

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395620	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Cedar Hill Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 951 Brodhead 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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>46336</p> <p>Based on review of facility policy, resident council meeting minutes and resident and staff interviews, it was determined that the facility failed to provide evidence that Resident Council concerns were assigned to the appropriate department, facility responses to Resident Council concerns, and how the facility resolved the repetitive Resident Council concerns for three of three months (January, February, and March 2024).</p> <p>Findings include:</p> <p>The facility indicated they do not have a Resident Council policy.</p> <p>Review of the facility policy Grievances dated 8/16/23, indicated the resident has the right to voice grievances with respect to treatment which has been furnished as well as that which has not been furnished. The facility actively seeks a resolution and keeps the resident appropriately apprised of its progress toward resolution.</p> <p>Review of Resident Council meeting minutes for the meeting on 1/15/24, indicated the following concerns: call lights not being answered on evening and night shifts, unable to find Nurse Aides (NA), they are always on their phones, have attitudes, not setting up meal trays, and clothing items were missing.</p> <p>Review of Resident Council meeting minutes for the meeting on 2/12/24, indicated the following concerns: on evening and night shifts unable to find NA's, not answering call lights, not setting up meal trays, staff standing at the desk on their phones all the time, and NA's leaving bags of linen on the floor.</p> <p>Review of Resident Council meeting minutes for the meeting on 3/11/24, indicated the following concerns: NA's not answering call lights, not setting up meal trays, meals being cold, NA's standing at the desk on their phones, leaving dirty linens on the floor, that weekends are just horrible, and clothing items were missing.</p> <p>Review of Grievance and Complaint Log dated February 2024, and March 2024, indicated the following:</p> <p>2/12/24 - Unacceptable call light response time, and on and off the commode.</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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2/13/24 - Resident Council unacceptable call light response time, availability of NA's, and cold meals.</p> <p>2/15/24 - Unacceptable call light response time and attitudes from NA's.</p> <p>2/15/24 - Unacceptable call light response time and attitudes from NA's.</p> <p>2/15/24 - Left on toilet too long by NA, call light timeliness, and attitudes from NA's.</p> <p>2/15/24 - Care concerns, call light timeliness, attitudes from nursing staff.</p> <p>3/2/24 - NA's not assisting with meals.</p> <p>3/8/24 - Resident was in shorts on a cold day, due to no clean clothing.</p> <p>3/9/24 - NA's not assisting with meals.</p> <p>3/11/24 - Resident Council ongoing concern of call lights not being answered, not setting up meal trays, and meals being cold.</p> <p>3/12/24 - NA's always on their phones, call light timeliness is lacking, food is always cold.</p> <p>Interview on 3/15/24, at 1:45 p.m. the Nursing Home Administrator confirmed there was no evidence that Resident Council concerns were assigned to the appropriate department, facility responses to Resident Council concerns, and how the facility resolved the repetitive Resident Council concerns for three of three months (January, February, and March 2024).</p> <p>28 Pa. Code 201.29(j) Resident rights.</p>