

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2026
NAME OF PROVIDER OR SUPPLIER Reformed Presbyterian Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2344 Perrysville Avenue Pittsburgh, PA 15214	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, clinical records, facility documents and staff interviews, it was determined that the facility failed to ensure residents were assessed, and provided necessary treatment and services, consistent with professional standards of practice, for a pressure ulcer (PU/PIs- injuries to skin and underlying tissue resulting from prolonged pressure on the skin) for one of three residents (CRR2). Findings include: Review of facility policy Wound Management Program, last reviewed 7/15/25, indicated the facility is committed to providing a comprehensive wound management program to promote the resident's highest level of functioning and well-being and to minimize the development of in-house acquired pressure injuries, unless the individuals' clinical condition demonstrates they are unavoidable. Any resident with a wound receives treatment and services consistent with the resident's goals of treatment. Typically, the goal is one of promoting healing and prevention of infection unless a resident's preferences and medical condition necessitates palliative care as the primary focus. A commitment to the Wound Management Program is demonstrated by implementation of the processes founded on accepted standards of practice, research-driven clinical guidelines, and interdisciplinary involvement. A visual skin assessment is completed by the nurse upon admission, re-admission and as needed by the nurse aide / therapy report or nurse identification. Results are documented in the Nursing admission Screening and/or Skin Observation Tool in Point Click Care. Review of the clinical record revealed that Resident CRR2 was admitted to the facility on [DATE]. Review of Resident CRR2's Minimum Data Set (MDS, periodic assessment of resident care needs) dated 11/30/25, indicated diagnoses of anxiety, depression, and adult failure to thrive (a state of decline that may be caused by chronic disease and functional impairment). Review of Resident CRR2's physician order dated 8/23/24, indicated Skin assessment weekly (from head to toe) at bedtime every Thursday. Review of Resident CRR2's clinical record on 1/22/26, failed to indicate documentation that the skin observation tool was completed between 9/15/25, through 12/20/25. Review of Resident CRR2's physician orders dated 12/20/25, at 8:26 a.m. indicated sacrum wound: Clean with normal saline, apply Medi honey, calcium alginate and boarder gauze one time a day. Further review of Resident CRR2's December treatment administration record indicated that the dressing was not documented completed until 12/22/25. Review of Resident CRR2's physician orders dated 12/22/25, at 3:14 p.m. indicated treatment to sacrum: Cleanse wound with soap & water and cover with dry dressing daily and as needed every night shift for wound care. Further review of Resident CRR2's December treatment administration record indicated that the dressing was not documented as completed on 12/30/25. During an interview completed on 1/22/26, at 2:25 p.m. the Director of Nursing (DON) confirmed that Resident CRR2's skin observation tool was not completed between 9/15/25, through 12/20/25, and that a treatment ordered on 12/20/25, was not documented as completed until 12/22/25. The DON also confirmed that the treatment orders dated 12/22/25, for Resident CRR2 were also not documented as completed on 12/30/25, and that the facility failed to ensure residents were assessed,</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2026
NAME OF PROVIDER OR SUPPLIER Reformed Presbyterian Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2344 Perrysville Avenue Pittsburgh, PA 15214	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and provided necessary treatment and services, consistent with professional standards of practice, for a pressure ulcer (PU/PIs- injuries to skin and underlying tissue resulting from prolonged pressure on the skin) for one of three residents (CRR2). 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.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2026
NAME OF PROVIDER OR SUPPLIER Reformed Presbyterian Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2344 Perrysville Avenue Pittsburgh, PA 15214	

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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of resident clinical records, and staff interview, it was determined the facility failed to ensure the coordination of hospice services (a special model of care for patients who are in the late phase of an incurable illness and wish to receive end-of-life care) with facility services to meet the needs for end of life care for one of two residents (Resident CRR2). Findings include: Review of the clinical record revealed that Resident CRR2 was admitted to the facility on [DATE]. Review of Resident CRR2's Minimum Data Set (MDS, periodic assessment of resident care needs) dated 11/30/25, indicated diagnoses of anxiety, depression, and adult failure to thrive (a state of decline that may be caused by chronic disease and functional impairment). Section O- Special treatments, procedures and programs section K1 coded yes for hospice services while a resident. Review of Resident CRR2's physician order dated 9/13/24, indicated assessment and admitted to hospice. Further review of Resident CRR2's physician orders failed to include a diagnosis for the hospice care and indicate which hospice provider was providing this service and the hospice providers contact information. Review of Resident CRR2's current comprehensive care plan failed to indicate a plan of care by the facility that displayed the coordination of hospice services by failing to include contact information for the hospice agency and how to access the hospice's 24 hour on-call system. During an interview on 1/22/26, at 2:25 p.m. the Director of Nursing confirmed that the facility failed to include a diagnosis for hospice care and contact information for the hospice agency and how to access the hospice's 24 hour on-call system and that the facility failed to ensure the coordination of hospice services with facility services to meet the needs of Residents CRR2. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.12(d)(3) Nursing services.</p>