

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Caring Heights Community Care & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 234 Coraopolis Road Coraopolis, PA 15108	

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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews and staff interviews, it was determined that the facility failed to obtain laboratory studies as ordered by the physician for one of three residents reviewed (Resident R1). Findings include: Review of facility policy Physician/Provider Orders policy, dated 8/1/2025, indicated the Charge Nurse shall transcribe and review all physician/provider orders. A unit secretary, with demonstrated competence, and when available, may transcribe orders. Review of Resident R1 admission record indicated she was admitted [DATE]. Review of Resident R1's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 9/25/25, indicated she had diagnoses that included malignant neoplasm of the brain, diabetes mellitus (chronic disorder characterized by high blood sugar levels due to the body's inability to produce or effectively use insulin) , and hypothyroidism (condition when the thyroid gland does not produce enough thyroid hormone). Review of Resident R1's physician order dated 9/19/25, indicated to acquire a CBC (Complete Blood Count - a blood test that measures the amounts and sizes of various blood components, including: red blood cells, white blood cells, hemoglobin, platelets), CMP (a blood test that measures various substances in your blood to assess your overall health. Includes tests for: kidney function, liver function, blood sugar levels, electrolyte and fluid balance). Further review of Resident R1's physician order dated 9/21/25, indicated to acquire a CBC CMP on Monday 9/22/25. There was no documented evidence in Resident 1's clinical record that staff obtained the bloodwork on 9/19/25, and 9/21/25, as ordered by the physician. During an interview on 11/6/25, at 12:02 p.m., the Director of Nursing (DON) confirmed that there was no documented evidence in the clinical record that the facility staff obtained the bloodwork for Resident R1 on 9/19/25, and 9/21/25, as ordered by the physician. During an interview on 11/6/25, at 2:30 p.m., the Nursing Home Administrator (NHA) and DON confirmed that the facility failed to obtain laboratory studies as ordered by the physician for one of three residents reviewed (Resident R1).28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</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