

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 03/27/2026
NAME OF PROVIDER OR SUPPLIER Champion City 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.			
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<p>F 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations and staff interviews it was determined that the facility failed to provide a clean, safe, comfortable, and homelike environment for one of five floors (Third floor). Findings include: Review of the facility policy Homelike Environment dated 10/29/25, indicated the residents are provided with a safe, clean, comfortable, and homelike environment and encouraged to use their personal belongings to the extent possible. During a tour with the Director of Operations Employee E9 on 3/23/26, from 1:38 p.m. to 2:07 p.m. of the Third floor, the following were observed: room [ROOM NUMBER] had unpainted plaster on the bathroom wallroom [ROOM NUMBER]'s vent cover was missing and the bathroom doorknob was missingroom [ROOM NUMBER] was missing four ceiling tiles in the room, vent cover was loose, and had two brown ceiling tiles in the bathroomroom [ROOM NUMBER] was missing a piece of the vent coverroom [ROOM NUMBER] was missing a piece of the vent coverroom [ROOM NUMBER] had unpainted plaster on the bathroom wallroom [ROOM NUMBER]'s window blind was brokenroom [ROOM NUMBER] was missing ceiling tile in the room, had brown ceiling tile in the bathroom, and unpainted plaster under sinkroom [ROOM NUMBER] had brown ceiling tiles in the bathroomroom [ROOM NUMBER] had brown ceiling tiles in the bathroomroom [ROOM NUMBER] had a baseboard heater mounted on the wall behind the bed that exposed sharp objectsroom [ROOM NUMBER] had brown ceiling tiles in the corner of ceilingHallway ceiling tile tracks had brown rusty color throughout the hallwayResident common room by exit door had unpainted plaster on wallsHallway walls throughout the unit were chipped, marked up, and not paintedCeiling tiles throughout the hallway had brown ceiling tiles During an interview on 3/23/26, at 2:07 p.m. Director of Operations Employee E9 confirmed the above findings, and that the facility failed to provide a clean, safe, comfortable, and homelike environment for one of five floors (Third floor). 28 Pa. Code 201.18(b)(3)(e)(2) Management. 28 Pa code 211.12(d)(1) 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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<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** 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 in accordance with professional standards of practice for one of four residents (Resident R169). Findings include: Review of the facility Registered Nurse (RN) job description indicated major duties and responsibilities include assesses for changes in residents' status, notifying the physician and resident's family or representative and documenting accordingly. Review of the clinical record revealed Resident R169 was admitted to the facility on [DATE]. Review of Resident R169's Minimum Data Set (MDS - a periodic assessment of care needs) dated [DATE], indicated diagnoses of high blood pressure, hyperlipidemia (high levels of fats in the blood), and cognitive communication deficit. Review of a nursing progress note dated [DATE], completed by Licensed Practical Nurse (LPN) Employee E30 stated, Around 1705 (5:05 p.m.) Caregiver informed writer that resident needed a nurse, when writer went into resident room resident breathing was labored and was mouth breathing mucus membranes were dry, BP (blood pressure) was low and could not get a O2 (oxygen saturation) on resident, writer notified supervisor and she came to assess resident and instructed me to call 911, writer notified sister and on call provider, resident was breathing and had a faint pulse when EMT's (Emergency Medical Technicians) arrived, as they were preparing to put resident on the stretcher resident stop breathing and CPR (cardiopulmonary resuscitation) was performed after a couple of hours to CPR EMT's pronounced resident expired, writer called sister back and informed her that her brother had expired and she stated that there was need for her to come say good bye and that no other family members will come in because she was the only family in the area, writer call the on call provider back to inform them that the resident had expired and the body will be picked up by the funeral home service listed in chart. Review of Resident R169's clinical record failed to include documentation that the resident was assessed by a Registered Nurse after a change in condition was identified. During an interview on [DATE], at 9:32 a.m. the Director of Nursing confirmed that the facility failed to make certain that residents were provided appropriate treatment and care in accordance with professional standards of practice for one of four residents (Resident R169). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on facility policy, menu, observations, and staff interviews, it was determined that the facility failed to follow the menu for two of two lunch meal (lunch meal Monday 3/23/26, and Tuesday 3/24/26). The facility policy entitled Food and Nutrition Services dated 10/29/25, indicated each resident is provided with a nourishing, palatable, well-balanced diet that meets hir or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Review of facility policy Tray Identification dated 10/29/25, indicated that appropriate identification shall be used to identify various diets. A review of the menu indicated that the menu for lunch on 3/23/26, was as follows:Chicken and biscuits, carrots, cranberries, gelatin, and juiceDuring an observation of lunch on 3/23/26, the third floor failed to include the following:Resident R71 was missing finger food items, magic cup, peanut butter and jelly sandwich, and milk were missing from trayResident R180 was missing magic cup on trayResident R127 was missing magic cup on trayResident R29 was missing gelatin on trayResident R66 was missing gelatin on trayResident R100 was missing gelatin on trayDuring an interview on 3/23/26, at 12:44 p.m. Licensed Practical Nurse (LPN) Employee E8 confirmed the missing food items above. A review of the menu indicated that the menu for lunch on 3/24/26, was as follows:Salisbury steak, carrots, mashed chive potatoes, gravy, soup, bread pudding During an observation of lunch meal trayline service in the main kitchen on 3/24/26, at 12:34 p.m., it was revealed residents (14) had the following instead: Hamburger or grilled cheese, mashed chive potatoes, california vegetables During an interview on 3/24/26, at 12:45 p.m. Dietary [NAME] Employee E26 confirmed that she was serving a different menu. She stated Our morning cook called off, we had carrots two days in a row and we didn't give the right food to PC (personal care). During an interview on 3/24/36, at 1:05 p.m. Dietary Manager Employee E21 confirmed that the facility failed to serve what was on the menu and to reflect menu changes. During an observation of lunch on 3/24/26, the third floor failed to include the following:Resident R86 was served blended vegetables, no soup on tray, and no onions and mushroomsResident R28 was missing vegetables and bread puddingResident R136 was missing soup and bread puddingResident R180 was missing magic cup and soup, no bread puddingResident R71 was served grilled cheese, no magic cup, no soup, no bread puddingResident R100 was missing soup and bread puddingResident R46 was missing soup and bread puddingResident R29 was missing bread puddingResident R14 was missing soup and bread puddingDuring an interview on 3/24/26, at 1:15 p.m. Licensed Practical Nurse (LPN) Employee E11 confirmed the missing food items above. 28 Pa. Code: 211.6(a)(b) Dietary services</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>Based on review of facility policy, observations and staff interview, it was determined that the facility failed to properly store food products and maintain proper infection control practices in the main kitchen and dish room which created the potential for cross contamination in the designated main kitchen, dish room. The facility policy entitled Food Preparation and Service dated 10/29/25, indicated Food and nutrition employees prepare, distribute, and serve food in a manner, that complies with safe food handling practices. During an observation of the main designated kitchen on 3/23/26, at 9:45 a.m. the following was observed: -(2) cups were stored in the flour bin -(2) packages uncooked ground pork stored improperly -(1)open bag of hashbrowns in the freezer, open, not dated -(2) cases ice cream stored on walk in freezer floor -(5) individual ice cream, open, walk in freezer During tray line observation of the main designated kitchen on 3/24/2026 at 11:42 a.m. -11:49 a.m. server observed picking up Salisbury steaks with gloved hands, opened warming cart door, did not change gloves -lid covers for plates were still wet from being washed from breakfast During dish room observation 3/26/26 at 9:37 a.m. the following was observed: -dietary staff loading dirty dishes, when wash cycle was complete, he proceeded to clean side and unloaded without washing hands. This was observed x 5. During an interview on 3/26/26 at 10:00 a.m., Dietary Manager Employee E21 confirmed that the facility failed to properly label and date food products and maintain sanitary conditions which created the potential for cross contamination.28 Pa. Code: 201.18(b)(1) Management28 Pa. Code: 211.6(c) Dietary services28 Pa. Code: 201.14(a) Responsibility of licensee</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on facility policy, observation, and staff interview it was determined that the facility failed to properly contain garbage in two of four outside dumpsters to prevent the potential for rodent and insect infestation (dumpster one, three). The facility policy entitled Food-Related Garbage and Refuse disposal dated 10/29/25, indicated all garbage and refuse containers are provided with tight-fitting lids or covers and must be kept covered when stored or not in continuous use. During an observation of the facility's outdoor trash receptacles on 3/23/26, at 9:30 a.m. Dietary Manager Employee E21 confirmed that the lid/covers were not closed on dumpster one and three. During an interview on 3/24/26, at 12:30 p.m. Dietary Manager Employee E21 confirmed that the facility failed to properly contain garbage in the outside trash receptacles to prevent the potential for rodent and insect infestation. 28 Pa. Code 201.18(b)(3) Management.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on documents and observations and staff interviews it was determined the facility failed to maintain an effective pest control program related to fruit flies in the dish room (Main Kitchen). During an observation on 3/26/26 at approximately 9:35 a.m. in the dish room of the Main Kitchen there were three gold fly sticky traps full of fruit flies. As staff were doing dishes several fruit flies were observed in the area. Review of facility provided documentation included pest-control logs dated from 9/17/25-2/11/26. The following treatments to the kitchen area were provided on the following dates: 9/17/25 crack/crevice spray to baseboards in kitchen 10/29/25 crack/crevice spray to kitchen, dining room, maintenance hall 11/19/25 crack/crevice spray to baseboards, kitchen, maintenance hall, front lobby 12/3/25 crack/crevice spray to kitchen, maintenance hall 1/21/26 crack/crevice spray to baseboards in kitchen, dish room, maintenance hall 2/11/26 crack/crevice spray to baseboards in kitchen. During an interview on 3/26/26 at 10:00 a.m. Dietary Manager Employee E21 confirmed the facility failed to maintain an effective pest control program in the main kitchen. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 207.2(a) Administrator's responsibility</p>