STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
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 a review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to notify the resident representative of the start of a new antibiotic for one of three residents (Resident R136). Findings include: Review of the facility policy Notification of Change of Condition: Responsible Party/Guardian last reviewed 4/2/25, indicated the responsible party or guardian is to be notified of changes in condition or occurrences. The nurse must document the name of the person notified, the date and time in the nurse's notes. Review of the clinical record indicated that Resident R136 was admitted to the facility on [DATE]. Review of Resident R136's Minimum Data Set (MDS - periodic assessment of resident care needs) dated 5/20/25, included diagnoses of high blood pressure, depression and heart failure (the heart doesn't pump the way it should). Review of Resident R136's physician orders dated 6/18/25, indicated Keflex oral capsule (treats bacterial infection) give 500 milligrams (mg) three times a day for cellulitis right hip for 7 days. Review of Resident R136's physician progress notes dated 6/18/25, indicated asked by staff to see the patient. Resident R136 has a right lateral thigh redness with tenderness. Clinically it looks like cellulitis. Will treat with the Keflex for one week and reevaluate. Review of Resident R136's progress notes failed to include notification of Resident R136's representative of the start of the new antibiotic. During an interview completed on 08/27/2025, 12:22 p.m. the Nursing Home Administrator confirmed that the facility failed to notify the resident representative of the start of a new antibiotic for one of three residents (Resident R136). 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.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
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, clinical record, facility documents, reports submitted to the State, and staff interview it was determined that the facility failed to report an allegation of neglect for one of three residents (Resident R2).Findings include: Review of facility Abuse Protection policy last reviewed 4/2/25, indicated regardless of how minor an accident or incident may be, it must be reported to the department supervisor as soon as such accident/incident is discovered or when information of such accident/incident has been discovered. The reporting and filing of accurate documents relative to incidents of abuse, reporting to State agencies as required. Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's Minimum Data Set (MDS - a periodic assessment of care needs) dated 7/30/25, indicated diagnoses of high blood pressure, cancer, and mood disorder. MDS Section GG-Functional Abilities, GG0130 Self-Care for lower body dressing was coded as a 1, which revealed the resident was dependent with the ability to dress and undress below the waist. Resident R2 does none of the effort to complete the activity. Review of Resident R2's progress note dated 8/19/25, revealed the resident arrived at an appointment with no pants on. It was documented the outside provider notified the facility Resident R2 did not have any pants on. Review of information submitted to the State Agency on 8/19/25, and 8/20/25, failed to include Resident R2's incident of neglect. During an interview on 8/26/25, at 11:45 a.m. the Nursing Home Administrator confirmed the facility failed to identify the incident of Resident R2 arriving to an appointment without pants on 8/19/25, as an allegation of neglect. The Nursing Home Administrator confirmed the facility failed to report an allegation of neglect for one of three residents (Resident R2). 28 Pa Code: 201.14 (a)(c)(e) Responsibility of management 28 Pa Code: 201.18 (b)(1) (e)(1) Management.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, Resident Assessment Instrument (RAI) User's Manual, clinical records, and staff interviews, it was determined that the facility failed to ensure that Minimum Data Set (MDS - a periodic assessment of care needs) accurately reflected the resident's status for two of three residents (Resident R4 and R84).Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set Assessments dated October 2024, indicated the following instructions: Section O: Special Treatments, Procedures, and Programs, indicated to document what services and treatments were performed while a resident of the facility and within the last 14 days. Review of the clinical record indicated Resident R4 was admitted to the facility on [DATE]. Review of Resident R4's MDS dated [DATE], indicated diagnoses of end stage renal disease (kidneys no longer function), high blood pressure and diabetes (high sugar in the blood). Section O Special treatments section J1- Dialysis, failed to be checked performed while a resident. Review of physician orders dated 7/30/25, indicated that resident R4 is scheduled for dialysis on Monday, Wednesday and Friday 10:00 a.m. to 2:00 p. m. Review of Resident R4's current care plan indicated Resident R4 needs dialysis related to renal failure. During an interview completed on 8/27/25, at 11:30 a.m. Registered Nurse Assessment Coordinator (RNAC) Employee E3 confirmed that Resident R4's MDS dated [DATE], Section O Special treatments section J1- Dialysis, failed to be checked performed while a resident. Review of the clinical record indicated Resident R84 was admitted to the facility on [DATE]. Review of Resident R84's MDS dated [DATE], indicated diagnoses of diabetes (high sugar in the blood), high blood pressure and dependence on supplemental oxygen. Section O Special treatments section C1- Oxygen Therapy failed to be checked performed while a resident. Review of Resident 84's physician orders dated 6/27/25, indicated oxygen at 4 liters per minute continuously via nasal cannula (device used to deliver oxygen through the nose) every shift. Review of Resident R84's current care plan indicated oxygen therapy dependence on supplemental oxygen. During an interview completed on 8/27/25, at 2:30 p.m. RNAC Employee E3 confirmed that Resident R84's MDS dated [DATE], Section O Special treatments section C1- oxygen therapy, failed to be checked performed while a resident and that the facility failed to ensure the MDS accurately reflected the resident's status for two of three residents (Resident R4 and R84). 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 211. 5(f) Medical records.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
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 facility policy, clinical records and staff interview, it was determined that the facility failed to develop a care plan for two of three residents (Resident R1 and R97) to accurately reflect the current status of the resident. Findings include: Review of the facility policy “Care Plan” last reviewed 4/2/25, indicated the facility’s interdisciplinary team will develop a comprehensive care plan for each resident. The residents’ care plan shall be developed upon admission and implemented as soon as possible thereafter and describe the services that are to be furnished to attain or maintain the residents’ highest practical physical, mental and psychosocial well-being. A review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. A review of the Resident R1's Minimum Data Set (MDS- a periodic assessment of care needs) dated 6/9/25, indicated the diagnoses of high blood pressure, depression and diabetes (high sugar in the blood). A review of Resident R1’s physician orders dated 7/18/25, indicated insulin Lispro (fast acting) subcutaneous solution cartridge 100 UNIT/milliliter (ml) inject as per sliding scale with meals resident has a Libre (Continuous Glucose System) and self-check with phone nurse to document. A review of Resident R1’s physician orders dated 7/18/25, indicated insulin Glargine (long acting) subcutaneous solution inject 34 units subcutaneously at bedtime resident has Libre and self-check with phone nurse to document. A review of Resident R1’s physician orders dated 8/13/25, indicated free style Libre 3 sensor inject 1 application every 15 days for diabetes monitoring. A review of Resident R1’s current care plan failed to include interventions for Libre. A review of the clinical record indicated Resident R97 was admitted to the facility on [DATE], with diagnoses that included atrial fibrillation (irregular heartbeat where the heart's two upper chambers, the atria, quiver and beat too fast instead of contracting properly), hypertension and type 2 diabetes mellitus. A review of Resident R97's quarterly MDS dated [DATE], indicated the diagnosis remained current. A review of Resident R97's physician orders dated 8/20/25, indicated Tresiba FlexTouch Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Degludec) Inject 30 unit subcutaneously in the morning for DM2 resident has libre (continuous glucose monitoring) and self-checks. A review of Resident R97's current care plan revealed no care plan for the libre. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/28/25, at 1:30 p.m. Nursing Home Administrator confirmed the facility failed to revise the care plan for Resident R97 as required. During an interview completed on 08/28/25, at 1:44 p.m. the Director of Nursing confirmed that the facility failed to implement a care plan for Resident R1’s Libre system and that the facility failed to develop a care plan for two of three residents (Resident R1 and R97) to accurately reflect the current status of the resident. 28 Pa. Code: 211.11(d) Resident Care Plan

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, resident record review, and staff interviews, it was determined that the facility failed to follow professional standards of practice when obtaining physician orders for one of four residents. (Resident R136).Findings include: Review of the facility policy Medication and Treatment Orders last reviewed 4/2/25, indicated telephone or verbal orders must be recorded in the clinical record, under physician orders when received and must be recorded by the nurse receiving the order. Review of the clinical record indicated that Resident R136 was admitted to the facility on [DATE]. Review of Resident R136's Minimum Data Set (MDS - periodic assessment of resident care needs) dated 5/20/25, included diagnoses of high blood pressure, depression and heart failure (the heart doesn't pump the way it should). Review of Resident R136's nursing progress note dated 5/5/25, indicated Unit Manager (UM) called 3-11 Registered Nurse (RN) supervisor (sup) requested to put in order provided by physician (md) to unit manager for urinalysis with culture and sensitivity (UA/CS) due to increased confusion to determine if urinary tract infection (UTI). Order placed in point click care (PCC), assigned nurse. During an interview completed on 8/27/25, at 10:20 a.m. upon reviewing the nursing progress note dated 5/5/25, the Director of Nursing (DON) confirmed that a Unit Manager gave a RN supervisor a verbal order for a UA/CS and stated they are not a physician and that the facility failed to follow professional standards of practice when obtaining physician orders for one of four residents. (Resident R136). 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, clinical record review and review of the facility policy, it was determined that the facility failed to provide appropriate assistance with meals for one of three residents (Resident R65). Findings include: Review of the facility policy Flow of Care last reviewed 4/2/25, indicated the flow of care is to be implemented on a continuous basis to promote quality of life with the residents. The charge nurse will be responsible for evaluating compliance with the flow of care expectations to ensure that needs are met on an ongoing basis. Review of the admission record indicated Resident R65 was admitted to the facility on [DATE]. Review of Resident R65's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/14/25, indicated the diagnoses of heart failure (the heart doesn't pump blood as well as it should), atrial fibrillation (irregular heart rhythm), and dementia (a general term for loss of memory, language, problem solving and other thinking abilities that are severe enough to interfere with daily life). Section C0500 - Brief Interview for Mental Status (BIMS - is a screening test that aides in detecting cognitive impairment) indicated a score of 12 - moderately impaired cognition. Review of Resident R65's current care plan on 8/25/25, indicated Special Instructions Staff to cut food into small pieces at mealtimes. During an observation on 8/25/25, at 11:53 a.m. Resident R65's meal ticket indicated that staff is to cut food into small pieces at mealtimes. Resident R65 was observed sitting in a wheelchair at bedside, with a piece of whole chicken breast in both hands attempting to tear it apart with fingers. During an interview on 8/25/25, at 11:54 a.m. Nurse Aide (NA) Employee E6 confirmed Resident R65 had a piece of whole chicken breast in both hands attempting to tear it apart with fingers, and that staff failed to cut the food into small pieces at mealtime as indicated. During an interview on 8/25/25, at 12:00 p.m. the Director of Nursing confirmed the facility failed to provide appropriate assistance with meals for one of three residents (Resident R65). 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 review of clinical records and staff interview, it was determined that the facility failed to provide care and treatment as ordered by physician for one of three residents (Residents R2) and have a physician order for a continuous glucose monitoring device for one of one resident (Resident R97).Findings include: Review of facility policy Medication and Treatment Orders dated 4/2/25, indicated all medication and treatment orders must be carried out exactly as prescribed by the physician or other licensed prescriber. Nursing staff are responsible for documenting administration and monitoring the resident's response to all medication and treatments. Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's Minimum Data Set (MDS - a periodic assessment of care needs) dated 7/30/25, indicated diagnoses of high blood pressure, cancer, and fracture. Review of Resident R2's physician order dated 7/25/25, revealed the resident was ordered to wear sling at all times except for hygiene. During an observation on 8/25/25, at 1:38 p.m. Resident R2 was observed lying in bed with no sling in place. The resident's sling was observed on the resident's bedside dresser. During an observation on 8/26/25, at 11:22 a.m. Resident R2 was observed with no sling on while working with therapy. During an interview on 8/26/25, at 11:24 a.m. Physical Therapist, Employee E7 was asked if Resident R2's sling was on prior to the start of therapy. PT, Employee E7 stated it was not on and confirmed Resident R2's sling was not on as ordered. During an interview on 8/26/25, at 3:04 p.m. the Nursing Home Administrator and Director of Nursing confirmed the facility failed to provide care and treatment as ordered by physician for one of three residents (Residents R2). A review of the clinical record indicated Resident R97 was admitted to the facility on [DATE], with diagnoses that included atrial fibrillation, hypertension and type 2 diabetes mellitus. A review of Resident R97's MDS assessment dated [DATE], indicated the diagnosis remained current. A review of Resident R97's physician orders dated 8/20/25, indicated Tresiba FlexTouch Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Degludec). Inject 30 unit subcutaneously in the morning for DM2 resident has libre (continuous glucose monitoring) and self-checks. A review of Resident R97's physician orders dated 8/20/25 revealed no active order for the libre, when to change or care for it. During an interview on 8/28/25, at 1:25 p.m. the Director of Nursing confirmed the Resident R97 did not have an active order for the libre. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review facility policies, observations, clinical records, and staff interviews, it was determined that the facility failed to make certain that appropriate treatments and services were provided for the use of an indwelling urinary catheter as required for one of three residents (Resident R134).Findings include: Review of facility Resident Rights last reviewed 4/2/25, indicated the resident has a right to a dignified existence. This facility will promote the exercise of rights for each resident. The facility will protect and promote the rights of each resident including but not inclusive to privacy and confidentiality. Review of the clinical record indicated Resident R134 was admitted to the facility on [DATE], with the diagnosis of high blood pressure, obstructive and reflux uropathy (urine can't flow normally due to blockage) and urinary tract infection. Review of Resident 134's physician orders dated 8/23/24, indicated the resident had an indwelling urinary catheter (closed sterile system inserted into the bladder to allow for urine drainage). Observation on 8/25/25, at 10:24 a.m. Resident R134 was lying in bed with a catheter connected to a drainage bag, the drainage bag was lying on the floor and failed to be covered as required. During an interview completed on 8/25/25, at 10:27 a. m. Licensed Practical Nurse (LPN) Employee E2 confirmed Resident R134's drainage bag was not covered as required and that the facility failed to make certain that appropriate treatments and services were provided for the use of an indwelling urinary catheter as required for one of three residents (Resident R134). 28 Pa. Code: 201.14(a) Responsibility of licensee. 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, facility policy and staff and interviews it was determined the facility failed to ensure resident's receiving dialysis received care and treatment as ordered and ensured fluid restrictions were maintained for one of two residents (Resident R6).Findings include: Review of facility policy Dialysis Care dated 4/2/25, indicated residents ordered dialysis therapy will be monitored, and documentation will be maintained in the medical record. All residents receiving dialysis treatment will have their access site assessed every shift. Review of the facility's Care Plan policy dated 4/2/25, revealed the facility will develop a comprehensive care plan for each resident. The care plan shall be reviewed, evaluated, and updated as necessary, by professionals involved in the care of the resident. Review of facility policy Medication and Treatment Orders dated 4/2/25, indicated all medication and treatment orders must be carried out exactly as prescribed by the physician or other licensed prescriber. Nursing staff are responsible for documenting administration and monitoring the resident's response to all medication and treatments. Review of the clinical record indicated Resident R6 was admitted to the facility 11/15/24, and readmitted to the facility on [DATE]. Review of Resident R6's Minimum Data Set (MDS - a periodic assessment of care needs) dated 7/16/25, indicated diagnoses of high blood pressure, End Stage Renal Disease (ESRD, an inability of the kidneys to filter the blood), and dependence on dialysis. Review of Resident R6's care plan dated 11/18/24, revealed the resident has end stage renal failure and requires hemodialysis. Interventions included to maintain fluid restriction as ordered. Ensure fluid restriction breakdown as available to all direct care staff and staff are educated on restriction to ensure adherence. It was indicated to monitor dialysis access site for signs and symptoms of infection or erosion through chest wall tissue. Change dressing as ordered, monitor for bleeding, and changed as needed. Review of Resident R6's physician's order dated 7/17/25, revealed the resident was ordered a 1200cc daily fluid restriction. Dietary to give 280cc each meal. The following free water fluid restrictions for nursing were ordered-7 a.m. to 3 p.m. 180 milliliters (ml)-3 p.m. to 11 p.m. 120 ml-11p.m. to 7 a.m. 60 ml Review of Resident R6's clinical record revealed the facility failed to adhere to the resident's fluid restriction on the following days: 8/6/25-1,260 ml 8/10/25-1,420ml 8/11/25-1320 ml 8/13/25-1320 ml 8/15/25-1380 ml 8/18/25-1480 ml 8/20/25-1,140 ml 8/22/25-1,272 ml 8/24/25-1240 ml 8/25/25-1560 ml Review of Resident R6's progress note dated 8/12/25, revealed dietary sent the resident's fluid intake history to the physician via fax. Documentation failed to include evidence the physician reviewed the resident's fluid intake or any evidence the resident or staff were educated on restriction to ensure adherence as care planned. Review of Resident R6's progress note dated 8/20/25, revealed the physician and dialysis were made aware of the resident's non-compliance with free water restriction. No changes were made to the resident's physician order for fluid restriction. Documentation failed to include evidence the resident or staff were educated on restriction to ensure adherence as care planned. During an interview on 8/25/25, at 1:56 p.m. Licensed Practical Nurse (LPN), Employee E10 confirmed Resident R6 was on a fluid restriction. LPN, Employee E10 stated the nurse aides are responsible for documenting what they provide the resident, and the nurses sign off how much fluid is given to the resident by them. Review of Resident R6's physician's order dated 8/26/25, entered by Dietician, Employee E11 revealed the resident was ordered a 1200cc daily fluid restriction. Dietary to give 280cc each meal. The following free water fluid restrictions for nursing were ordered-7 a.m. to 3 p.m. 180 ml-3 p.m. to 11 p.m. 240 ml-11p.m. to 7 a.m. 120 ml A further review of Resident R6's August 2025 Medication Administration Record (MAR) failed to include evidence of the total amount of fluid the resident received each shift on 8/26/25 and 8/27/25. A review of Resident R6's clinical record on 8/27/25, failed to include an order to monitor the resident's dialysis access site for bleeding and signs and symptoms of infection or erosion through chest wall tissue. A further review failed to include an order to change the dressing. During an interview on 8/28/25, at 11:26 a.m. the Director of Nursing and Nursing Home Administrator confirmed the facility failed to ensure Resident R6 fluid restriction were maintained as ordered. The DON confirmed Resident R6 did not have an order to monitor the dialysis access site and to change the dressing. The NHA and DON confirmed the facility failed to ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for one of two residents (Resident R6). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.10(c) Resident care policies. 28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident record review and staff interviews, it was determined to facility failed to provide a trauma survivor with trauma informed care to eliminate or mitigate triggers that may cause re-traumatization of the resident for one of one residents (Resident R73). Findings: Review of Resident R73's record indicated the resident was admitted on [DATE]. Diagnoses included post-traumatic stress disorder (PTSD - a psychiatric disorder that may occur in persons that have witnessed a traumatic event causing intense, disturbing thoughts and feelings related to the experience), dysphagia (difficulty or impairment in swallowing) and anxiety. Review of physician orders dated 8/13/25, included buspirone (medication used to treat anxiety) and fluoxetine (medication used to treat anxiety). Review of Resident R73's assessments did not include a Trauma Informed Care Evaluation (a data collection tool that gathers information on traumatic events and aids in identifying and addressing the resident's needs). Review of Resident R73's care plan for PTSD was dated 8/19/25. During an interview on 8/27/25, at 1:00 p.m. Social Worker Employee E5 confirmed that Resident R73 did not have a Trauma Informed Care Evaluation and that her care plan was not completed timely. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1) Management.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, the facility's tray assembly tickets, observation, and resident and staff interviews, it was determined that the facility failed to follow their tray assembly tickets for preferences for two of five residents (Resident R11 and R124). Findings include: Review of the facility policy Dining and Food Preferences dated 4/2/25, indicated individual dining, food, and beverage preferences are identified for all residents. The individual tray assembly ticket will identify all food items appropriate for the resident based on diet order, allergies and intolerances, and preferences. Review of the admission record indicated Resident R11 was admitted to the facility on [DATE]. Review of the Resident R11's Minimum Data Set (MDS- a periodic assessment of care needs) dated 5/10/25, indicated the diagnoses of anemia (low iron in the blood) high blood pressure and diabetes (high sugar in the blood). Review of Resident R11’s physician orders dated 5/12/25, indicated low potassium diet, regular texture, thin consistency, may have double protein portions. Observation on 8/25/25, at 12:10 p.m. Resident R11's lunch meal consisted of Salsbury steak with gravy, buttered noodles, tossed salad and peach pie. Resident R11’s tray assembly ticket indicated hamburger on bun, ketchup, buttered noodles, tossed salad and peach pie. During an interview completed on 8/25/25, at 12:27 p.m. Nurse Aide (NA) Employee E4 confirmed the meal ticket stated hamburger on bun and ketchup, however Resident R11 was served Salsbury steak with gravy which failed to follow preferences listed on the tray assembly ticket. NA Employee E4 stated “I gave her the tray, but I did not read her ticket items, I would have went to the kitchen and had it changed”. Review of the admission record indicated Resident R124 was admitted to the facility on [DATE]. Review of the Resident R124's MDS dated [DATE], indicated the diagnoses of heart failure (the heart doesn’t pump blood as well as it should), high blood pressure, and depression. Review of Resident R124's physician order dated 7/22/25, indicated Regular diet. No mayonnaise and no salt packet. Observation of the lunch meal on 8/25/25, at 12:31 p.m. Resident R124's tray assembly ticket indicated cornflake chicken breast, peas and carrots, cheesy rice, dinner roll, margarine, peach pie with crumb topping, hot tea, and lemonade. NA Employee E8 removed the lid from the meal plate and revealed Salsbury steak with gravy and noodles served. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395620	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Hill Healthcare and Rehabilitation Center	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)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 8/25/25, at 12:32 p.m. NA Employee E8 confirmed the meal ticket stated cornflake chicken breast and Resident R124 was served Salsbury steak with gravy which failed to follow preferences listed on the tray assembly ticket. Observation of the lunch meal on 8/26/25, at 11:58 a.m. Resident R124's tray assembly ticket indicated no mayonnaise and no salt packet. During an observation and interview on 8/26/25, at 12:00 p.m. the Dietary Director Employee E9 was requested to observe Resident R124's meal tray with survey agency and verified that the lunch tray had two salt packets on it and failed to follow preferences listed on the tray assembly ticket. During an interview on 8/26/25, at 12:00 p.m. Dietary Director Employee E9 confirmed the facility failed to follow their tray assembly tickets for preferences for two of five residents (Resident R11, and R124). 28 Pa. Code 211.6 (a) Dietary Services