. a dressing was observed on Resident R46's right elbow and was dated 3/22.</p> <p>During an interview on 3/24/25, at 9:18 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed the date on Resident R46's right elbow dressing was 3/22.</p> <p>During an interview on 3/27/25, at 11:06 a.m. the Director of Nursing (DON) stated, The nurse admitted she didn't do the dressing on 3/23/25, she said she forgot. The nurse was written up but I'm not sure if statements were obtained, I didn't realize that was neglect.</p> <p>During an interview on 3/26/25, at 11:06 a.m. the DON confirmed that the facility failed to implement written policies and procedures to ensure a complete and thorough investigation of an allegation of neglect for Resident R46.</p> <p>Review of clinical record indicated Resident R286 was admitted to the facility on [DATE], and was discharged on [DATE].</p> <p>Review of Resident R286 MDS dated [DATE], indicated diagnoses of heart failure, high blood pressure, and diabetes.</p> <p>During a review of facility provided documents, labeled Complaint/Grievance Form on 3/27/25, at 9:30 a.m. indicated that Resident R286 reported that she is very upset because she asked her NA to get her out of bed and was never assisted on 9/21/24. Resident was in bed for the daylight shift and the evening shift assisted her out of bed. Corrective actions taken was education was provided and a verbal warning was given.</p> <p>During an interview on 3/27/25, at 10:53 the DON confirmed that this was an allegation of neglect and confirmed that the facility failed to implement written policies and procedures to ensure a complete and thorough investigation of an allegation of neglect for Resident R286.</p> <p>28. Pa Code 201.14(a) Responsibility of licensee.</p> <p>28. Pa Code 201.18(b)(1)(e)(1) Management.</p> <p>28. Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546</p> <p>Based on review of facility policy, clinical record review, reports submitted to the State, and staff interview, it was determined that the facility failed to report allegations of abuse and neglect in the required time frame for four of five residents (Resident R14, R44, R46, and R286).</p> <p>Findings include:</p> <p>Review of facility policy Abuse and Neglect - Clinical Protocol dated 2/12/25, indicated neglect means the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.</p> <p>Review of the clinical record indicated Resident R14 was admitted to the facility on [DATE].</p> <p>Review of Resident R14's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/19/25, indicated diagnoses of high blood pressure, depression, and cerebral palsy (group of disorders that affect a person's ability to move and maintain balance and posture).</p> <p>During a review of facility provided documents, labeled Complaint/Grievance Form, on 3/27/25, at 9:02 a.m. indicated that Resident R14 stated his aide had an attitude and refused to change his brief on 9/22/24. Corrective actions taken included Nursing Assistant (NA) was added to the facilities Do Not Return list.</p> <p>During an interview on 3/27/25, at 10:55 a.m. the Director of Nursing (DON) confirmed that the facility failed to report an allegation of neglect in the required timeframe for Resident R14.</p> <p>Review of the clinical record indicated Resident R44 was admitted to the facility on [DATE].</p> <p>Review of Resident R44's MDS dated [DATE], indicated diagnoses of depression, diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and irritable bowel syndrome.</p> <p>During a review of facility provided documents, labeled Complaint/Grievance Form on 3/27/25, at 9:15 a.m. indicated that Resident R44 reported that a NA was yelling and screaming at her when she needs her bedpan emptied and that the NA threw a clean brief at her on 11/22/24, when she asked for a brief to be put on her.</p> <p>During an interview on 3/27/25, at 10:51 a.m. the DON confirmed that the facility failed to report an allegation of neglect in the required timeframe for Resident R44.</p> <p>Review of the clinical record indicated Resident R46 was admitted to the facility on [DATE].</p> <p>Review of Resident R46's MDS dated [DATE], indicated diagnoses of high blood pressure, depression, and repeated falls.</p> <p>(continued on next page)</p>

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 03/28/2025
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a physician order dated 3/18/25, indicated to apply Triple Antibiotic External Ointment to skin tear to right elbow every day shift for impaired skin integrity for 7 days. Cleanse skin tear with NSS (normal sterile saline), pay dry and apply TAO (Triple Antibiotic Ointment) and cover with border dressing (a self-adhering dressing).</p> <p>During an observation on 3/24/25, at 9:10 a.m. a dressing was observed on Resident R46's right elbow and was dated 3/22.</p> <p>During an interview on 3/24/25, at 9:18 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed the date on Resident R46's right elbow dressing was 3/22.</p> <p>During an interview on 3/27/25, at 11:06 a.m. the Director of Nursing (DON) stated, The nurse admitted she didn't do the dressing on 3/23/25, she said she forgot. The nurse was written up but I'm not sure if statements were obtained, I didn't realize that was neglect. It wasn't reported.</p> <p>During an interview on 3/26/25, at 11:06 a.m. the DON confirmed that the facility failed to report an allegation of neglect in the required timeframe for Resident R46.</p> <p>Review of clinical record indicated Resident R286 was admitted to the facility on [DATE], and was discharged on [DATE].</p> <p>Review of Resident R286 MDS dated [DATE], indicated diagnoses of heart failure, high blood pressure, and diabetes.</p> <p>During a review of facility provided documents, labeled Complaint/Grievance Form on 3/27/25, at 9:30 a.m. indicated that Resident R286 reported that she is very upset because she asked her NA to get her out of bed and was never assisted on 9/21/24. Resident was in bed for the daylight shift and the evening shift assisted her out of bed. Corrective actions taken was education was provided and a verbal warning was given.</p> <p>During an interview on 3/27/25, at 10:53 the DON confirmed that the facility failed to report an allegation of neglect in the required timeframe for Resident R286.</p> <p>28 Pa. Code 201.14(a)(c) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1)(3)(e)(1) Management.</p> <p>28 Pa. Code 201.20(b) Staff development.</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546</p> <p>Based on review of facility documents, facility policy, clinical records, and staff interview, it was determined that the facility failed to conduct thorough investigations of allegations of abuse neglect for four of five residents (Resident R14, R44, R46, and R286).</p> <p>Findings include:</p> <p>Review of facility policy Abuse and Neglect - Clinical Protocol dated 2/12/25, indicated neglect means the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.</p> <p>Review of the clinical record indicated Resident R14 was admitted to the facility on [DATE].</p> <p>Review of Resident R14's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/19/25, indicated diagnoses of high blood pressure, depression, and cerebral palsy (group of disorders that affect a person's ability to move and maintain balance and posture).</p> <p>During a review of facility provided documents, labeled Complaint/Grievance Form, on 3/27/25, at 9:02 a.m. indicated that Resident R14 stated his aide had an attitude and refused to change his brief on 9/22/24. Corrective actions taken included Nursing Assistant (NA) was added to the facilities Do Not Return list.</p> <p>During an interview on 3/27/25, at 10:55 a.m. the Director of Nursing (DON) confirmed that this was an allegation of neglect and confirmed that the facility failed to conduct a thorough investigation of an allegation of neglect for Resident R14.</p> <p>Review of the clinical record indicated Resident R44 was admitted to the facility on [DATE].</p> <p>Review of Resident R44's MDS dated [DATE], indicated diagnoses of depression, diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and irritable bowel syndrome.</p> <p>During a review of facility provided documents, labeled Complaint/Grievance Form on 3/27/25, at 9:15 a.m. indicated that Resident R44 reported that a NA was yelling and screaming at her when she needs her bedpan emptied and that the NA threw a clean brief at her on 11/22/24, when she asked for a brief to be put on her.</p> <p>During an interview on 3/27/25, at 10:51 a.m. the DON confirmed that this was an allegation of abuse and confirmed that the facility failed to conduct a thorough investigation of an allegation of neglect for Resident R44.</p> <p>Review of the clinical record indicated Resident R46 was admitted to the facility on [DATE].</p> <p>Review of Resident R46's MDS dated [DATE], indicated diagnoses of high blood pressure, depression, and repeated falls.</p> <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a physician order dated 3/18/25, indicated to apply Triple Antibiotic External Ointment to skin tear to right elbow every day shift for impaired skin integrity for 7 days. Cleanse skin tear with NSS (normal sterile saline), pat dry and apply TAO (Triple Antibiotic Ointment) and cover with border dressing (a self-adhering dressing).</p> <p>During an observation on 3/24/25, at 9:10 a.m. a dressing was observed on Resident R46's right elbow and was dated 3/22.</p> <p>During an interview on 3/24/25, at 9:18 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed the date on Resident R46's right elbow dressing was 3/22.</p> <p>During an interview on 3/27/25, at 11:06 a.m. the Director of Nursing (DON) stated, The nurse admitted she didn't do the dressing on 3/23/25, she said she forgot. The nurse was written up but I'm not sure if statements were obtained, I didn't realize that was neglect.</p> <p>During an interview on 3/26/25, at 11:06 a.m. the DON confirmed that the facility failed to conduct a thorough investigation of an allegation of neglect for Resident R46.</p> <p>Review of clinical record indicated Resident R286 was admitted to the facility on [DATE], and was discharged on [DATE].</p> <p>Review of Resident R286 MDS dated [DATE], indicated diagnoses of heart failure, high blood pressure, and diabetes.</p> <p>During a review of facility provided documents, labeled Complaint/Grievance Form on 3/27/25, at 9:30 a.m. indicated that Resident R286 reported that she is very upset because she asked her NA to get her out of bed and was never assisted on 9/21/24. Resident was in bed for the daylight shift and the evening shift assisted her out of bed. Corrective actions taken was education was provided and a verbal warning was given.</p> <p>During an interview on 3/27/25, at 10:53 the DON confirmed that this was an allegation of neglect and confirmed that the facility failed to conduct a thorough investigation of an allegation of neglect for Resident R286.</p> <p>28 Pa. Code 201.14(a)(c) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1)(e)(1)(2) Management.</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies.</p> <p>28 Pa Code: 211.12 (c)(d)(1)(3)(5) Nursing services.</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>48546</p> <p>Based on review of the Resident Assessment Instrument User's Manual, clinical records, and staff interview, it was determined that the facility failed to make certain that comprehensive Minimum Data Set assessments were completed in the required time frame for three of three residents reviewed (Residents R45, R48, and R54).</p> <p>Findings include:</p> <p>Review of the Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that an admission MDS assessment was to be completed no later than 14 calendar days following admission (admitted plus 13 calendar days), and an annual MDS assessment was to be completed no later than the Assessment Reference Date (ARD) plus 14 calendar days.</p> <p>Resident R45 had an annual ARD of 8/10/24, and was due to be completed 8/24/24. The MDS was signed as completed on 9/10/24, 17 days after the due date.</p> <p>Resident R48 had an annual ARD of 8/24/24, and was due to be completed 9/7/24. The MDS was signed as completed on 9/11/24, four days after the due date.</p> <p>Resident R54 had an annual ARD of 8/9/24, and was due to be completed 8/23/24. The MDS was signed as completed 9/10/24, 18 days after the due date.</p> <p>During an interview on 3/28/25, at 9:52 a.m. Registered Nurse Assessment Coordinator (RNAC) Employee E12 stated, Our RNAC walked out in August, so we were behind on completing assessments at that time.</p> <p>During an interview on 3/28/25, at 9:52 a.m. RNAC Employee E12 confirmed that the facility failed to make certain that comprehensive Minimum Data Set assessments were completed in the required time frame as required.</p> <p>28 Pa. Code 211.5(f) Medical records.</p>

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>48546</p> <p>Based on review of the Resident Assessment Instrument User's Manual, clinical records, and staff interview, it was determined that the facility failed to make certain that quarterly Minimum Data Set assessments were completed within the required time frame for four of four residents (Residents R2, R8, R23, and R41).</p> <p>Findings include:</p> <p>Review of the Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that quarterly MDS assessments were to be completed no later than 14 calendar days after the Assessment Reference Date (ARD).</p> <p>Resident R2 had a quarterly ARD of 8/2/24, and was due to be completed 8/16/24. The MDS was signed as completed on 9/4/24, 19 days after the due date.</p> <p>Resident R8 had a quarterly ARD of 8/16/24, and was due to be completed 8/30/24. The MDS was signed as completed on 9/8/24, nine days after the due date.</p> <p>Resident R23 had a quarterly ARD of 8/8/24, and was due to be completed 8/22/24. The MDS was signed as completed 9/5/24, 14 days after the due date.</p> <p>Resident R41 had a quarterly ARD of 8/2/24, and was due to be completed 8/16/24. The MDS was signed as completed 9/8/24, 23 days after the due date.</p> <p>During an interview on 3/28/25, at 9:52 a.m. Registered Nurse Assessment Coordinator (RNAC) Employee E12 stated, Our RNAC walked out in August, so we were behind on completing assessments at that time.</p> <p>During an interview on 3/28/25, at 9:52 a.m. RNAC Employee E12 confirmed that the facility failed to make certain that quarterly Minimum Data Set assessments were completed in the required time frame as required.</p> <p>28 Pa. Code 211.5(f) Medical records.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546</p> <p>Based on a review of Resident Assessment Instrument (RAI) User's Manual, clinical records, and staff interviews, it was determined that the facility failed to ensure that Minimum Data Set (MDS - a periodic assessment of care needs) assessments accurately reflected the resident's status for two of two residents (Residents R39 and R45).</p> <p>Findings include:</p> <p>The Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated the following instructions:</p> <ul style="list-style-type: none"> - K0300 Weight Loss: code 2, yes if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was note planned and prescribed by a physician. - K0710A Proportion of Total Calories the Resident Received through Parental or Tube Feeding: review intake records within the last 7 days to determine actual intake through parental or tube feeding routes. Select the best response: 1 for 25% or less, 2 for 26% to 50%, or 3 for 51% or more. - K0710B Average Fluid Intake per Day by IV or Tube Feeding: review intake records from the last 7 days. Code 1 for 500 cc (cubic centimeters)/day or less. Code 2 for 501 cc/day or more. <p>Review of Resident R39's clinical record indicated that he was admitted to the facility 8/1/24.</p> <p>Review of Resident R39's Minimum Data Set (MDS - a periodic assessment of care needs) dated 12/24/24, indicated diagnoses of high blood pressure, stroke (damage to the brain from interruption of its blood supply) and dysphagia (difficulty swallowing). Section K0520B indicated that resident has a feeding tube.</p> <p>Review of Resident R39's clinical record revealed a physician's order dated 10/2/24 to receive Osmolite 1.5 (a nutrition formula for use with a feeding tube) at 70 milliliters (ml) per hour for 18 hours per day, and an order dated 10/6/24 for mechanical soft (an oral diet that is easy to chew) pleasure feeds (food given for the resident's pleasure and comfort, rather than nutritional needs).</p> <p>Review of Resident R39's October Medication Administration Record (MAR) indicated the resident received enteral tube feeding as ordered.</p> <p>Review of Resident R39's MDS dated [DATE], Section K - Swallowing/Nutritional Status, Question K0520 B indicated the resident received feeding tube feeding while a resident during the look-back period. Question K07102A Proportion of total calories the resident received through parenteral or tube feeding was documented as 25% or less while a resident and during entire last 7 days.</p> <p>Review of the clinical record indicated Resident R45 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R45's quarterly MDS dated [DATE], indicated diagnoses of high blood pressure, dysphagia, and anemia (too little iron in the blood).</p> <p>Review of a physician order dated 7/31/24, indicated to administer enteral feeding every evening and night shift, Osmolite 1.5 at 70 mL cc/hour with 200 cc water flush every 6 hours. Up at 6 p.m. and down at 6 a.m.</p> <p>Review of Resident R45's August MAR indicated the resident received enteral tube feeding and water flushes as ordered.</p> <p>Review of Resident R45's annual MDS dated [DATE], Section K - Swallowing/Nutritional Status, Question K0520 B indicated the resident received feeding tube feeding while a resident during the look-back period. Question K07102A Proportion of total calories the resident received through parenteral or tube feeding was documented as a dash for while a resident and during entire last 7 days. Question K07102B Average fluid intake per day by IV or tube feeding was documented as a dash for while a resident and during entire last 7 days.</p> <p>During an interview on 3/28/25, at 10:40 a.m. RNAC Employee E12 confirmed that Resident R45's annual MDS dated [DATE], was coded inaccurately for the resident's tube feeding and fluid intake.</p> <p>Review of Resident R45's quarterly MDS dated [DATE], indicated the resident's weight was documented as 215 pounds.</p> <p>Review of Resident R45's quarterly MDS dated [DATE], indicated the resident's weight was documented as 178 pounds. Section K - Swallowing/Nutritional Status, Question K0300: Weight Loss was coded 0 no or unknown for a loss of 5% or more in the last month or a loss of 10% or more in the last 6 months. Compared to Resident R45's documented weight on 5/15/24, of 215 pounds, this was a weight loss of 17.2% in 6 months.</p> <p>During an interview on 3/28/25, at 10:40 a.m. RNAC Employee E12 confirmed that Resident R39's MDS dated [DATE], and R45's MDS dated [DATE], was coded incorrectly and Resident R45's MDS should have been coded to capture the resident's significant weight loss.</p> <p>28 Pa. Code 201.14(a)(c) Responsibility of licensee.</p> <p>28 Pa. Code 211.5(f) Medical records.</p> <p>28 Pa. Code 211.12(c)(d)(5) Nursing services.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546</p> <p>Based on review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to make certain that residents were provided appropriate treatment and care for one of four residents (Resident R12).</p> <p>Findings include:</p> <p>Review of facility policy Administering Medications dated 2/12/25, indicated medications are administered in accordance with prescriber order, including any required time frame.</p> <p>The Centers for Disease Control defines diabetes as: Diabetes Mellitus is a chronic (long-lasting) health condition that affects how your body turns food into energy. Most of the food you eat is broken down into sugar (also called glucose) and released into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy. If you have diabetes, your body either doesn't make enough insulin or can't use the insulin it makes as well as it should. When there isn't enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease. People with Diabetes Mellitus may be prescribed injectable insulin to assist in maintaining acceptable levels of CBG's (capillary blood glucose). Hyperglycemia, or high blood glucose, occurs when there is too much sugar in the blood. This happens when your body has too little insulin. Hyperglycemia is blood glucose greater than 125 mg/dL (milligrams per deciliter) while fasting (not eating for at least eight hours, or a blood glucose greater than 180 mg/dL one to two hours after eating. If you have hyperglycemia and it's untreated for long periods of time, you can damage your nerves, blood vessels, tissues and organs. Damage to blood vessels can increase your risk of heart attack and stroke, and nerve damage may also lead to eye damage, kidney damage and non-healing wounds.</p> <p>Review of the clinical record indicated Resident R12 was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident R12's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/24/25, indicated diagnoses of high blood pressure, hyperlipidemia (high levels of fat in the blood), and neurogenic bladder (bladder problems due to disease or injury of the nervous system involved in the control of urination).</p> <p>Review of a physician order dated 3/2/25, indicated Resident R12 had a suprapubic catheter (a thin, flexible rubber or plastic tube inserted into the bladder through a small hole in the lower belly), size 18 French, 10 cc (cubic centimeters) ball change every 30 days for neuromuscular dysfunction.</p> <p>Review of a physician order dated 2/19/25, indicated to irrigate with 60 cc of sterile water as needed for obstruction. Allow irrigation fluid to flow freely back to suprapubic bag.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a nursing progress note dated 3/16/25, stated, Resident complained of discomfort in vaginal area with some burning. Peri (perineal) care provided. SP cath (suprapubic catheter) drained 20 cc on 11 p.m. - 7 a.m. shift. Irrigated prn (as needed). Immediate return of yellow urine. SP cath care provided. Drained 650 cc.</p> <p>Review of a nursing progress note dated 12/1/24, stated, Irrigated foley without difficulty for return of sterile water and urine.</p> <p>During an observation on 3/24/25, at 10:53 a.m. revealed an open irrigation syringe on Resident R12's dresser. The date written on the open packaging was 11/7/24.</p> <p>During an interview on 3/24/25, at 11:03 a.m. Licensed Practical Nurse Employee E1 confirmed the written date on the open irrigation syringe packaging was 11/7/24 and that the facility failed to provide appropriate care and treatment.</p> <p>Review of a physician order dated 2/19/25, indicated to administer Humalog (a type of insulin) subcutaneously (beneath the skin into the fatty tissue layer) before meals, inject as per sliding scale:</p> <ul style="list-style-type: none"> - If 70 - 140 = 0 units, < 70 initiate hypoglycemic protocol; - 141 - 180 = 1 unit; - 181 - 220 = 2 units; - 221 - 260 = 3 units; - 261 - 300 = 4 units; - 301 - 340 = 5 units; - If > 340, give 6 units and call MD (physician) <p>Review of Resident R12's vitals records for March 2025, indicated the following blood glucose measurements:</p> <ul style="list-style-type: none"> - 3/19/25 8:20 p.m. = 348 mg/dL - 3/22/25 6:12 a.m. = 375 mg/dL - 3/22/25 6:54 a.m. = 347 mg/dL <p>Review of Resident R12's progress notes from 3/1/25, through 3/25/25, failed to include documentation that the physician was notified of the resident's increased blood glucose levels on the dates listed above.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview on 3/28/25, at 10:43 a.m. the Director of Nursing confirmed that the facility failed to document that the physician was notified of Resident R12's increased blood glucose levels and that the facility failed to make certain that Resident R12 was provided appropriate treatment and care.</p> <p>28 Pa. Code 201.18 (b)(1) Management.</p> <p>28 Pa. Code 211.10 (c)(d) Resident Care policies.</p> <p>28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>46167</p> <p>Based on observation, and staff interviews, it was determined that the facility failed to provide a resident environment free of potential accidental hazards in four out of six resident care areas (Zone 1, Zone 2, Zone 4, and Zone 5).</p> <p>Findings include:</p> <p>During an observation on 3/24/25, at 11:40 a.m. in Zone 5, Resident R31 was observed sitting in her wheelchair without leg rests, and her feet resting on the floor, when Nurse Aide (NA) Employee E15 pushed Resident R31 in her wheelchair towards the [NAME] Dining Room.</p> <p>During an interview on 3/24/25, at 11:41 a.m. NA Employee E15 confirmed that Resident R31 did not have leg rests on her wheelchair while she was being transported.</p> <p>During an observation on 3/24/25, at 11:50 a.m. in Zone 1 Resident R11 was observed being pushed into the Main Dining Room by an unidentified employee without leg rests on her wheelchair.</p> <p>During an observation on 3/25/25, at 10:21 a.m. in Zone 1, Resident R16 was observed being pushed in her wheelchair without leg rests by Housekeeping Employee E16 into the Main Dining Room.</p> <p>During an interview on 3/25/25, at 10:21 a.m. Receptionist Employee E17 confirmed that Resident was being pushed in wheelchair without leg rests.</p> <p>During an observation on 3/25/25, at 10:43 a.m. in Zone 4 Resident R189 was observed being pushed in her wheelchair without leg rests by NA Employee E18.</p> <p>During an interview on 3/25/25, at 10:43 NA Employee E18 confirmed that Resident R189 did not have leg rests on her wheelchair, and confirmed that a resident should have leg rests on their wheelchair if they being pushed by an employee to avoid their legs being caught under the wheelchair during transport. NA Employee E18 added, I was just pushing her now to weigh her.</p> <p>During an interview on 3/26/25, at 8:54 a.m. Physical Therapist Employee E19 stated that all wheelchairs are issued with leg rests, and that leg rests should be applied to a wheelchair prior to an employee pushing the wheelchair as it poses a safety risk for lower body injury without the leg rests being utilized. During an observation on 3/26/25, at 9:07 a.m. in Zone 2 NA Employee E9 was observed transporting Resident R8 in a wheelchair without leg rests on her wheelchair. Resident R8 was observed with slippers on and her feet were audibly and visually dragging on the floor as she was being pushed by NA Employee E9.</p> <p>During an interview on 3/26/25, at 9:07 a.m. NA Employee E9 stated, I've never seen her have leg rests on her wheelchair. I would put the leg rests on to transport a resident if they have them.</p> <p>During an interview on 3/26/25, at 9:08 a.m. NA Employee E9 stated that he would go to Resident R8's room to see if leg rests for her wheelchair were in her room.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/26/25, at 9:09 a.m. NA Employee E9 stated that he found Resident R8's leg rests for her wheelchair and would place them on the wheelchair.</p> <p>During an interview on 3/26/25, at 9:32 a.m. the Director of Nursing Confirmed that the facility failed to provide a resident environment free of potential accidental hazards by not utilizing leg rests on wheelchairs while being transported by staff.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18 (b)(1)(e)(1) Management.</p> <p>28 Pa. Code: 211.10(c)(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46167</p> <p>Based a review of facility policy, clinical record review and staff interview, it was determined that the facility failed to address the resident's specific nutritional interventions for two of two residents (Residents R39 and R45), failed to complete a comprehensive nutritional assessment for two of two residents (Resident R39 and R45), and failed to make certain that significant weight loss was addressed in a timely manner for two of two residents (Resident R39 and R45).</p> <p>Findings include:</p> <p>Review of facility policy Nutritional Assessment, dated 2/12/25, indicated that the dietitian, in conjunction with the nursing staff and healthcare practitioners, will conduct a nutritional assessment for each resident upon admission and as indicated by a change in condition that places the resident at risk for impaired nutrition. The nutritional assessment conducted by the dietitian shall identify at least the following components:</p> <ul style="list-style-type: none"> - An estimate of calorie, protein, nutrient, and fluid needs - Whether the resident's current intake is adequate to meet his or her nutritional needs - Specific food formulations <p>1 month: 5% weight loss is significant; greater than 5% is severe.</p> <p>3 months: 7.5% weight loss is significant; greater than 7.5% is severe.</p> <p>6 months: 10% weight loss is significant; greater than 10% is severe.</p> <p>Review of Resident R39's clinical record indicated that he was admitted to the facility 8/1/24.</p> <p>Review of Resident R39's Minimum Data Set (MDS - a periodic assessment of care needs) dated 12/24/24, indicated diagnoses of high blood pressure, stroke (damage to the brain from interruption of its blood supply) and dysphagia (difficulty swallowing). Section K0520B indicated that resident has a feeding tube.</p> <p>Review of Resident R39's clinical record revealed the following weight:</p> <p>12/11/24 140.4 pounds (8.4% weight loss in three months, and 10.3% weight loss in six months)</p> <p>11/1/24 146.4 pounds</p> <p>10/3/24 151.2 pounds</p> <p>9/2/24 153.2 pounds</p> <p>8/7/24 157.4 pounds</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7/2/24 157.6 pounds</p> <p>6/3/24 156.6 pounds</p> <p>Review of Resident R39's clinical record revealed a physician's order dated 7/18/24, to receive Osmolite 1.5 (a nutrition formula for use with a feeding tube) at 70 milliliters (ml) per hour for 18 hours per day. This provided 1890 calories per day.</p> <p>Review of Resident R39's clinical record revealed a physician's order dated 9/11/24 to receive Osmolite 1.5 at 70 ml per hour for 12 hours per day. This provided 1260 calories per day, which is a deficit of 630 calories from the previous order.</p> <p>Review of Resident R39's clinical record failed to reveal any documentation from Registered Dietitian (RD) Employee E11 from the 9/4/24 through 1/14/25.</p> <p>Review of Resident R39's clinical record revealed an MDS was completed on 10/15/24.</p> <p>During an interview on 3/27/25, at 12:56 p.m. RD Employee E11 confirmed that Resident R39 had a decrease in tube feeding formula on 9/11/24, and confirmed that the decrease in tube feeding was a loss of 630 calories per day that could cause weight loss. RD Employee E11 also confirmed that she did not have documentation in the clinical record to support this change or evaluate whether it was appropriate for Resident R39. RD Employee E11 also confirmed that she failed to conduct a quarterly assessment for the MDS dated [DATE].</p> <p>During an interview on 3/28/25, at 9:19 a.m. RD Employee E11 also confirmed that the facility failed to address Resident R39's significant weight loss of 8.4% in three months, and 10.3% weight loss in six months that occurred with December's weight on 12/11/24.</p> <p>Review of the clinical record indicated Resident R45 was admitted to the facility on [DATE].</p> <p>Review of Resident R45's MDS dated [DATE], indicated diagnoses of high blood pressure, dysphagia (difficulty swallowing), and anemia (too little iron in the blood).</p> <p>Review of a physician order dated 10/17/24, indicated to administer Osmolite 1.5 via PEG tube at 70 mL/hr via pump to a total volume of 840 mL with 200 mL water flush every 6 hours. Up at 6 p.m. and down at 6 a. m.</p> <p>Review of an order audit revealed that the above order was placed on hold 11/17/24, with the documented rational, pressure in PEG tube pushing tube feed tubing connector out, won't stay inserted. Further review revealed that the order was discontinued on 11/18/24, with the documented rational, discontinue, no longer indicated.</p> <p>Review of a nursing progress note dated 11/16/24, stated, Resident's tube feed hooked up and running as scheduled, after an hour and a half tube feed dislodged and unable to get feeding tube line to stay connected to tube feed catheter. Catheter flushed OK no resistance noted. Tube feeding catheter checked for placement and was in place. Tube feed stopped for 2 hours then restarted again at 10:45 p.m. Tube feed infusing without difficulty.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R45's clinical record failed to include documentation by RD Employee E11 to support the discontinuation of Resident R45's tube feeding or evaluate whether it was appropriate for Resident R45.</p> <p>Review of Resident R45's clinical record indicated an annual MDS was completed on 8/10/24. Review of Resident R45's clinical record failed to reveal that an annual assessment had been completed by RD Employee E11 for the MDS dated [DATE].</p> <p>Review of Resident R45's clinical record indicated a quarterly MDS was completed on 11/2/24. Review of Resident R45's clinical record failed to reveal that a quarterly assessment had been completed by RD Employee E11 for the MDS dated [DATE].</p> <p>Review of Resident R45's clinical record revealed the following documented weights:</p> <ul style="list-style-type: none"> - 8/5/24: 212.8 pounds - 9/3/24: 188.6 pounds, a 11.65% loss in one month - 9/6/24: 188 pounds <p>Review of Resident R45's clinical record failed to include documentation that indicated the resident was assessed by the Registered Dietitian in September 2024. The review of the clinical record failed to reveal any documentation regarding the above weight changes or any nutritional recommendations.</p> <p>During an interview on 3/28/25, at 8:56 a.m. RD Employee E11 confirmed that an annual assessment was not completed for Resident R45 for the MDS dated [DATE], and that a quarterly assessment was not completed for the MDS dated [DATE].</p> <p>During an interview on 3/28/25, at 9:20 a.m. RD Employee E11 confirmed that Resident R45's significant weight loss of 11.65% was not addressed with September's weight on 9/3/24. During this interview, RD Employee E11 confirmed that the physician gave an order to stop Resident R45's tube feeding on 11/18/24, and no documentation was available to support the discontinuation of the tube feeding.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46167</p> <p>Based on review of facility policy, resident record review, and staff interviews, it was determined that the facility failed to provide a trauma survivor with trauma informed care to eliminate or mitigate triggers that may cause re-traumatization of the resident for one of two residents (Resident R70).</p> <p>Findings include:</p> <p>Review of facility policy Behavioral Assessment, Intervention and Monitoring dated 22/12/25, indicated that the facility will provide, and residents will receive behavioral health services as needed to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with comprehensive assessment and plan of care. Behavioral symptoms will be identified using facility approved behavioral screening tools and the comprehensive assessment.</p> <p>Review of the clinical record indicated Resident R70 was admitted to the facility on [DATE].</p> <p>Review of Resident R70's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/23/25, indicated diagnoses of Post Traumatic Stress Disorder (PTSD- a disorder that develops when a person has experienced or witnessed a scary, shocking, terrifying, or dangerous event), high blood pressure, and stroke.</p> <p>Review of Resident R70's care plan indicated that resident had PTSD but failed to identify what the triggers were and how to avoid them.</p> <p>During an interview on 3/26/25, at 12:21 p.m. Social Worker Employee E13 confirmed that the facility failed to identify PTSD triggers for Resident R70 to eliminate or mitigate any triggers that may cause re-traumatization for these residents.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546</p> <p>Based on observations, review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to conduct ongoing accurate assessments to ensure that bedrails were used to meet residents' needs and the risks associated with bedrail usage for one of two residents (Resident R40).</p> <p>Findings include:</p> <p>Review of the clinical record indicated Resident R40 was admitted to the facility on [DATE].</p> <p>Review of Resident R40's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/1/25, indicated diagnoses of high blood pressure, anxiety, and chronic pain.</p> <p>During an observation on 3/24/25, at 8:58 a.m. two top enabler bars were present on Resident R40's bed.</p> <p>Review of Resident R40s clinical record on 3/26/25, failed to reveal an ongoing assessment for Resident R40's enabler bar usage.</p> <p>During an interview on 3/28/25, at 11:17 a.m. the Director of Nursing (DON) stated that it has now been triggered for Resident R40 to have a quarterly assessment completed for enabler bars.</p> <p>During an interview on 3/28/25, at 11:17 a.m. the DON confirmed that the facility failed to conduct ongoing accurate assessments to ensure that bedrails were used to meet residents' needs and the risks associated with bedrail usage as required.</p> <p>28 Pa. Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18 (b)(1)(e)(1) Management.</p> <p>28 Pa. Code 211.10 (c)(d) Resident care policies.</p> <p>28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>50075</p> <p>Based on review of facility policy, resident and staff interviews, and group 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 ten out of ten residents during group.</p> <p>Findings Include:</p> <p>Review of the facility policy Resident Rights dated 2/12/25, indicated all residents will be treated with kindness, respect, and dignity. Residents have the right to a dignified existence,</p> <p>Review of the facility Facility Assessment Tool dated 1/1/25, indicated the nursing facility will conduct, document, and annually review a facility-wide assessment, which includes both their resident population and the resources the facility needs to care for their residents. The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decisions about your direct care staff needs. Facility needs are reviewed daily, and staffing patterns are based on those needs. The facility levels always remain at a 3.2 or above.</p> <p>During review of facility Payroll Based Journal (PBJ-a tool used to identify problems with staffing) on 3/21/25, at 1:15 p.m. revealed the following:</p> <ul style="list-style-type: none"> - Quarter Four 2024 (July 1 through September 30) - triggered for excessively low weekend staffing - Quarter One 2025 (October 1 through December 31) - triggered for excessively low weekend staffing <p>During a group interview on 3/25/25, at 1:00 p.m. revealed the following concerns:</p> <ul style="list-style-type: none"> - Nursing Assistants (NA) not reacting to call bells timely - Fluctuation in medication administration times because of only one nurse passing medications to a couple hallways - No back up for call offs - Weekend staffing is poor <p>During an interview on 3/28/25, at 10:15 a.m. Licensed Practical Nurse Employee E21 stated that she has been assigned to 35 residents. We have multiple blood sugars to obtain. It ' s hard to keep up with, medications are not on time, it ' s overwhelming. Nurses were working as aides, but they stopped that. They are running us ragged. We only had four NA ' s this weekend.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 3/28/25. At 10:20 a.m. NA Employee E22 stated, We can ' t take care of resident ' s 100 percent. We are not able to shave them or shower them at times. We give bed baths to save time.</p> <p>During an interview on 3/28/25, at 11:10 a.m. Nurse Assistant (NA) Employee E9 stated that there is not enough staff to take care of the residents, and that weekend staffing is the worse. NA Employee E9 stated, Not everyone is getting a shower when we are short staffed. Sometimes we have 18 residents and sometimes residents don ' t get out of bed because we don ' t have time.</p> <p>During an interview on 3/28/25, at 12:15 p.m. Nursing Home Administrator stated the facility utilizes very little agency staff, only when there is an outbreak such as Covid-19, They come for a few days and then they are done. NHA confirmed that the facility only has one signed contract with Agency staffing at this time.</p> <p>During an interview on 3/28/25, at 12:20 p.m. the Nursing Home Administrator 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 of ten out of ten residents during group.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(e)(6) Management.</p> <p>28 Pa. Code: 201.20(a) Staff development.</p> <p>28 Pa. Code: 211.12(c)(d)(1)(2)(3)(4) Nursing services.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546</p> <p>Based on review of the clinical records and staff interview, it was determined that the facility failed to provide documentation that medication regimen reviews (MRR) were completed for four of six residents (Residents R6, R22, R45, and R76).</p> <p>Findings include:</p> <p>Review of facility policy Drug Regimen Review dated 2/12/25, indicated Drug Regimen Reviews shall be conducted by the consultant pharmacist at least monthly. Any irregularities noted by the pharmacist during this review shall be documented on a separate, written report that is sent to the facility and list, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>Review of the clinical record revealed that Resident R6 was admitted to the facility on [DATE].</p> <p>Review of Resident R6's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 2/27/25, indicated diagnoses of high blood pressure, Alzheimer's disease (a type of brain disorder that causes problems with memory, thinking and behavior), and depression.</p> <p>Review of Resident R6's clinical record failed to reveal documentation that a MRR had been completed by the consultant pharmacist for December 2024.</p> <p>Review of the clinical record revealed that Resident R22 was admitted to the facility on [DATE].</p> <p>Review of Resident R22's MDS dated [DATE], indicated diagnoses of heart failure, high blood pressure, and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time).</p> <p>Review of Resident R22's clinical record failed to reveal documentation that a MRR had been completed by the consultant pharmacist for April 2024, May 2024, June 2024, July 2024, October 2024, December 2024, January 2025, and February 2025.</p> <p>Review of the clinical record indicated Resident R45 was admitted to the facility on [DATE].</p> <p>Review of Resident R45's MDS dated [DATE], indicated diagnoses of high blood pressure, dysphagia (difficulty swallowing), and anemia (too little iron in the blood).</p> <p>Review of Resident R45's clinical record failed to reveal documentation that a MRR had been completed by the consultant pharmacist for December 2024.</p> <p>During an interview on 3/26/25, at 1:36 p.m. the DON confirmed that the facility failed to provide documentation that a medication regimen review was completed for Residents R6 and R45 in December 2024.</p> <p>(continued on next page)</p>		

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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	
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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of clinical record indicated Resident R76 was admitted to the facility on [DATE].</p> <p>Review of Resident R76's MDS dated [DATE], indicated diagnoses of depression, irritable bowel syndrome, and hypothyroidism (a condition in which the thyroid gland doesn't produce enough thyroid hormone).</p> <p>Review of Resident R76's clinical record failed to reveal documentation that a MRR had been completed by the consultant pharmacist for January 2025, and February 2025.</p> <p>During an interview on 3/28/25, at 9:10 a.m. the DON confirmed that the facility failed to provide documentation that a medication regimen review was completed for Residents R22 and R76 during the above months.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code 211.5(f) Medical records.</p> <p>28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services.</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>46167</p> <p>Based on a review of facility policies, observations, and resident and staff interviews, it was determined that the facility failed to provide therapeutic meal selections for residents with diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) and resident preferences for eight of twelve months.</p> <p>Findings include:</p> <p>Review of facility policy Therapeutic Diets dated 2/12/25, indicated that therapeutic diets are prescribed by the attending physician to support the resident's treatment and plan of care and in accordance with his or her goals and preferences.</p> <p>Review of facility Diet Manual indicated that the facility offers a Low- Concentrated Sweets (LCS) diet which indicated that food containing high amounts of concentrated sugar, such as syrup, jelly, honey, desserts, etc. are replaced with sugar free/reduced calorie products, served in a smaller portion or eliminated.</p> <p>Review of the American Diabetes Association Understanding Carbs (carbohydrates-sugar molecules in foods) indicated that residents with diabetes should try to eat less of these: refined, highly processed carbohydrate foods and those with added sugar. These include sugary drinks like soda, sweet tea and juice, refined grains like white bread, white rice and sugary cereal, and sweets and snack foods like cake, cookies, candy, and chips. And that residents should eat more whole, minimally processed carbohydrate foods, such as starchy carbohydrates, and fruits, whole intact grains like brown rice, whole wheat bread, whole grain pasta and oatmeal.</p> <p>During an interview on 3/24/25, at 8:31 a.m. Resident R52 stated that he has been newly diagnosed with diabetes and that he has been monitoring his glucose levels with a wearable continuous glucose monitoring device. He is able to check his blood glucose readings throughout the day via an application on his cellular phone which reads information from a device attached to his arm. Resident R52 stated that he has noted that his blood glucose readings increase after he consumes white bread, however the facility won't provide him with wheat bread. He also stated that the facility does not offer any sugar free beverages other than diet ginger ale, which he does not like. Resident R52 stated that the facility carries iced tea, lemonade, etc., but not in sugar free versions, and added All I can drink is water. Resident R52 has stated that he has spoken to the dietitian about his requests for sugar free beverages and wheat bread, but that he was told that these are not available due to the budget.</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/25/25, at 2:04 p.m. Registered Dietitian (RD) Employee E11 stated that the menu is developed on the corporate level, out of state, and that the facility used to provide a Consistent Carb diet (consuming a similar amount of carbohydrates at each meal to help regulate blood sugar levels). However, this diet was discontinued, and a Low Concentrated Sweets diet was adopted when the facility was taken over by new owners in August 2024. RD Employee E11 confirmed that the facility no longer has any sugar free beverages other than diet ginger ale, and no longer has wheat bread, as they were cut for the budget, after the company was sold. RD Employee E11 confirmed that sugar free beverages and wheat bread are standards in diabetes management, and that the facility failed to provide therapeutic menu selections for a diabetic diet and resident preference.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 211.1 (c) Resident care policies.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on facility policy, observation, and staff interviews, it was determined that the facility failed to provide food in a form to meet individuals' needs in one of six residents (Resident R44).</p> <p>Findings include:</p> <p>Review of the facility policy Resident Rights dated 2/12/25, indicated that residents have the right to be notified of his or her medical condition and of any changes in his or her condition.</p> <p>Review of the facility policy Nutritional assessment dated [DATE], indicated an assessment including current nutritional status and risk factors for impaired nutrition, shall be conducted for each resident.</p> <p>Review of the clinical record revealed that Resident R44 was admitted to the facility on [DATE].</p> <p>Review of Resident R44's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 1/30/25, indicated diagnoses of depression, irritable bowel syndrome, and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time).</p> <p>During a lunch observation and resident interview on 3/24/25, Resident R44 stated, Look at this meat, its all ground up. I keep telling them that I am a regular diet, but I keep getting the wrong food.</p> <p>During an observation of Resident R44's lunch meal ticket on 3/24/25, at 12:01 p.m. revealed a regular mechanical soft diet. Lunch meat serving was in small ground up pieces.</p> <p>During a review of Resident R44's physician orders revealed resident is ordered a regular texture diet with thin liquid consistency.</p> <p>During an interview on 3/24/25, at 12:05 p.m. Licensed Practical Nurse Employee E20 confirmed that Resident R44 was not provided the correct consistency of food on her lunch tray.</p> <p>During an interview on 3/24/25, at 2:54 p.m. the Director of Nursing confirmed that the facility failed to provide food in a form to meet individuals' needs in one of six residents (Resident R44).</p> <p>28 Pa. Code: 201.18(b)(3) Management</p> <p>28 Pa.Code: 211.10(c) Resident Care Policies</p>		

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<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>46167</p> <p>Based on a review of facility policies, observations and staff interviews it was determined that the facility failed to properly label and date food products in one of two nursing unit pantries (Rose Dining Room) which created the potential for food borne illness.</p> <p>Findings Include:</p> <p>During an observation in the [NAME] Dining Room, resident refrigerator, on 3/28/25, at 10:25 a.m. the following items were found with no label, name, or date; a glass bowl containing cucumber salad, a plastic container of Chinese food, a plastic container with pumpkin pie, a plastic container of spaghetti and meatballs that had a fuzzy, green substance on top, and a cardboard container of rice.</p> <p>During an interview on 3/28/25, at 10:34 a.m. Registered Nurse Supervisor Employee E14 confirmed the above observation, and that the facility failed to properly label and date food in one of two nursing unit pantries (Rose Dining Room) which created the potential for food borne illness.</p> <p>28 Pa. Code 201.14(a)Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1) Management.</p> <p>28 Pa. code 211.12 (d)(3) Nursing Services.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546</p> <p>Based on review of facility policy, clinical record review, observations, and staff interview, it was determined that the facility failed to prevent the potential spread of infection for two of two residents in isolation precautions (Resident R25, and R66), and failed to maintain proper infection control practices related to care of indwelling urinary catheters (tube inserted in the bladder to drain urine) for one of three residents (Resident R187).</p> <p>Findings include:</p> <p>Review of facility policy Isolation - Categories of Transmission-Based Precautions dated 2/12/25, indicated contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. Staff and visitors wear gloves (clean, non-sterile) and a disposable gown upon entering the room. The gloves and gown are removed before leaving the room and hand hygiene is performed before leaving the room.</p> <p>Review of facility policy Enhanced Barrier Precautions (EBP) dated 2/12/25, indicated EBP are utilized to prevent the spread of multi-drug resistant organisms. EBP employ targeted gown and glove use during high contact resident care activities. Gloves and gowns are applied prior to performing the high contact resident care activity.</p> <p>Review of the facility policy Catheter Care, Urinary dated 2/12/25, indicated to ensure that catheter tubing and drainage bag are kept off the floor.</p> <p>Review of the clinical record indicated Resident R25 was admitted to the facility on [DATE].</p> <p>Review of Resident R25's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 2/25/25, indicated diagnoses of high blood pressure, colostomy (an opening in the abdominal wall to divert stool from the colon directly to the outside of the body). MDS Section H-Bowel and Bladder H0100 was coded C- colostomy.</p> <p>Review of physician order dated 1/22/25, indicated EBP every shift.</p> <p>Review of Resident R25's care plan dated 4/16/24, indicated Resident R25 has a colostomy. Empty colostomy every shift and as needed.</p> <p>During an observation on 3/24/25, at 11:50 a.m. Licensed Practical Nurse (LPN) Employee E20 was emptying Resident R25's colostomy and failed to wear a gown to prevent the spread of organisms.</p> <p>During an interview on 3/24/25, at 11:54 a.m. LPN Employee E20 confirmed that she failed to wear all the required personal protection equipment (gown) while providing colostomy care for Resident R25.</p> <p>Review of the clinical record indicated Resident R66 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R66's MDS dated [DATE], indicated diagnoses of high blood pressure, anxiety, and chronic pain.</p> <p>Review of a physician order dated 11/13/24, indicated contact isolation for ESBL (Extended-spectrum beta-lactamases) and MRSA (methicillin-resistant Staphylococcus aureus) in the urine.</p> <p>During an observation on 3/26/25, at 8:55 a.m. a sign was noted outside of Resident R66's room indicating that the resident was in Contact Isolation.</p> <p>During an observation on 3/26/25, at 9:20 a.m. LPN Employee E10 entered Resident R66's room to administer medication without putting on a disposable gown.</p> <p>During an interview on 3/26/25, at 9:25 a.m. LPN Employee E10 confirmed that she did not put on a disposable gown before entering Resident R66's room to administer medication and that facility failed to prevent the potential spread of infection.</p> <p>Review of the clinical record revealed Resident R187 was admitted to the facility on [DATE].</p> <p>Review of Resident 187's MDS dated [DATE], indicated diagnoses of high blood pressure, urinary tract infection (infection in any part of the kidneys, bladder or urethra), and cancer.</p> <p>During an observation on 3/24/25, at 12:27 p.m. Resident R187 was observed utilizing an indwelling catheter without a privacy cover on the urine collection bag. The urinary bag was observed on the floor beside the resident's bed without a dignity bag covering the urine collection bag.</p> <p>During an interview on 3/24/25, at 12:27 p.m. Licensed Practical Nurse Employee E10 confirmed that Resident R187's urine collection bag was on the floor and that the facility failed to maintain proper infection control with the use of a catheter for Resident R187.</p> <p>28 Pa. Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18 (b)(1)(e)(1) Management.</p> <p>28 Pa. Code: 211.10 (d) Resident care policies.</p> <p>28 Pa. Code: 211.12 (d)(1)(2)(5) Nursing services.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on observations and staff interview it was determined that the facility failed to maintain essential PTAC (a ductless self-contained air conditioning and heating unit that plugs directly into an electrical outlet, providing climate control for individual rooms) units for seven rooms on the east and west wings (room [ROOM NUMBER], 123, 127, 146, 147, 148, and 156).</p> <p>Findings include:</p> <p>Review of facility policy Homelike Environment dated 2/12/25, indicated residents are provided with a safe, clean, comfortable and homelike environment that includes comfortable and safe temperatures.</p> <p>During a tour of the facility, with the Nursing Home Administrator (NHA), on 3/25/25, at 10:45 a.m. observations of the following were observed:</p> <p>East Wing:</p> <p>room [ROOM NUMBER] - PTAC was not in working order</p> <p>room [ROOM NUMBER] - PTAC was not in working order</p> <p>West Wing:</p> <p>room [ROOM NUMBER] - PTAC was not in working order</p> <p>room [ROOM NUMBER] - PTAC was not in working order</p> <p>room [ROOM NUMBER] - PTAC was not in working order</p> <p>room [ROOM NUMBER] - PTAC was not in working order</p> <p>room [ROOM NUMBER] - PTAC was not in working order</p> <p>During an interview on 3/25/25, at 11:07 a.m. the NHA stated the above rooms were uninhabitable and confirmed that the facility failed to maintain essential PTAC units for seven rooms on the east and west wings (room [ROOM NUMBER], 123, 127, 146, 147, 148, and 156).</p> <p>28 Pa Code 201.14 (a) Responsibility of Licensee</p> <p>28 Pa. Code 201.18 (b)(3) Management</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on review of facility policy, observations and staff interview, it was determined that the facility failed to maintain an effective call system for four rooms on East and [NAME] wing (room [ROOM NUMBER], 147, 148, and 158)</p> <p>Findings include:</p> <p>During a tour, with the Nursing Home Administer (NHA), on 3/25/25, at 10:48 a.m. an observation was made that included the following:</p> <p>East Wing:</p> <p>room [ROOM NUMBER] - call light not in working order</p> <p>West Wing:</p> <p>room [ROOM NUMBER] - call light not in working order</p> <p>room [ROOM NUMBER] - call light not in working order</p> <p>room [ROOM NUMBER] - call light not in working order</p> <p>During an interview on 3/25/25, at 11:07 a.m. the NHA confirmed that the facility failed to maintain an effective call system for four rooms on East and [NAME] wing (room [ROOM NUMBER], 147, 148, and 158).</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee</p> <p>28 Pa. Code 201.18 (b) (1) Management</p>		

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<p>F 0922</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have enough backup water supply for essential areas of the nursing home.</p> <p>50075</p> <p>Based on review of facility policy, observation, and staff interview, it was determined that the facility failed to follow established procedures of water storage to ensure that water is available to essential areas when there is a loss of normal water supply for two of two nursing wings (East Wing, and [NAME] Wing)</p> <p>Findings include:</p> <p>Review of the facility policy Disaster Manual dated 2/12/25, indicated that the food service department will continue to provide essential functions at the time of a disaster. In the event of an emergency, which prohibits use of internal water sources, alternate potable (drinking water) water sources are available. Water is available in the Boiler room and storage room. The facility is storing one gallon per day for three days plus an additional 50 gallons for staff and volunteers. An agreement is in place for additional water.</p> <p>Upon entering facility on 3/24/25, resident census was 85. This census would require the facility to maintain a minimum of 255 gallons of drinkable water on hand in case of an emergency for residents.</p> <p>During a tour of the facility, with the Nursing Home Administrator (NHA), on 3/25/25 revealed a storage closet in zone two that stored five-gallon containers of water on shelving units. Inventory of the water supply revealed 25 - five-gallon containers, in which the NHA could not confirm the expiration date. Total gallons of water available is 125 gallons. NHA confirmed this was water used for emergency purposes.</p> <p>The facility was unable to provide an invoice for the above water to ensure that the expiration date was still within date and the water was safe for drinking at this time.</p> <p>During an interview on 3/25/25, at 10:45 a.m. the NHA stated that the facility also may utilize the water that the hot water tank can hold if there is an emergency. The facility has three tanks. One will hold 200 gallons of water, and two that will hold 100 gallons of water. The water is currently hot, per NHA, because it's a hot water tank.</p> <p>During an interview on 3/25/25, at 5:55 p.m. a representative from the facility provided company of the hot water tanks stated, If water was contaminated that came into the facility and through the pipe into the hot water tank, then that means the hot water is contaminated too. The representative continues to state, The water is going to stagnate. It would be a breeding ground for bacteria and other things. This is not water to be used as an emergency source and not recommended to drink. To many potential things that could cause sickness. If you would see what is on the inside of a tank, I guarantee you would not want to drink it.</p> <p>During an observation on 3/26/25, at 2:30 p.m. the 25-five gallons of water stored in zone two storage room were dated with an expiration date of 2021, and 2022. The dates were stamped near the top of each container.</p> <p>(continued on next page)</p>

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<p>F 0922</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 3/26/25, at 2:55 p.m. the NHA confirmed that the facility failed to have any drinkable emergency water supply on hand at this time for residents and staff in case of an emergency.</p> <p>28 Pa. Code 201.18(b)(1) Management</p>		

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 03/28/2025
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.

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<p>F 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>48546</p> <p>Based on review of facility policy, facility documents and staff interviews, it was determined that the facility failed to provide Communication training to five of five direct care facility staff reviewed (Employees E3, E4, E5, E6, and E7).</p> <p>Finding include:</p> <p>Review of the facility policy In-service Training dated 1/16/25, indicated all staff must participate in initial orientation and annual in-service training.</p> <p>During an interview on 3/26/25, at 9:45 a.m. Human Resources Director Employee E8 stated that the facility was bought 8/1/24, and he has no records from the previous human resources manager.</p> <p>Review of facility education documents for the year 2024 revealed the following concerns:</p> <p>Review of Nurse Aide (NA) Employee E3's facility provided information did not include training on effective communication.</p> <p>Review of NA Employee E4's facility provided information did not include training on effective communication.</p> <p>Review of NA Employee E5's facility provided information did not include training on effective communication.</p> <p>Review of NA Employee E6's facility provided information did not include training on effective communication.</p> <p>Review of NA Employee E7's facility provided information did not include training on effective communication.</p> <p>During an interview on 3/26/25, at 10:00 a.m. the Human Resources Director Employee E8 confirmed that the facility failed to provide training on effective communication for five of five staff members.</p> <p>28 Pa. Code: 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 201.20(a) Staff Development.</p>

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 03/28/2025
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<p>F 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>48546</p> <p>Based on review of facility policy, facility documents, and staff interview, it was determined that the facility failed to provide training on Resident Rights for five of five staff members (Employee E3, E4, E5, E6, and E7).</p> <p>Findings include:</p> <p>Review of the facility policy In-service Training dated 1/16/25, indicated all staff must participate in initial orientation and annual in-service training.</p> <p>During an interview on 3/26/25, at 9:45 a.m. Human Resources Director Employee E8 stated that the facility was bought 8/1/24, and he has no records from the previous human resources manager.</p> <p>Review of facility education documents for the year 2024, revealed the following concerns:</p> <p>Review of Nurse Aide (NA) Employee E3's facility provided information did not include training on resident rights.</p> <p>Review of NA Employee E4's facility provided information did not include training on resident rights.</p> <p>Review of NA Employee E5's facility provided information did not include training on resident rights.</p> <p>Review of NA Employee E6's facility provided information did not include training on resident rights.</p> <p>Review of NA Employee E7's facility provided information did not include training on resident rights.</p> <p>During an interview on 3/26/25, at 10:00 a.m. the Human Resources Director Employee E8 confirmed that the facility failed to provide training on resident rights for five of five staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a) Staff development.</p>		

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<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>48546</p> <p>Based on review of facility policy, facility documents, and staff interview, it was determined that the facility failed to provide training on Quality Assurance and Performance Improvement (QAPI) for five of five staff members (Employee E3, E4, E5, E6, and E7).</p> <p>Findings include:</p> <p>Review of the facility policy In-service Training dated 1/16/25, indicated all staff must participate in initial orientation and annual in-service training.</p> <p>During an interview on 3/26/25, at 9:45 a.m. Human Resources Director Employee E8 stated that the facility was bought 8/1/24, and he has no records from the previous human resources manager.</p> <p>Review of facility education documents for the year 2024, revealed the following concerns:</p> <p>Review of Nurse Aide (NA) Employee E3's facility provided information did not include training on QAPI.</p> <p>Review of NA Employee E4's facility provided information did not include training on QAPI.</p> <p>Review of NA Employee E5's facility provided information did not include training on QAPI.</p> <p>Review of NA Employee E6's facility provided information did not include training on QAPI.</p> <p>Review of NA Employee E7's facility provided information did not include training on QAPI.</p> <p>During an interview on 3/26/25, at 10:00 a.m. the Human Resources Director Employee E8 confirmed that the facility failed to provide training on Quality Assurance and Performance Improvement for five of five staff members.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p> <p>28 Pa Code: 201.20 (a) Staff development.</p>		

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>48546</p> <p>Based on review of facility policy, facility documents and staff interviews, it was determined that the facility failed to provide Behavioral Health training to five of five direct care facility staff reviewed (Employees E3, E4, E5, E6, and E7).</p> <p>Finding include:</p> <p>Review of the facility policy In-service Training dated 1/16/25, indicated all staff must participate in initial orientation and annual in-service training.</p> <p>During an interview on 3/26/25, at 9:45 a.m. Human Resources Director Employee E8 stated that the facility was bought 8/1/24, and he has no records from the previous human resources manager.</p> <p>Review of facility education documents for the year 2024, revealed the following concerns:</p> <p>Review of Nurse Aide (NA) Employee E3's facility provided information did not include training on behavioral health.</p> <p>Review of NA Employee E4's facility provided information did not include training on behavioral health.</p> <p>Review of NA Employee E5's facility provided information did not include training on behavioral health.</p> <p>Review of NA Employee E6's facility provided information did not include training on behavioral health.</p> <p>Review of NA Employee E7's facility provided information did not include training on behavioral health.</p> <p>During an interview on 3/26/25, at 10:00 a.m. the Human Resources Director Employee E8 confirmed that the facility failed to provide training on behavioral health for five of five staff members.</p> <p>28 Pa. Code: 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 201.20(a) Staff Development.</p>		