

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 07/15/2025
NAME OF PROVIDER OR SUPPLIER Wecare at MT Lebanon Rehabilitation and Nrsrg 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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, facility documents, and staff interview, it was determined that the facility failed to investigate incidents of possible abuse and neglect for one of two residents (Residents R1). Based on review of facility policy, clinical records, facility documents, and staff interview, it was determined that the facility failed to investigate incidents of possible abuse and neglect for one of two residents (Residents R1). Review of facility policy Abuse and Neglect - Clinical Protocol reviewed 1/22/25, indicated the nurse will assess the individual and document related findings. The facility defines abuse as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish. Abuse also included the deprivation by an individual of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Willful is defined as the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. The staff will investigate alleged abuse and neglect to clarify what happened and identify possible causes. The facility management and staff will institute measures to address the needs of residents and minimize the possibility of abuse and neglect. The staff and physician will monitor individuals who have been abused to address any issues regarding their medical condition, mood, and function. Review of facility policy Accidents and Incidents - Investigating and Reporting dated 1/22/25, indicated all accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on the premises shall be investigated and reported to the administrator. The nurse supervisor/charge nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident. The following data shall, as applicable, shall be included on the Report of Incidents/Accidents form:- Date and time the accident or incident took place.- The nature of the injury/illness.- The circumstances surrounding the accident or incident.- The names of witnesses and their accounts of the accident or incident.- The injured person's account of the accident or incident.- Any corrective action taken.- Follow-up information. Review of facility policy Resident Rights Guidelines for All Nursing Procedures reviewed 1/22/25, indicated for any procedure that involves direct resident care, follow these steps:a. Knock and gain permission before entering the resident's room.b. If the resident is sleeping, and the procedure is not urgent or scheduled, return when the resident is awake.A review of the clinical record revealed Resident R1 was re-admitted to the facility on [DATE], with diagnoses that included diabetes, obesity, and high blood pressure.A review of the Minimum Data Set ((MDS - a mandated assessment of a resident's abilities and care needs) dated 5/8/25, revealed the diagnoses remain current.During an interview on 7/15/25, at 9:53 a.m. Resident R1 stated that on 6/21/25, Employee E2 came into her room and pricked her finger for a blood glucose level while she was sleeping. She stated that it occurred two times, but she was unable to remember the first date. She stated that both occurrences happened with the same nurse on evening/night shift.During an interview on 7/15/25, at 10:30 a.m. the Director of Nursing confirmed the incident occurred.A telephone interview was attempted with Licensed Practical Nurse (LPN) Employee E2 on 7/15/25, at 12:45 p.m. A voice message was left with no return telephone call.During an interview on 7/15/25, at 11:15 a.m. the Nursing Home Administrator confirmed the facility did not complete a full investigation into the incident involving Resident R1 and confirmed the facility did not conduct a thorough investigation into the allegations, including not interviewing any possible witnesses, did not interview other staff members present, or other residents to whom the accused employee provides care or services.28 Pa. Code: 201.14 (a)(c)(e) Responsibility of licensee.28 Pa. Code: 201.18 (e)(1) Management.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on review of facility policy, observations and staff interviews, it was determined that the facility failed to properly secure the treatment cart for one of four carts observed (First floor Team #1 medication cart). Based on review of facility policy, observations, and staff interviews, it was determined that the facility failed to properly secure the treatment cart for one of four carts (First Floor Team #1 Medication Cart). Review of the facility policy Storage of Medications reviewed 1/22/25, indicated medications and biologicals are stored safely, securely, and properly. Drugs and biologicals used in the facility are stored in locked compartments. Only persons authorized to prepare and administer medications have access to locked medications. During an observation on 7/15/25, at 9:40 a.m. First floor Team #1 medication cart was observed in the hall by the nurse's station unlocked and unattended. During an interview on 7/15/25, at 9:45 a.m. Registered Nurse Employee E1 confirmed the first floor Team #1v medication cart was unattended and unlocked. During an interview on 7/15/25, at 11:35 a.m. the Director of Nursing Employee confirmed the medication cart should be secured when unattended. 28 Pa. Code: 211.9(a)(1)(k) Pharmacy services. 28 Pa. Code: 211.10(c) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(5) Nursing services.</p>		