

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Wecare at Rolling Meadows Rehab and Nursing Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Curry Road Waynesburg, PA 15370	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>39311</p> <p>Based on review of facility policy and resident interviews and observations, it was determined that the facility failed to ensure sufficient staffing to meet resident need for ten of twelve residents (Resident R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10).</p> <p>Findings include:</p> <p>Review of the facility policy, Staffing dated 1/16/24, indicated the facility will provide adequate staffing to meet needed care and services for our resident population.</p> <p>During an interview on 7/18/24, at 10:54 a.m. Resident R1, when asked if she felt the facility had sufficient staff stated, No, they work too hard.</p> <p>During an interview and observation on 7/18/24, at 10:57 a.m. when asked if she felt the facility had sufficient staff stated, Nope. When asked if she received sufficient bathing, Resident R2 stated, This past week I got one. I only got one this week because they said they were short. When asked about call light response time, Resident R2 stated, There many times I've waited over an hour.</p> <p>During an observation on 7/18/24, at 11:02 a.m. a call light was heard to be alarming. State Agency asked Licensed Practical Nurse (LPN) Employee E1 where the call lights alarm. LPN Employee E1 displayed the panel on the wall, which revealed Resident R3's room alarming. LPN Employee E1 then returned to the nurses' station, where she and an additional staff member were seated. Neither staff member responded to Resident R3's call light.</p> <p>During an interview and observation on 7/18/24, at 11:06 a.m. Resident R4 was noted to have unkempt hair and facial hair. When asked if he preferred the beard, Resident R4 responded, I need a shave and a haircut too. It's been a while.</p> <p>During an interview on 7/18/24, at 11:09 a.m. Resident R5, when asked if he felt the facility had sufficient staff stated, No. When asked what she would like to see, if the facility had more staff, Resident R5 stated, Be able to spend more time on care. Don't get me wrong, the care is good, but rushed.</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: 395624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Wecare at Rolling Meadows Rehab and Nursing Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Curry Road Waynesburg, PA 15370	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/18/24, at 11:15 a.m. Resident R6, when asked if he felt the facility had sufficient staff stated, They are short-handed. I feel bad for the girls, running around like chickens with their heads cut off. When asked about call light response, Resident R6 confirmed that it can be a little long.</p> <p>During an interview on 7/18/24, at 11:20 a.m. Resident R7, when asked if she felt the facility had sufficient staff stated, The girls are overworked.</p> <p>During an observation on 7/18/24, at 11:22 a.m. Resident R8 when asked if she felt the facility had sufficient staff stated, Sometimes there's not enough to care for the residents. Resident R8 was observed at this time as having facial hair that she was not assisted to remove.</p> <p>During an interview on 7/18/24, at 11:30 a.m. Resident R9, when asked if they felt the facility had sufficient staff stated, There could be more, I think.</p> <p>During an interview on 7/18/24, at 11:36 a.m. Resident R10, when asked about call light response stated, I put the light on, nobody comes. I'm waiting, waiting. I have to push the button again. That's not right.</p> <p>Review of two months of Resident Council minutes (May and June 2024) revealed that call light response was a concern in May 2024.</p> <p>During an interview on 7/18/24, at approximately 1:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to ensure sufficient staffing to meet resident need for ten of twelve residents.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>