

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  04/18/2025
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>39311</p> <p>Based on a review of facility policy, resident choice menu selections, resident interviews, it was determined that the facility failed to provide resident selected menu items for 14 of 20 residents (Resident R2, R5, R6, R7, R8, R9, R10, R12, R13, R14, R15, R16, R17, R19, and R20).</p> <p>Findings include:</p> <p>Review of the facility policy, Food and Nutrition Services dated 9/9/24, indicated Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident, the food appears palatable and attractive, and it is served at a safe and appetizing temperature. If an incorrect meal is provided to a resident, or a meal does not appear palatable, nursing staff will report it to the food service manager so that a new food tray can be issued.</p> <p>During a dinner meal observation, on 4/16/21, at beginning at 4:52 p.m. the following was observed:</p> <p>Resident R2 had requested two ginger ale and two puddings on his meal ticket, did not receive either.</p> <p>Resident R5 received one chocolate cookie, rather than the two listed on the meal ticket.</p> <p>Resident R6 did not receive her 4-ounce ice-cream.</p> <p>Resident R7 received one chocolate cookie, rather than the two listed on the meal ticket.</p> <p>Resident R8 did not receive her 4-ounce house supplement and 4-ounce cranberry juice.</p> <p>Resident R9 received one chocolate cookie, rather than the two listed on the meal ticket.</p> <p>Resident R10 did not receive her Ensure (nutritional supplement).</p> <p>Resident R12 had did not receive her requested ranch dressing for her tossed salad.</p> <p>Resident R13 received one chocolate cookie, rather than the two listed on the meal ticket, and received Italian dressing rather than ranch dressing. Resident R13 stated Italian dressing gives her heartburn.</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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident R14 received one chocolate cookie, rather than the two listed on the meal ticket.</p> <p>Resident R15 received one chocolate cookie, rather than the two listed on the meal ticket.</p> <p>Resident R16 received one chocolate cookie, rather than the two listed on the meal ticket.</p> <p>Resident R17 received one chocolate cookie, rather than the two listed on the meal ticket.</p> <p>Resident R18 did not receive her two sugar cookies.</p> <p>During a confidential staff interview on 4/16/25, it was conveyed to the surveyor that the facility did not have any artificial sweetener for the residents with diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) or prefer to have a non-sugar sweetener. Observation of the cart used for coffee, tea, and creamer revealed only sugar packets.</p> <p>During an interview on 4/16/25, at approximately 5:30 p.m. the Dietary Manager confirmed the facility did not have artificial sweetener and stated that the food delivery was not expected until Friday (4/18/25). At this time, the Dietary Manager was asked to confirm that any diabetic resident who requested coffee, tea, or any other item that would normally require sweetener, would only be provided sugar. The Dietary Manager did not provide an answer to this question.</p> <p>During an interview on 4/18/25, at 10:00 a.m. Nursing Home Administrator confirmed that the facility failed to provide food items selected by the residents for 14 of 20 residents.</p> <p>28 Pa Code: 211.6(a) Dietary service.</p>

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>39311</p> <p>Based on review of facility policy and resident staff interviews, it was determined the facility failed to consistently provide snacks as desired by residents for of residents six of eight residents (Resident R2, R9, R11, R17, R19, and R20).</p> <p>Findings include:</p> <p>Review of facility policy titled Frequency of Meals dated 9/9/24 indicated, Evening snacks will be offered routinely to all residents.</p> <p>During an interview on 4/16/25, at 4:57 p.m. when asked if the facility provides evening snacks, Resident R20 responded, Sometimes.</p> <p>During an interview on 4/16/25, at 4:58 p.m. when asked if the facility provides evening snacks, Resident R9 responded, Once in a while.</p> <p>During an interview on 4/16/25, at 5:13 p.m. when asked if the facility provides evening snacks, Resident R2 responded, Hopefully, if they have some.</p> <p>During an interview on 4/16/25, at 5:29 p.m. when asked if the facility provides evening snacks, Resident R11 responded, No. Resident R11 continued on to say that she gets snacks once a month and that staff eat the snacks rather than provide them to the residents.</p> <p>During an interview on 4/16/25, at 5:30 p.m. when asked if the facility provides evening snacks, Resident R19 responded, No. When asked if she wanted an evening snack, Resident R19 responded, Yeah.</p> <p>During an interview on 4/16/25, at 5:35 p.m. when asked if the facility provides evening snacks, Resident R17 responded, No. When asked if she wanted an evening snack, Resident R17 responded, Mm-hmm.</p> <p>During an interview on 4/18/25, at approximately 10:00 a.m. the Nursing Home Administrator confirmed the facility failed to consistently provide snacks as desired by residents for of residents six of eight residents.</p> <p>28 Pa. Code 211.12 (d)(3)(5) Nursing services.</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>39311</p> <p>Based on observations and resident and staff interviews, it was determined that the facility failed to maintain an effective pest control program for one of two nursing units (Ground Floor nursing unit).</p> <p>Findings include:</p> <p>The facility PEST CONTROL POLICY dated 9/9/24, indicated that the facility will maintain an effective pest control program.</p> <p>During an interview on 4/13/25, at 11:08 a.m. Resident R1 stated that she often sees small ants and spiders in her room. Resident R1 stated that when the exterminator was in recently, her room was not treated.</p> <p>During an observation of Resident R2 ' s room on 4/13/25, at 11:35 a.m. there were ants observed on the floor below the PTAC unit (packaged terminal air conditioner, a self-contained heating and air conditioning system usually mounted through a wall).</p> <p>During an observation of the empty room G0004 on 4/13/25, at 11:38 a.m. the PTAC unit had been removed, leaving only the outer metal case. This case had grates to allow air flow through. Ants were visible in this room in the PTAC case.</p> <p>During an observation of Resident R3 ' s room on 4/13/25, at 11:43 a.m. there were ants observed by the window.</p> <p>During an interview on 4/13/25, at 11:47 a.m. Resident R4 stated he occasionally sees ants in his room.</p> <p>During an interview on 4/13/25, at 11:52 a.m. Resident R5 stated she sees those tiny ants in her room.</p> <p>During an observation of the Ground Floor nursing unit lounge area on 4/13/25, at 11:56 a.m. live ants were observed by the wall, and three dead bugs under a small table.</p> <p>During an interview on 4/13/25, at approximately 12:15 p.m. the Maintenance Director confirmed he was in the middle of the replacement of the PTAC unit in room G0004, and confirmed that no measures has been taken to prevent insects from entering the building.</p> <p>During an interview on 4/13/25, at approximately 12:20 p.m. the Nursing Home Administrator confirmed the facility failed to maintain an effective pest control program for one of two nursing units.</p> <p>28 Pa. Code: 207.2 (a) Administrator's responsibility.</p>