

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 09/18/2025
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)		
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on facility document review and staff interviews it was determined that the facility failed to employ a qualified Food Service Director to manage the daily operations of the Dietary Department. Findings include: Review of documents provided to the survey team on 9/14/25, indicated an educational degree for Dietary Manager Employee E4. During an interview with Registered Dietician (RD) Employee E5 on 9/18/25, at 11:06 a.m. she confirmed that while employed full-time by the facility corporation, she works in two separate facilities. RD Employee E2 further confirmed that she does not take an active role in the daily operations of the dietary department. During an interview on 9/18/25, at approximately 12:00 p.m., the Nursing Home Administrator confirmed that Dietary Manager Employee E4 is not a Certified Dietary Manager. During an interview on 9/18/25, at approximately 12:30 p.m., the Nursing Home Administrator confirmed that the facility failed to employ a qualified Food Service Director to manage the daily operations of the Dietary Department. Pa Code: 201.18(e)(6) Management.		

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on a review of facility policies, observations, and staff interviews, it was determined that the facility failed to properly label and date food, clean and sanitize food service items/dishes, and maintain cleanliness in the Main Kitchen and one of two nursing unit nutrition rooms (Ground floor nursing units). Findings include: Review of the Dietary Services policy, Sanitation dated 1/22/25, indicated All kitchens, kitchen areas, and dining areas shall be kept clean, free from litter and rubbish, and protected from rodents, roaches, flies, and other insects. All utensils, counters, shelves, equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks, and chipped areas. During an observation of the Main Kitchen on 9/14/25, at 10:30 a.m. revealed the following: -Unused disposable cup lids, visibly soiled. -(9) 4-ounce milk carton with a best-by date of 9/12/25. -Slicer uncovered, not currently in use. -Mixer uncovered, not currently in use. During a second observation of the Main Kitchen on 9/16/25, at 12:48 p.m. the following was observed: -Staff member loading scraping the soiled dishes and loading them into the dishwasher also removing the clean dishes and storing them for use. No hand hygiene, wearing of an apron, or any other way to remove contamination after handling the soiled dishes was observed prior to the staff member handling the clean dishes. -Slicer uncovered, not currently in use. -Mixer uncovered, not currently in use. -Two-compartment sink in the food preparation area was noted to have approximately 2-3 inches of standing water in the right compartment, with a large amount of black sediment collecting in the garbage disposal drain and floating in the standing water. During an interview at this time, Dietary Manager Employee E4 confirmed that garbage disposal is not operable. Dietary Manager Employee E4 stated that staff place a large baking sheet over the inoperable sink area to have a food preparation area. During an observation of the Ground Floor nutrition room on 9/16/25, at 10:14 a.m. revealed the following: -(1) gallon sized jug of a red liquid, not dated. -(1) staff member lunch bag. -(1) peanut-butter and jelly sandwich in a zippered storage bag, without a name or date. -(1) prepackaged chicken wrap, without a name. -(1) container of sliced watermelon, without a name or date. -(1) grocery store bag containing an open package of pretzels, an open package of pistachios, an open package of tortillas, and a container with an unknown food inside of it, without a name or date. During an interview on 9/18/25, at approximately 12:30 p.m. the Nursing Home Administrator confirmed that the facility failed to properly label and date food, clean and sanitize food service items/dishes, and maintain cleanliness in the Main Kitchen and one of two nursing unit nutrition rooms. 28 Pa. Code: 211.6(c) Dietary services.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on policy review, documentation and review of Centers for Disease Control (CDC) guidelines for Legionella (bacteria that causes disease found in contaminated water) control, and staff interviews it was determined that the facility failed to maintain a comprehensive program for water management to monitor the potential development and spread of Legionella and failed to implement control measures for Legionella within the facility for eleven of twelve months (October 2024 through August 2025). Finding include: Review of the facility policy Legionella Water Management Program dated 1/22/25, previously dated 1/18/24, indicated Specific actions should be taken for prevention of Legionella and for investigation should a case occur. Core Elements of the Water Management Plan are: 1. Establish Water Management Plan team. 2. Describe Center's water system using text and flow diagram. 3. Risk assessment with control methods and corrective actions. 4. Monitoring control measures. 5. Corrective actions. 6. Verification and validation. 7. Documentation and communication. Review of Department of Health and Human Services, Centers for Medicare and Medicaid services (CMS) memo, Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD) dated 7/6/18, revealed, Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread Legionella and other opportunistic pathogens in water. This policy memorandum applies to Hospitals, Critical Access Hospitals (CAHs) and Long-Term Care (LTC). However, this policy memorandum is also intended to provide general awareness for all healthcare organizations. Facilities must have water management plans and documentation that, at minimum, ensure each facility: -Conducts a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Nontuberculous Mycobacteria, Burkholderia, Stenotrophomonas, and fungi) could grow and spread in the facility water system. -Develops and implements a water management program that considers the ASHRAE (American Society of Heating, Refrigerating, and Air Conditioning Engineers) industry standard and the CDC toolkit. -Specifies testing protocols and acceptable ranges for control measures and document the results of testing and corrective actions taken when control limits are not maintained. -Maintains compliance with other applicable Federal, State, and local requirements. Review of the ASHRAE guidance Managing the Risk of Legionellosis Associated with Building Water Systems dated December 2020, indicated the most commonly used supplemental disinfection methods are treatment with chlorine, chlorine-dioxide, copper-silver ions, and monochloramine. The guidance further indicated the recommended levels of residual chlorine are 0.50-3.00 ppm (part per million). Review of the Water Management Program Control Measures did not contain a log for Point of Use Disinfectant (the level of chlorine concentration in the water) indicated to measure and record hot water and cold-water chlorine concentration as point of use, and to note that chlorine concentration below 0.5 ppm and above 4.0 ppm as outside the control limits. Review of the Water Management Program Preventive Maintenance did not contain logs for flushing of all hot water and storage tanks monthly, minimum water temperature testing in all tanks. During an interview on 9/16/25, at approximately 11:30 a.m. the Nursing Home Administrator confirmed that the facility failed to maintain a comprehensive program for water management to monitor the potential development and spread of Legionella and failed to implement control measures for Legionella within the facility. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1)(e)(1) Management.		

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on observations and staff interviews, it was determined that the facility failed to make certain that equipment was maintained in operating condition in the Main Kitchen. Findings include: During an observation of the Main Kitchen on 9/16/25, at 12:48 p.m. the two-compartment sink in the food preparation area was noted to have approximately 2-3 inches of standing water in the right compartment, with a large amount of black sediment collecting in the garbage disposal drain and floating in the standing water. During an interview at this time, Dietary Manager Employee E4 confirmed that garbage disposal is not operable. Dietary Manager Employee E4 stated that staff place a large baking sheet over the inoperable sink area to have a food preparation area. Dietary Manager Employee E4 confirmed that the maintenance department is aware. During an interview on 9/16/25, at approximately 1:30 p.m. the Nursing Home Administrator (NHA) confirmed that she was made aware of the garbage disposal not being operable during a walk-through completed with Maintenance Director Employee E8 and members of the corporate staff. Review of an electronic communication dated 8/28/25, at 5:16 p.m. confirmed the walk-through and listed in the items of needing repaired or replaced was the two-compartment sink and garbage disposal. When asked about the corporate management response to the need for repaired/replaced garbage disposal, the NHA was unable to provide an answer. During an interview on 9/16/25, at approximately 2:15 p.m. Maintenance Director Employee E8 confirmed that he had been made aware of the need to repair/replace the garbage disposal. When asked for evidence when the initial request for repair was made, the Maintenance Director was unable to provide the initial maintenance request. During an interview on 9/18/25, at approximately 12:30 p.m. the Nursing Home Administrator confirmed that the facility failed to make certain that equipment was maintained in operating condition in the Main Kitchen. 28 Pa. Code: 207.2(a) Administrator's responsibility.		

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, clinical records and staff interview, it was determined that the facility failed to provide the opportunity to formulate an advance directive (written instructions for when the individual is incapacitated) or conduct periodic review of advance directive instructions, for two of eight residents reviewed (Resident R13, and R85). Findings Include: A review of the facility policy Advance Directives last reviewed 1/22/25, indicated it's the policy of this facility that each resident has the right to formulate an Advance Directive. The interdisciplinary team will review annually with the resident his or her advance directives to ensure that such directives are still the wishes of the resident. Such reviews will be made during the annual assessment process and recorded in the medical record. Review of the Resident Assessment Instrument 3.0 User's Manual, effective October 2023, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aids in detecting cognitive impairment. The BIMS total score suggests the following distributions: 13-15: cognitively intact 8-12: moderately impaired 0-7: severe impairment Review of the clinical record indicated Resident R13 was admitted to the facility on [DATE]. Review of Resident R13's Minimum Data Set (MDS - a periodic assessment of care needs) dated 7/3/25, indicated diagnoses of Parkinson's disease (brain disorder that affects movement), bipolar disorder (extreme mood swings), and anxiety, a BIMS of 13. Review of the clinical record failed to reveal evidence of periodic advanced directive review, as part of the comprehensive care planning process, the existing care instructions and whether resident R13 or designated surrogate's wishes to change or continue these instructions. Review of the clinical record indicated Resident R85 was admitted to the facility on [DATE]. Review of Resident R5's MDS dated [DATE], indicated diagnoses of cerebrovascular disease (stroke), thyroid disorder (impacts thyroid hormone production levels), and depression, a BIMS of 15. Review of the clinical record failed to reveal evidence of periodic advanced directive review, as part of the comprehensive care planning process, the existing care instructions and whether resident R5's or designated surrogate's wishes to change or continue these instructions. During an interview on 9/16/25 at 1:30 p.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to provide the opportunity to formulate an advance directive (written instructions for when the individual is incapacitated) or conduct periodic reviews of advance directive instructions, for two of eight residents reviewed (Resident R13, and R85). 28 Pa. Code: 201.29(b)(d)(j) Resident rights.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on review of facility policy, observation, resident, and staff interviews, it was determined that the facility failed to provide a safe, clean, comfortable, and homelike environment for thirteen of twenty residents (R2, R10, R13, R77, R500, R501, R502, R503, R504, R505, R506, R507, R508, and 509) on two of two nursing units (ground floor G wing and first floor 1 wing). Findings included: Review of the facility policy Homelike Environment dated 1/22/25, indicated in part The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include clean bed and bath linens that are in good condition. During an observation on 9/15/25, at approximately 10:55 a.m. of Resident R77's room revealed the bed linen to be extremely worn, with areas thin enough to make the blue mattress visible beneath it. During a group interview, on 9/15/25, at approximately 11:00 a.m., consensus from the group, Residents R500, R501, R502, R503, R504, R505, R506, R507, R508 and R509 verbalized frustration with the lack of linen and frequency of bed linen changes at the facility at the facility. Residents stated in the past they would get their bed linen changed on shower days or more often if needed. Now you may have the same bed linen for a week or two. If you don't ask for clean sheets, you're not going to get them unless you had an accident in bed. The sheets here are old, they are so thin, they have a lot of holes in them. They just don't have enough bed linen here. During an observation on 9/15/25, at 1:40 p.m. Resident R2 bed linen had holes. During an observation on 9/15/25, at 2:00 p.m. Resident R10 bed linen had holes. During an interview on 9/15/25, at approximately 1:30 p.m. Resident R13 stated they don't change the sheets often. The surveyor observed there were holes in his bed linen. Resident R13 was re-interviewed again on 9/18/25 at approximately 8:30 a.m., the surveyor observed holes in the bed linen as observed on the prior interview. During an observation on 9/16/25, at approximately 2:00 p.m. of the Ground Floor nursing unit, within a closet on the nursing unit the following items were stored together on the shelves: an employee lunch bag, toilet seat raiser, powdered drink thickener, disposable cup lids, medical supplies, clothing, and a toolbox. During an interview on 9/18/25, at approximately 8:40 a.m. Employee E3 confirmed the holes in the Resident R13's bed linen. During an interview on 9/18/25, at approximately 8:50 a.m. Employee E1 confirmed the facility has been short of bed linen and there are holes in some of the linen they have available to use. During an interview on 9/18/25, at approximately 9:00 a.m. Employee E2 confirmed the facility has been low on bed sheets and there are holes in some of the linen they have available to use. During an interview on 9/18/25, at approximately 9:30 p.m., the Nursing Home Administrator (NHA) and DON confirmed the facility failed to provide a safe, clean, comfortable, and homelike environment for fourteen of twenty residents on two of two nursing units (ground floor G wing and first floor 1 wing). 28 Pa. Code: 207.2(a) Administrator's responsibility. 28 Pa. Code: 201.29(k) Resident rights.		

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on review of facility policy, observations, and resident and staff interviews, it was determined that the facility failed to make certain, residents who voice grievances can do so without fear of discrimination or reprisal for ten of seventeen residents (R86, R500, R501, R502, R503, R504, R505, R506, R507, and R508) and failed to display written information on the grievance procedure and grievance official contact information in the building (main lobby, ground floor G wing and first floor 1 wing). Findings include: The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number. A review of the facility policy Skilled Nursing Facility Grievance Policy last reviewed 1/22/25, indicated to ensure all residents, representatives, and responsible parties in the Skilled Nursing Facility (SNF) have the right to voice concerns, file grievances, and receive a prompt, thorough and impartial response without fear of retaliation, as required under CMS SOM Appendix PP, F585 and Pennsylvania Department of Health (DOH) regulations. Postings of grievance procedures, contact for the grievance official, Ombudsman, and DOH hotline shall be visible throughout the facility. During a group interview, on 9/15/25 at approximately 11:00 a.m., consensus from the group Residents R86, R500, R501, R502, 503, 504, 505, 506, 507, and 508, revealed the residents have a fear of reprisal if they complain or file a grievance. The residents stated they fear they will be blackballed or get on a hitlist if they complain. During an observation by the survey team on 9/15/25 at approximately 3:00 p.m. Resident R86 was verbally engaged with the Nursing Home Administrator (NHA) and Director of Nursing (DON). Resident R86 appeared upset and verbalized that an employee made comments to Resident R86 regarding a complaint she had made earlier this date in a confidential setting. During an interview on 9/16/25 at approximately 10:30 a.m. The NHA and DON confirmed the verbal engagement Resident R86 had and that R86 was upset, that an employee confronted her about the complaint Resident R86 had made. During an interview on 9/18/25 at approximately 7:40 a.m. Resident R86 confirmed that she verbally engaged with the NHA and DON and that she was upset with an employee confronting her regarding the complaint she had made that was to be confidential. Resident R86 stated this is the fear here that we have if we complain, the staff finds out, and you get treated differently. I just need to watch what I say. During rounds and an interview, on 9/18/25, at approximately 9:00 a.m., with the Nursing Home Administrator (NHA), the (NHA) confirmed the facility failed to make certain, residents who voice grievances can do so without fear of discrimination or reprisal for ten of seventeen residents (R86, R500, R501, R502, R503, R504, R505, R506, R507, and R508) and failed to display written information on the grievance procedure and grievance official contact information in the building (main lobby, ground floor G wing and first floor 1 wing). 28 PA Code: 201.18(e)(4) Management. 28 PA Code: 201.29(a)(b)(c) Resident rights.		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure that the resident and/or their representative received written notice of the facility bed-hold policy at the time of transfer for two of four residents reviewed for hospitalization (Resident R5 and R12). Findings Include: Review of the facility policy Bed-Holds and Returns dated 1/22/25, indicated, All residents/ representatives are provided written information regarding the facility bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalizations or therapeutic leave). Residents are provided written information about these policies at least twice: Well in advance of any transfer (e.g. in the admission packet); and At the time of transfer (or, if the transfer was an emergency, within 24 hours). Review of the clinical record indicated Resident R5 was readmitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident R5's minimum data set (MDS - periodic assessment of resident care needs) dated 6/15/25, included diagnoses of cirrhosis of the liver and muscle wasting. Review of Section C: Cognitive Patterns indicated Resident R5 had severe cognitive impairment. Review of documents attached to Resident R5's clinical record court documents dated 9/24/25, that indicated that Resident R5 was adjudged to be an incapacitated person and had a legal guardian appointed by the court on that date. Review of a progress note dated 12/6/24, at 9:59 a.m. indicated, Called to resident bedside by assigned LPN (licensed practical nurse), resident was alert but non-responsive. Left sided facial drooping was observed. Resident not responding to verbal stimuli. Review of the Transfer/Discharge/Bed Hold Form Notice dated 12/6/24, revealed that the bed hold policy was understood, and the facility was requested to hold the bed. The signature box that indicated who agreed to this (resident or responsible party) was blank. The facility representative signature box was blank. Review of a progress note dated 6/8/25, at 8:41 p.m. indicated, At about 1912 (7:12 p.m.) today, resident was sent out to [hospital] by two EMS (emergency services) personnel because of low hemoglobin (iron-containing protein in the blood). Review of the Transfer/Discharge/Bed Hold Form Notice dated 6/8/25, revealed that Resident R5 was provided a copy of the Transfer/Discharge/Bed Hold Notice in person and that Resident R5 understands the bed hold policy and requests the facility to hold the bed. Left blank was the option of, Resident cognitively impaired. The resident representative/guardian/HCP (healthcare proxy) was provided a written copy of the Transfer/Discharge/Bed Hold Notice. Review of the clinical record indicated Resident R12 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident R12's MDS dated [DATE], included diagnoses of schizophrenia (a mental disorder characterized by delusions, hallucinations, disorganized speech and behavior) and history of a stroke. Review of Resident R12's demographic information in the electronic medical record indicated Resident R12's daughter was documented as his Power of Attorney. Review of a progress note dated 5/13/25, at 11:31 a.m. indicated, Pt. (patient) transferred at this time via ambulance to [hospital]. Review of the Transfer/Discharge/Bed Hold Form Notice dated 5/13/25, revealed that Resident R12 was provided a copy of the Transfer/Discharge/Bed Hold Notice in person. The options that the resident holds or releases the bed were not documented. Additionally left blank were the options of: The resident representative/guardian/HCP was notified via phone of the Transfer/ Discharge/ Bed Hold. The resident representative/guardian/HCP understands the bed hold policy and requests that the facility hold the bed. The resident representative/guardian/HCP understands the bed hold policy and requests that the facility hold the bed. Review of the paper copy uploaded to Resident R12's electronic medical record of the Notification of Bed Hold Policy Upon Transfer dated 5/13/25, revealed the section for Person Notified to be blank. Additionally, both the option to hold the bed and release the bed were blank. The signature line for the Resident/Responsible Party was blank. During an interview on (continued on next page)		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	9/19/25, at approximately 12:305 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to ensure that the resident and/or their representative received written notice of the facility bed-hold policy at the time of transfer for two of four residents reviewed for hospitalization. 28 Pa. Code 201.14(a) Responsibility of licensee		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. Based on review of the Resident Assessment Instrument User's Manual and clinical records, and staff interview, it was determined that the facility failed to ensure that MDS assessments accurately reflected the resident's status for five of twelve residents (Resident R2, R5, R53, R66, and R82). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set Assessments (MDS - periodic assessment of care needs) dated October 2024, indicated that Section C: Cognitive Patterns, Question C0100 Should Brief Interview for Mental Status Be Conducted? (BIMS) should be coded as 0 if the resident is rarely/never understood, or it should be coded 1, and the BIMS assessment should be completed if the resident is at least sometimes understood. Section D: Mood, Question D0100 Should Resident Mood Interview Be Conducted? should be coded as 0 if the resident is rarely/never understood, and or it should be coded 1, and the assessment should be completed if the resident is at least sometimes understood. Resident R2 had an MDS completed on 8/12/25. Review of Section P: Restraints and alarms, Question P0100 indicated that Resident R2 used a limb restraint less than daily when in a chair or out of bed. Review of Resident R2's clinical records revealed Resident R2 did not have orders from a provider or other documentation indicating the utilization of a restraint or that a restraint could/should be utilized for Residents R2's care. During an interview on 9/15/25 at approximately 1:30 p.m. Resident R2 was unaware of any plan for restraint utilization with her care. Resident R5 had an MDS completed on 6/18/25. Review of Section N: Medications, Question N0415 indicated that Resident R5 received an anticoagulant medication within the seven days previous 6/18/25. Review of Resident R5's Medication Administration Record indicated Resident R5 did not receive an anticoagulant medication during 6/11/25, through 6/18/25. Resident R53 had an MDS completed on 7/24/25. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R53 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R8 is rarely understood, and the BIMS assessment was not completed. Resident R66 had an MDS completed on 7/3/25. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R66 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 indicated that Resident R8 is rarely understood, and the BIMS assessment was not completed. Review of Section D: Mood, Question C0100 indicated that Resident R66 is rarely understood, and the Resident Mood Interview assessment was not completed. Resident R82 had an MDS completed on 6/10/25. Review of Section B: Hearing, Speech, and Vision, Question B0700 indicated that Resident R82 is understood. Review of Sections C: Cognitive Patterns, Question C0100 indicated the BIMS assessment should be completed. All further questions were documented as Not Assessed. (continued on next page)		

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NAME OF PROVIDER OR SUPPLIER We care at MT Lebanon Rehabilitation and Nrsng Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 350 Old Gilkeson Road Pittsburgh, PA 15228	
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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/18/25, at approximately 12:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to ensure that MDS assessments accurately reflected the resident's status for five of twelve residents. 28 Pa. Code: 211.5(f) Clinical records.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy and documents, clinical record review, resident, and staff interviews, it was determined that the facility failed to make certain that necessary care and services were provided for four of sixteen residents (Resident R5, R13, R71, and R97). Findings include: Review of facility policy Activities of Daily Living (ADL), Supporting reviewed 1/22/25, indicated resident will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions: 13 - 15: cognitively intact 8 - 12: moderately impaired 0 - 7: severe impairment Review of the clinical record indicated Resident R5 was readmitted to the facility on [DATE] and readmitted on [DATE]. Review of Resident R5's minimum data set (MDS - periodic assessment of resident care needs) dated 6/15/25, included diagnoses of cirrhosis (chronic damage leading to scarring and failure) of the liver and muscle wasting. Review of a physician order dated 9/9/25, indicated Cleanse abdominal wound with NSS (normal saline solution), apply collagen sheet, cover w/island dressing daily every day shift every Mon, Thu for Wound Treatment AND as needed for displacement/drainage. Review of Resident R3's plan of care for edema/excess fluid volume reviewed 6/12/23, failed to include the intervention of ACE wraps. During an observation on 9/14/25, at 1:47 p.m. Resident R5 was observed in bed with his brief and bed linen saturated with urine. Observation of Resident R5's abdominal wound dressing revealed it to be saturated in urine also. During an interview on 9/14/25, at 1:50 p.m. Registered Nurse (RN) Employee E13 confirmed that Resident R5's dressing was soiled and should have been changed, as needed. Review of the clinical record indicated Resident R13 was admitted to the facility on [DATE]. Review of Resident R13's MDS dated [DATE], indicated diagnoses of Parkinson's disease (brain disorder that affects movement), bipolar disorder (extreme mood swings), anxiety, and a BIMS of 13. Section GG 130 personal hygiene indicated resident required setup or clean up assistance (helper sets up or cleans up). During an interview on 9/15/25, at approximately 1:30 p.m. Resident R13 was observed with unkempt facial hair. When asked, the resident stated he would like to have his facial hair shaved, he stated has asked several times last week and is still waiting to be shaved. Resident R13 was re-interviewed again on 9/18/25 at approximately 8:30 a.m., was observed unshaven and he confirmed he still wants to have his facial hair shaved. During an interview on 9/18/25 at approximately 8:40 a.m. with Employee E3 and Resident 13, Employee E3 confirmed the resident was unshaven and had been requesting to be shaved. Review of the clinical record indicated Resident R71 was readmitted to the facility on [DATE]. Review of Resident R71's MDS dated [DATE], included diagnoses of hemiplegia, a seizure disorder, and a BIMS of 14. During an interview and observation on 9/16/25, at 1:05 p.m. Resident R71 was noted to have an untrimmed beard. When asked if he preferred to have facial hair or be clean-shaven, Resident R71 stated that he wants to be shaved, I never get shaved. Review of the clinical record indicated Resident R97 was readmitted to the facility on [DATE]. Review of Resident R97's MDS dated [DATE], included diagnoses of coronary artery disease (damage or disease in the heart's major blood vessels) and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of facility submitted information indicated that on 7/18/25, Resident R97 stated to RN Employee E14 that she needed to go to the bathroom. RN Employee E14 told Resident R97 that, you can do it in your diaper. Review of facility provided investigation information confirmed that RN Employee E14 refused to (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	provide ADL assistance to Resident R97. During an interview on 9/18/25, at approximately 12:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to make certain that necessary care and services were provided for four of sixteen residents. 28 Pa. Code: 211.12(1) Nursing services. 28 Pa. Code: 211.10(d) Resident care policies. 28 Pa. Code: 211.12 (2)(5) Nursing services.		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of observations and resident and staff interviews, it was determined that the facility failed to follow physician's orders for five of eight residents (Resident R4, R5, R10, R37, and R77). Findings include: Review of Resident R37's admission record indicated he was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 7/30/25, included diagnoses of anoxic brain injury (injury to the brain caused by a complete lack of oxygen) and chronic hepatitis (inflammation of the liver caused by viruses). Review of Resident R37's plan of care dated 4/27/25, indicated Resident R37 has a skin integrity impairment on the left lower extremity related to the history of abscess and non-healing wound. Included in the interventions for this care plan were to administer treatments as ordered. Review of a physician's order dated 8/18/25, indicated to cleanse Resident R37's left lower leg wounds with Dakins (disinfectant solution) 0.25. Apply calcium alginate to small wound beds, cut to size. Cover both (wounds) with border dressing. DO NOT let scab over. Will inhibit discharge of purulent drainage. Every evening shift. During an observation on 9/14/25, at 1:10 p.m. two dressings were observed on Resident R37's left lower leg. Both dressings were very soiled, with dried exudate having dripped and dried on Resident R37's leg. Both dressings were dated 9/9/25. During an interview and observation on 9/14/25, at approximately 1:27 p.m. the Nursing Home Administrator and the Assistant Director of Nursing confirmed that Resident R37's dressing was dated 9/9/25, and was extremely soiled. Review of Resident R37's Treatment Administration Record (TAR) indicated: 9/10/25 - Dressing change completed by Licensed Practical Nurse (LPN) Employee E9.9/11/25 - Dressing change completed by Registered Nurse (RN) Employee E10.9/12/25 - Dressing change completed by the Assistant Director of Nursing.9/13/25 - Dressing change completed by RN Employee E11. Further review of Resident R37's clinical record failed to reveal any documented refusals of care for his dressing changes between 9/10/25, through 9/14/25. Review of the clinical record indicated Resident R5 was readmitted to the facility on [DATE] and readmitted on [DATE]. Review of Resident R5's MDS dated [DATE], included diagnoses of cirrhosis (chronic damage leading to scarring and failure) of the liver and muscle wasting. Review of a physician order dated 9/9/25, indicated Cleanse abdominal wound with NSS (normal saline solution), apply collagen sheet, cover w/island dressing daily every day shift every Mon, Thu for Wound Treatment AND as needed for displacement/drainage. Review of Resident R3's plan of care for edema/excess fluid volume reviewed 6/12/23, failed to include the intervention of ACE wraps. During an observation on 9/14/25, at 1:47 p.m. Resident R5 was observed in bed with his brief and bed linen saturated with urine. Observation of Resident R5's abdominal wound dressing revealed it to be saturated in urine also. During an interview on 9/14/25, at 1:50 p.m. Registered Nurse Employee E13 confirmed that Resident R5's dressing was soiled and should have been changed, as needed. Review of Resident R4's admission record indicated she was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of Parkinson's disease (neuromuscular disorder causing tremors and difficulty walking) and heart failure (a progressive heart disease that affects pumping action of the heart muscles). Review of Resident R4's plan of care dated 1/14/25, for altered cardiovascular status included the intervention of ACE wraps on BLE (bilateral lower extremities). On in AM off in PM. During an observation on 9/15/25, at 11:17 a.m. Resident R4 was observed in her wheelchair, with her ACE wraps on, wrapped in the direction from the knee to foot. During an interview and observation on 9/17/25, at 11:14 a.m. Resident R4 was observed without her ACE wraps on. Resident R4 stated that staff often apply the wraps incorrectly. When asked if she had refused the ACE wraps this morning, she stated that staff never mentioned them to me. During an observation on 9/18/25, at 10:20 a.m. Resident R4 was observed without her ACE wraps on. Resident R4's lower legs were visibly swollen, with the elastic at the top of her socks creating an indentation in her legs. Review of Resident R10's admission record indicated she was admitted to the facility on [DATE]. Review of the (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	MDS dated [DATE], included diagnoses of dementia (a group of symptoms that affect memory, thinking and interferes with daily life) and high blood pressure. Review of Resident R10's plan of care updated 5/31/25, for cellulitis (bacterial skin infection) and lower extremity swelling included the intervention ted hose (compression socks) on in the morning; off at HS (hour of sleep) Review of an active physician order dated 5/31/25, indicated Resident R10 should have [NAME] stockings to bilateral legs - on in the am/off in the pm. During an observation on 9/15/25, at 11:39 a.m. Resident R10 was observed without her [NAME] hose on. Review of Resident R10's TAR for 9/15/25, indicated that the [NAME] hose were held due to physician's order. Further review of Resident R10's clinical record failed to reveal an order to hold the [NAME] hose. During an observation on 9/17/25, at 11:19 a.m. Resident R10 was observed without her [NAME] hose on. Review of Resident R10's TAR for 9/17/25, indicated that the [NAME] hose were applied by LPN Employee E6. During an observation on 9/18/25, at 10:11 a.m. Resident R10 was observed without her [NAME] hose on. Review of Resident R10's TAR for 9/18/25, indicated that the [NAME] hose were applied by LPN Employee E12. Review of Resident R77's admission record indicated she was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of a seizure disorder and history of a stroke. Review of Resident R77's plan of care updated 8/7/25, failed to include goals and interventions related to the use of [NAME] hose. Review of an active physician order dated 2/9/24, indicated compression stockings on in the am off in the pm for edema. During an observation on 9/15/25, at 11:45 a.m. Resident R77 was observed without her [NAME] hose on. Review of Resident R77's TAR for 9/15/25, indicated that the [NAME] hose were held due to physician's order. Further review of Resident R77's clinical record failed to reveal an order to hold the [NAME] hose. During an observation on 9/18/25, at 10:09 a.m. Resident R77 was observed without her [NAME] hose on. Resident R77 was noted to have visible swelling, with the elastic top of the socks constricting Resident R77's lower leg. Review of Resident R77's TAR for 9/18/25, indicated that the [NAME] hose were applied by LPN Employee E12. During an interview on 9/18/25, at approximately 12:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to follow physician's orders for five of eight residents.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations and staff interviews, it was determined that the facility failed to provide a safe environment for residents on two of two nursing units (Ground Floor and First Floor). Findings include: During an observation of the Ground Floor Soiled Utility Room on 9/14/25, at 2:03 p.m. the door was noted to be unsecured, with sharps containers and biohazardous waste containers accessible to residents. During an observation of the Ground Floor Soiled Utility/Trash Room on 9/14/25, at 2:03 p.m. the door was noted to be unsecured, with refuse and soiled linen accessible to residents. During an observation on 9/16/25, at approximately 1:00 p.m. a facility maintenance room on the Ground Floor was noted to be unsecured, with circuit breaker boxes accessible to residents. During an observation on 9/16/25, at approximately 1:00 p.m. a facility maintenance room on the First Floor was noted to be unsecured, with circuit breaker boxes accessible to residents. During an observation on 9/17/25, at 1:36 p.m. of the outdoor smoking area revealed a propane grill, with propane tank attached to the grill, to be present in the smoking area. Observation of the propane tank revealed labels affixed to the tank that stated, Danger and instruction to prevent flames from being near the tank. During an interview on 9/17/25, at 1:43 p.m. the Maintenance Director E8 confirmed the presence of the propane tank accessible to residents in the smoking area and further confirmed the danger of having a propane tank near possible sparks or flames. During an interview on 9/18/25, at approximately 12:30 p.m. the Nursing Home Administrator confirmed that the facility failed to provide a safe environment for residents on two of two nursing units. 28 Pa. Code 201.18(e)(1) Management. 28 Pa. Code 201.20(a)(b) Staff development. 28 Pa. Code 201.29(a)(c)(d) Resident rights.		

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of resident and staff interviews, and grievance review, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for nineteen of twenty-four residents (Residents R5, R11, R13, R48, R62, R64, R71, R77, R79, R81, R500, R501, R502, R503, R504, R505, R506, R507, R508, and R509). Findings include: During an interview on 9/14/25, at 12:15 p.m. when asked if he felt the facility maintained sufficient staff to care for resident needs, Resident R11 stated, No! Review of the clinical record indicated Resident R5 was readmitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident R5's minimum data set (MDS, periodic assessment of resident care needs) dated 6/15/25, included diagnoses of cirrhosis (chronic damage leading to scarring and failure) of the liver and muscle wasting. Review of a physician order dated 9/9/25, indicated Cleanse abdominal wound with NSS (normal saline solution), apply collagen sheet, cover w/island dressing daily every day shift every Mon, Thu for Wound Treatment AND as needed for displacement/drainage. Review of Resident R3's plan of care for edema/excess fluid volume reviewed 6/12/23, failed to include the intervention of ACE wraps. During an observation on 9/14/25, at 1:47 p.m. Resident R5 was observed in bed with his brief and bed linen saturated with urine. Observation of Resident R5's abdominal wound dressing revealed it to be saturated in urine also. During an interview on 9/14/25, at 1:50 p.m. Registered Nurse (RN) Employee E13 confirmed that Resident R5's dressing was soiled and should have been changed, as needed. During a group interview, on 9/15/25 at approximately 11:00 a.m., when asked if he felt the facility maintained enough staff to care for resident needs and answer call lights, consensus from the group was no. Residents R500, R501, R502, 503, 504, 505, 506, 507, 508 and 509 verbalized frustrations with the lack of aides in the building, stating they seem to always be short of staff, some days are worse than others. Residents stated the staff will tell them if they are short of nursing assistants no shower today we are too short of staff. - Resident R500 reported call light wait times of 40 minutes to 50 minutes is fair to say.- Resident R501 reported call light wait times of 60 minutes occurred a few times.- Resident R502 reported call light wait times of 30 minutes consistently.- Resident R506 reported call light wait times of 40 minutes is not uncommon.- Resident R509 reported call light wait times of 30 minutes to 60 minutes. During an interview on 9/15/25, at approximately 1:30 p.m. Resident R13 was observed with unkempt facial hair. When asked, the resident stated he would like to have his facial hair shaved, he stated has asked staff several times last week and is still waiting to be shaved. Resident R13 was re-interviewed again on 9/18/25 at approximately 8:30 a.m., was observed unshaven and he confirmed he still wants to have his facial hair shaved. Resident R13 stated they are busy there is not enough staff to help everyone. During an interview on 9/16/25, at 1:00 p.m. when asked if she felt the facility maintained sufficient staff to care for resident needs, Resident R62 stated, No and further stated that she has waited up to an hour for call light response. During an interview and observation on 9/16/25, at 1:05 p.m. Resident R71 when asked if he felt the facility maintained sufficient staff to care for resident needs, Resident R71 stated, No way and stated that call light times depend on if there is enough staff working. Resident R71 was noted to have an untrimmed beard. When asked if he preferred to have facial hair or be clean-shaven, Resident R71 stated that he wants to be shaved, I never get shaved. During an interview on 9/18/25 at approximately 8:40 a.m. with Employee E3 and Resident R13, Employee E3 confirmed the resident was unshaved and had been requesting to be shaved. During an observation on 9/18/24, at 10:14 a.m. the call lights for Residents R48's room and Residents R79 and R81's room were illuminated and alarming at the nurse's station. Observation at this time revealed NA Employee E2 to be on what appeared to be her personal phone at the nurses' station and NA Employee E15 to be leaned back in (continued on next page)		

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	her chair, with her head reclined back on her hands. Upon the surveyor entering the nurses' station, NA Employees E2 and E15 left the nurses' station, and the call lights were answered. During a confidential staff interview on the first-floor unit 1, when asked if the staff member felt there was sufficient staff to care for resident needs, the staff member stated really, we don't, we don't have the number of nurse aides most days. During a confidential staff interview on the ground floor unit G, when asked if the staff member felt there was sufficient staff to care for resident needs, the staff member stated there hasn't been for some time. Review of a grievance filed on behalf of Resident R64, dated 4/16/25, revealed concerns documented for incontinence care. Review of a grievance filed on behalf of Resident R500, dated 5/1/25, revealed concerns documented for call light wait times. Review of a grievance filed on behalf of Resident R77, dated 5/26/25, revealed concerns documented for wait time for incontinence care. During an interview on 9/18/25, at approximately 12:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for nineteen of twenty-four residents. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(e)(6) Management. 28 Pa. Code: 201.20(a) Staff development. 28 Pa. Code: 211.12(a)(c)(d)(1)(2)(3)(4) Nursing services.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to make certain that medical supplies were properly stored and/or disposed of in two of two nursing units (Ground Floor and First Floor) and one of four medication carts (First Floor, high hall). Findings include: Review of the facility policy Storage of Medications dated 1/22/25, indicated the facility stores all drugs and biologicals in a safe, secure, and orderly manner. Unlocked medication carts are not left unattended. During an observation of the Ground Floor Soiled Utility Room on 9/14/25, at 2:03 p.m. a large box of vacutainer one-use holders (plastic sheath for blood-collecting tubes). During an observation of the First Floor Soiled Utility Room on 9/15/25, at 11:48 a.m. the following clean items were observed: -Blood-collecting sets. -Vacutainers, greater than 100. -Gauze-Aerobic blood culture bottle, with an expiration date of 7/26/25. -Anaerobic blood culture bottle, with an expiration date of 5/29/25. -Bandages, multiple boxes-Alcohol wipes-(2)Urine collection kits, with an expiration date of 4/4/24.(49) eswabs (sterile collection and transport system for samples), with an expiration date of 10/31/23.(31) Covid swabsticks, with an expiration date of 6/30/23. During an interview on 9/15/25, at approximately 11:55 a.m. Licensed Practical Nurse Employee E6 confirmed the above observations. During an observation of the First Floor, high end medication cart on 9/15/25, at 12:24 p.m. the cart was noted to be unlocked. No staff were present in the vicinity. During an interview on 9/15/25, at 12:26 p.m. Registered Nurse Employee E7 confirmed she had left her medication cart unsecured. During an interview on 9/18/25, at approximately 12:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to make certain that medical supplies were properly stored and/or disposed of in two of two nursing units and one of four medication carts. 28 Pa. Code: 201.14 (a) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1)(e)(1) Management. 28 Pa. Code: 211.9 (a)(1) Pharmacy services. 28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services.		

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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	
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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to notify physicians of increased capillary blood glucose (CBG) levels for one of three residents (Resident R42). Findings include: Review of the facility policy Change in a Resident's Condition or Status dated 1/22/25, indicated, The nurse will notify the resident's Attending Physican or physician on call when there has been a specific instruction to notify the Physician of changes in the resident's condition. Review of the clinical record indicated Resident R42 was admitted to the facility on [DATE] and readmitted on [DATE]. Review of Resident R42's Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 8/8/25, included diagnoses of high blood pressure and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of a physician's orders dated 12/18/24, and reordered 7/15/25, indicated to inject Humalog insulin (fast-acting medication to lower blood sugar levels) per sliding scale; if blood glucose is 400-999 mg/dl (milligrams per deciliter) give 12 units and call the doctor. Review of the clinical record, progress notes, July and September MARs (medication administration records), 24-hour reports, and hard-copy provider notification books failed to reveal physician notification of the following blood sugar levels: 7/03/25, at 7:43 a.m. the CBG was 401 mg/dl. 7/18/25, at 6:17 p.m. the CBG was 420 mg/dl. 7/19/25, at 12:19 p.m. the CBG was 453 mg/dl. 7/20/25, at 4:30 p.m. the CBG was 497 mg/dl. 7/25/25, at 6:24 a.m. the CBG was 425 mg/dl. 7/26/25, at 6:52 a.m. the CBG was 428 mg/dl. During an interview on 9/18/25, at approximately 12:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to notify physicians of increased capillary blood glucose levels for one of three residents. 28 Pa. Code 201.18 (b)(1) Management. 28 Pa. Code 201.29(d) Resident rights. 28 Pa. Code 211.10 (c)(d) Resident care policies. 28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, clinical record review, observations, and staff interview it was determined that the facility failed to develop person-centered care plans for three of eight residents (Resident R14, R62, and R77). Findings include: Review of the facility policy, Care Plans, Comprehensive Person-Centered dated 1/22/25, indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. Review of the facility policy, Smoking Policy - Residents dated 1/22/25, indicated, Electronic cigarettes are permitted in designated areas only. Residents who wish to use e-cigarettes are instructed on battery safety and tips to avoid battery explosions per FDA (United States Food and Drug Administration) recommendations. Instruction specific to e-cigarette safety is documented in the resident care plan. Review of Resident R14's admission record indicated she was re-admitted to the facility on [DATE], originally admitted on [DATE]. Review of the MDS dated [DATE], included diagnoses of neuropathy (weakness or numbness from nerve damage), hypertension (the force of blood against the artery walls is too high), chronic pain, and opioid abuse. Review of Resident R14's admission care conference dated 6/18/23, included diagnosis of opioid abuse with behavior contract. Review of Resident R14's active physician order dated 9/15/25, included Suboxone sublingual film two times a day for opioid use disorder. Review of Resident R14's plan of care initiated 6/16/23 and most recently updated on 8/4/25, failed to include goals and interventions related to opioid abuse. Review of Resident R62's admission record indicated she was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles) and asthma (condition where the airways narrow and swell). Review of Resident R62's plan of care initiated 8/22/25, failed to include goals and interventions related to the use of electronic cigarettes. During an observation on 9/16/25, at approximately 1:00 p.m. Resident R62 was observed to have a vape (type of electronic cigarette) on her bedside table. Review of Resident R77's admission record indicated she was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of a seizure disorder and history of a stroke. Review of Resident R77's plan of care updated 8/7/25, failed to include goals and interventions related to the use of [NAME] hose (compression stockings). Review of an active physician order dated 2/9/24, indicated compression stockings on in the am off in the pm for edema. During an observation on 9/15/25, at 11:45 a.m. Resident R77 was observed without her [NAME] hose on. Review of Resident R77's TAR for 9/15/25, indicated that the [NAME] hose was held due to physician's order. Further review of Resident R77's clinical record failed to reveal an order to hold the [NAME] hose. During an observation on 9/18/25, at 10:09 a.m. Resident R77 was observed without her [NAME] hose on. Resident R77 was noted to have visible swelling, with the elastic top of the socks constricting Resident R77's lower leg. Review of Resident R77's TAR for 9/18/25, indicated that the [NAME] hose was applied by LPN Employee E12. During an interview on 9/18/25, at approximately 12:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to develop person-centered care plans for three of eight residents.		

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of observations, clinical record review, and staff interviews, it was determined that the facility failed to ensure that residents are free of significant medication errors for two of five residents reviewed (Resident R94 and R85). Findings include: Review of the United States Food and Drug package insert for levothyroxine sodium (synthetic thyroid hormone used to treat hypothyroidism, a condition where the thyroid gland does not produce enough T4) dated 12/2017, indicated: Administer once daily, preferably on an empty stomach, one-half to one hour before breakfast. Administer at least 4 hours before or after drugs that are known to interfere with absorption. Listed within the medications that interfere with levothyroxine absorption were: Proton-pump inhibitors - Gastric acidity is an essential requirement for adequate absorption of levothyroxine. Sucralfate, antacids and proton pump inhibitors may cause hypochlorhydria, affect intragastric pH, and reduce levothyroxine absorption. Review of facility policy Medication and Treatment Orders dated August 2024, indicated that drugs and biologicals that are required to be refilled must be reordered from the issuing pharmacy not less than three days prior to the last dosage being administered to ensure that refills are readily available. Review of the clinical record indicated Resident R94 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 9/10/25, included diagnoses of rhabdomyolysis and arthritis due to bacterial infection. The MDS did not include information regarding hypothyroidism / low-functioning thyroid gland. Review of the facility diagnosis list on 9/18/25, failed to include hypothyroidism / low-functioning thyroid gland. Review of hospital discharge paperwork dated 9/6/25, indicated Resident R94 was to receive 100 mcg (micrograms) of levothyroxine every morning. Review of a physician's order dated 9/6/25, indicated Resident R94 was to receive levothyroxine 100 mcg each morning. Review of a physician's order dated 9/7/25, indicated Resident R94 was to receive pantoprazole (a protein-pump inhibitor used to treat acid reflux) 40 mg (milligrams) each morning. Review of the Medication Admin Audit Report (documents orders and actual times provided for medications) for September 2025, revealed that Resident R94 was scheduled to receive both levothyroxine and pantoprazole at 9:00 a.m. During a medication administration observation on 9/17/25, at 8:05 a.m. Licensed Practical Nurse (LPN) Employee E6 stated that she would need to verify the correctness of the scheduled time for the levothyroxine, as she was aware that it needs to be given prior to eating and not with other medications. During an interview with the Assistant Director of Nursing on 9/17/25, at approximately 10:30 a.m. she confirmed that the timing of Resident R94's order for levothyroxine is incorrect and was adjusted that morning and confirmed one additional resident had levothyroxine ordered incorrectly. Review of the clinical record indicated Resident R85 was admitted to the facility on [DATE]. Review of Resident R85's MDS dated [DATE], indicated diagnoses of dementia and a thyroid disorder. Review of a physician's order dated 8/26/25, indicated Resident R85 was to receive levothyroxine 150 mcg each morning. Review of a physician's order dated 8/26/25, indicated Resident R85 was to receive pantoprazole 20 mg each morning. Review of the Medication Admin Audit Report for September 2025, revealed that Resident R85 was scheduled to receive both levothyroxine and pantoprazole at 9:00 a.m. During an interview on 12/18/25, at approximately 12:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to ensure that residents are free of significant medication errors for two of five residents. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18 (b)(1) Management.28 Pa. Code: 211.10 (c)(d) Resident Care policies.28 Pa. Code: 211.12 (d)(1)(2)(3)(5) Nursing services.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0575 Level of Harm - Potential for minimal harm Residents Affected - Many	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. Based on observations and a staff interview, it was determined the facility failed to post information for the State Agency, Adult Protective Services (APS), and a statement that residents may file a complaint with the State Agency as required in the building (main lobby, ground floor G wing and first floor 1 wing). Findings include: The facility must post, in a form and manner accessible and understandable to residents, resident representatives; a list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit. Observations conducted on 9/17/25, at approximately 10:30 a.m., on the ground floor G wing and first floor 1 wing nursing units, and main lobby, revealed the facility did not have any elements of the State Agency or APS contact information (agency name, address, email, and phone number) and a statement that residents may file a complaint with the State Agency as required, posted or accessible to residents or resident representatives. During an observation and an interview, on 9/18/25, at approximately 9:00 a.m., with the Nursing Home Administrator (NHA), the (NHA) confirmed the facility failed to post information for the State Agency, Adult Protective Services (APS), and a statement that residents may file a complaint with the State Agency as required in the building (main lobby, ground floor G wing and first floor 1 wing). 28 Pa. Code: 201.14(a)Responsibility of licensee. 28 Pa. Code: 201.18(e) Management.		

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F 0579 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide information about how to apply for and use Medicare and Medicaid benefits. Based on observations and a staff interview, it was determined that the facility failed to display (for residents and/or their responsible person) written information on how to apply for Medicare and Medicaid benefits and receiving refunds for previous payments covered by Medicare and Medicaid as required, in the building (main lobby, ground floor G wing and first floor 1 wing). Findings include: The facility must display in the facility written information, and provide to residents and applicants for admission, oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. During observations completed on 9/17/25, at approximately 10:30 a.m., on the ground floor G wing and first floor 1 wing nursing units, and main lobby, revealed the facility failed to include information on how to apply for Medicare and Medicaid benefits and receiving refunds for previous payments covered by Medicare and Medicaid. During an observation and an interview, on 9/18/25, at approximately 9:00 a.m., with the Nursing Home Administrator (NHA), the (NHA) confirmed the facility failed to display (for residents and/or their responsible person) written information on applying for Medicare and Medicaid benefits and receiving refunds for previous payments covered by Medicare and Medicaid as required, in the building (main lobby, ground floor G wing and first floor 1 wing). 28 Pa. Code: 201.14(a)Responsibility of licensee. 28 Pa. Code: 201.18(e) Management.		

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F 0837 Level of Harm - Potential for minimal harm Residents Affected - Many	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. Based on a review of facility documents, observations, and staff interviews, it was determined that the governing body failed to implement policies regarding the management of the operation of the facility by failing to respond to facility requests for equipment repairs. Findings include: 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations, subsection 201.18(e)(3)(2.1), dated 7/1/23, indicated the administrator's responsibilities shall include ensuring that a sanitary, orderly and comfortable environment is provided for residents through satisfactory housekeeping in the facility and maintenance of the buildings and grounds. During an observation of the food preparation area of the Main Kitchen on 9/16/25, at 12:58 p.m. the two-compartment sink was noted to have approximately 2-3 inches of standing water in the right compartment, with a large amount of black sediment collecting in the garbage disposal drain and floating in the standing water. During an interview at this time, Dietary Manager Employee E4 confirmed that garbage disposal is not operable, and that the maintenance department is aware. During an interview on 9/16/25, at approximately 1:30 p.m. the Nursing Home Administrator (NHA) confirmed that she was made aware of the garbage disposal not being operable during a walk-through completed with Maintenance Director Employee E8 and members of the corporate staff. Review of an electronic communication dated 8/28/25, at 5:16 p.m. confirmed the walk-through and listed in the items of needing repaired or replaced was the two-compartment sink and garbage disposal. When asked about the corporate management response to the need for a repaired/replaced garbage disposal, the NHA was unable to provide an answer. During an interview on 9/18/25, at approximately 12:30 p.m. the NHA confirmed that the governing body failed to implement policies regarding the management of the operation of the facility by failing to respond to facility requests for equipment repairs. 28 Pa. Code 201.14(g) Responsibility of licensee. 28 Pa. Code 201.18(e)(1)(2) Management.		