

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/21/2026
NAME OF PROVIDER OR SUPPLIER  Asbury Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Bower Hill Road Pittsburgh, PA 15243	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on a review of facility policy, observations, and staff interview, it was determined that the facility failed to make sure that medications were properly stored and/or disposed of in one of four medication rooms (Hickory Unit). Findings include: Review of the facility policy Storage of Medications dated 3/26/25, indicated, Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications. During an observation and interview with the Director of Nursing and Nurse Manager RN Employee E1 of the Hickory nursing unit on 1/21/26, at approximately 9:30 a.m. the following was observed in an unsecured drawer with in and unsecured office: -(1) Diclofenac gel for Resident R1, current resident, medication was discontinued on 4/10/25.-(27) Vitamin D3 tablets for Resident R200, discharged on 7/17/25.-(15) Vitamin D3 tablets for Resident R200, discharged on 7/17/25.-(21) Vitamin C tablets for Resident R200, discharged on 7/17/25.-(25) Vitamin D3 tablets for Resident R201, discharged on 7/25/25.-(1) Vitamin D2 tablet for Resident R202, discharged on 8/4/25.-(28) Pantoprazole tablets for Resident R202, discharged on 8/4/25.-(1) Hydrocortisone cream tube for Resident R203, discharged on 8/19/25.-(22) Omeprazole tablets for Resident R204, discharged on 8/22/25.-(30) Senna tablets for Resident R205, discharged on 9/22/25.-(7) Cepacol lozenges for Resident R206, discharged on 10/14/25.-(27) Tylenol tablets for Resident R207, discharged on 10/18/25.-(22) Vitamin D3 tablets for Resident R1, current resident, medication was discontinued on 11/25/25.-(1) Silvadene tube.-(1) Aquaphor tube.-(1) Medihoney tube.-(10) Lidocaine 5% patches.-(4) Lidocaine 4% patches. During an interview on 1/21/25, at approximate 1:00 p.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to make sure that medications were properly stored and/or disposed. 28 Pa. Code: 201.14 (a) Responsibility of licensee.28 Pa. Code: 201.18 (b)(1)(e)(1) Management.28 Pa. Code: 211.9 (a)(1) Pharmacy services.28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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