

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395434	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Wecare at MT Lebanon Rehabilitation and Nrsng Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 350 Old Gilkeson Road Pittsburgh, PA 15228	

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on a review of facility policy, clinical records, and staff interview, it was determined the facility failed to ensure the right to retain personal possessions for one of three residents (Resident R1).</p> <p>Findings include:</p> <p>A review of the facility policy Personal Property dated 4/9/24, stated the resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>Review of the clinical record indicated that Resident R1 was originally admitted to the facility on [DATE], with a readmitted [DATE].</p> <p>Review of the Minimum Data Set (MDS, periodic assessment of resident care needs) dated 6/5/24, included diagnoses of anxiety and depression.</p> <p>Review of Resident R1's care plan, most recently updated on , included goals and interventions for a psychosocial wellbeing problem.</p> <p>Review of a psychotherapy progress note dated 10/4/23, indicated that Resident R1 tries to keep busy with arts and crafts projects.</p> <p>Review of a psychology progress note dated 10/25/23, indicated that Resident R1 prefers to stay in room and work on her jewelry (has an impressive array of jewelry making supplies and finished pieces).</p> <p>Review of monthly psychiatry progress notes dated from August 2023, through July 2024, all indicated that Resident R1 used making jewelry as an alleviating factor for her depression and anxiety.</p> <p>Review of a progress note dated 6/25/24, at 3:59 p.m. indicated Resident R1 had verbalized suicidal plans, had a significant increase in behaviors, and was transported to the hospital for an involuntary psychiatric commitment.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a progress note dated 6/26/24, at 10:23 p.m. indicated Resident R1 returned to the facility.</p> <p>Review of information submitted to the Department of Health on 7/1/24, stated that she had not had her property returned.</p> <p>Review of a progress note written by Social Worker (SW) Employee E1 dated 7/24/24, at 8:36 a.m. indicated, Resident had all of her belongings given back to her with the exception of anything sharp due to her history of harming herself in the facility.</p> <p>During an interview on 8/1/24, at 12:42 p.m. the SW Employee confirmed that the above referenced return of property was the property removed from Resident R1's room on 6/25/24. When asked why the return of the property safe for Resident R1 to have took four weeks, SW Employee E1 stated Resident R1 had a lot of stuff and the facility want to make sure she would be staying in that room.</p> <p>Review of facility census information confirmed that Resident R1 was moved to a different room upon return from the hospital on 6/26/24, and had remained in that room through her property return date of 7/24/24, and remained in that same room through the survey date.</p> <p>During an interview on 8/1/24, at approximately 3:00 p.m. the Nursing Home Administrator confirmed the facility failed to ensure the right to retain personal possessions for one of three residents.</p> <p>28 Pa. Code 201.18(b)(2)Management.</p>