STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395606	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
John J Kane Regional Center-Ro	110 McIntyre Road Pittsburgh, PA 15237

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, resident clinical records, facility documents, reports submitted to the State, and staff interview, it was determined that the facility failed to report allegations of verbal abuse for one of three sampled resident records (Resident R1).Findings include: Review of the facility provided policy titled Abuse- Resident and Reasonable Suspicion of a Crime dated 5/28/26, indicated that the facility will treat every resident with consideration, respect and full recognition of his/her dignity and individuality. Verbal abuse is identified as any use of oral, written or gestured language that includes disparaging and derogatory terms to the resident or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability. Alleged violations, whether or not confirmed, must be reported to the Administrator, Departement of health, the Area Agency on Aging, Compliance Officer, and to the Executive Director, and a full investigation conducted. Review of Resident R1's admission record indicated she was admitted on [DATE]. Review of Resident R1's MDS assessment (Minimum Data Set: MDS - a periodic assessment of care needs) dated 5/27/26, indicated she had diagnoses that include diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), dysphagia (difficulty swallowing), and muscle weakness. Review of facility Concern Form dated 6/2/26, stated that Resident R1 reported that a staff member on evening shift has been mean to her and will tell her to shut up. Review of alleged abuse allegations submitted to the State field office did not include the verbal abuse incident involving Resident R1 reported on 6/2/26. During an interview on 6/15/26, at 3:58 p.m. the Director of Nursing confirmed that the facility failed to report allegations of verbal abuse for Resident R1 as required. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 201.18 (b) (1) (e) (1) Management.28 Pa. Code: 211.12 (d) (1) (2) (5) Nursing services.

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