

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/29/2025
NAME OF PROVIDER OR SUPPLIER Corner View Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6655 Frankstown Avenue Pittsburgh, PA 15206	
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 - Few</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** Based on review of facility policy, resident records, facility documentation, incidents submitted to the local State field office, and staff interviews it was determined that the facility failed to submit a report of an allegation of misappropriation of resident property in a timely manner to the local State field office for one of five sampled residents (Resident R2). Findings include: Review of facility policy Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigation dated 10/30/25, indicated all reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations), and thoroughly investigated by facility management. Findings of all investigations are documented and reported. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. Immediately is defined as within two hours of an allegation involving abuse or result in serious bodily injury; or within 24 hours of an allegation that does not involve abuse or result in serious bodily injury. Review of the clinical record revealed Resident R2 was admitted to the facility on [DATE], with diagnoses of high blood pressure, hyperlipidemia (high levels of fats in the blood), and muscle weakness. Review of a Grievance/Concern Form dated 12/25/25 stated, Resident R2 had lottery tickets she gave to a resident to redeem. Resident R1 took lottery tickets given to him. Resident R2 asked him to cash and purchase more. Resident R2 never received cash or purchased tickets. Review of facility Incident Report completed by the Director of Nursing (DON) stated, DON was told by Resident R2 that she had given Resident R1 a scratch off ticket worth \$65.00 and \$30.00 cash. She had asked Resident R1 to go across the street, redeem the ticket and use the money to purchase additional tickets for her. Resident R1 took the ticket and the cash and left the facility. He never returned to the facility. Review of incidents submitted to the State Agency on 12/29/25, at 9:00 a.m. did not include Resident R2's allegation of misappropriation of resident property on 12/24/25. During an interview on 12/29/25, at 4:25 p.m. information was disseminated to the Nursing Home Administrator that the facility failed to submit a report of an allegation of misappropriation of resident property in a timely manner to the local State field office for one of five sampled residents (Resident R2). 28 Pa. Code: 201.14(a)(c) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1)(3)(e)(1) Management. 28 Pa. Code: 201.20(b) Staff development. 28 Pa. Code: 211.10(c)(d) Resident care policies.</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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