

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  10/31/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31343</p> <p>Based on observations, resident and staff interviews, it was determined that the facility failed to maintain a clean homelike environment for two of two nursing floors observed. (Ground and First Floor).</p> <p>Findings Include:</p> <p>During an observation on 10/31/24, from 8:06 a.m., through 10:00 a.m., the following was identified:</p> <p>Resident room [ROOM NUMBER] G- empty bathroom faucet was turned on to hot, from 8:06 a.m., though 8:26 a.m, the water ran continuously producing luke warm water to touch. There were holes in the wall in the bathroom.</p> <p>Resident R1 bathroom water was started at 8:12 a.m., and ran til 8:28 a.m., and was lukewarm to touch. Resident R1 stated that the water has to run and run for it to get hot. Holes were identified in the bathroom wall.</p> <p>room [ROOM NUMBER]G- empty bathroom faucet ran from 8:17 a.m., through 8:32 a.m, producing lukewarm water to touch. The HVAC unit was sitting off the wall with the outside plate to attach unit as the only barrier with several holes to the outside.</p> <p>Resident R2 and R3's room door was propped open using a Kleenex box because the door will not stay open stated by Resident R2. There were holes in the walls under the door bed's television and at the bathroom entrance.</p> <p>Resident R4's room had unfinished plaster on the wall behind the bed.</p> <p>Resident R5's room had broken unfinished walls behind and on the side of the window bed.</p> <p>Resident R6 and R7's room had an unfinished ceiling fan in the bathroom and the toilet was running and Resident R6 stated that thing runs and runs, it keeps me awake at night.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/31/24, at 9:09 a.m., Nurse Aide Employees E1 and E2 confirmed the facility has no hot water unless you let it run for half hour at least and the shower room has to run down on the ground floor for the shower rooms on the first floor to get hot water.</p> <p>During an observation on 10/31/24, from 10:00 a.m. through 10:10 a.m., the following water temperatures were identified:</p> <p>Therapy room bathroom (closest to the water heater used by residents) 105 degrees.</p> <p>Ground Floor shower room [ROOM NUMBER] degrees.</p> <p>Resident room [ROOM NUMBER] bathroom [ROOM NUMBER] degrees.</p> <p>Resident room [ROOM NUMBER] bathroom [ROOM NUMBER] degrees.</p> <p>First floor shower room back hall 110 degrees.</p> <p>Resident room [ROOM NUMBER] bathroom [ROOM NUMBER] degrees.</p> <p>During an observation of the first floor long hall shower room, a black substance was identified on the entire ceiling with a musty odor emitting when the door was opened.</p> <p>During an interview on 10/31/24, at 10:10 a.m., the Maintenance Director Employee E4 stated I have had conversations with my director about the water system as there is only one water holding tank that serves the whole building and it is difficult to get hot water until it runs for a while. The kitchen has a booster on the water line so the water for the dish machine reaches high temperatures. The water temperatures are not consistent throughout the building the further away from the water hold tank the colder the water.</p> <p>The facility failed to maintain a homelike environment for two of two nursing floors (Ground and First Floor).</p> <p>28 Pa. code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (e)(1)(2) Management.</p> <p>28 Pa Code: 201.29 (a)(c)(d) Resident rights.</p>