

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  09/12/2025
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.

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations, review of facility policy, resident, and staff interviews, it was determined that the facility failed to provide a safe, clean, comfortable, and homelike environment on two of two nursing units (A and B nursing units).</p> <p>Based on observations, review of facility policy, resident, and staff interview, it was determined that the facility failed to provide a safe, clean, comfortable, and homelike environment on two of two nursing units (A and B Nursing Units).</p> <p>Findings include:</p> <p>Review of the facility policy Homelike Environment dated 1/21/25, indicated in part the facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include clean bed and bath linens that are in good condition.</p> <p>During an interview on 9/11/25, from 11:29 a.m., through 12:25 p.m., Licensed Practical Nurse Employee E3 and Nurse Aide Employee E4 stated that they had wipes before and now the facility took them away, washcloths are to be used but staff will not reuse a washcloth on a person's face after the day before it was used to wash another resident's private areas. Staff often throw away washcloths after used on a resident's private parts when they are bathed.</p> <p>During an observation on 9/11/25, at 1:00 p.m., the A and B nursing unit linen carts were observed to have three to five wash cloths available for use.</p> <p>During an interview on 9/11/25, at 1:42 p.m., Laundry staff employees E5 and E6 stated that the facility has provided additional washcloths for staff to use however, the staff are throwing them away and it's difficult to maintain a certain number on linen carts for resident use.</p> <p>During an interview on 9/12/25 at 12:20 p.m., the Nursing Home Administrator stated that he is aware staff throwing away washcloths and has attempted to keep stocked. The facility failed to provide a safe, comfortable and homelike environment for the residents of the first and second floor nursing units.</p> <p>During an interview on 9/12/25, at 12:20 p.m., the Corporate Regional Clinical Director Employee E7 stated I told them about the need for wipes.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During observations of the A wing nursing units on 9/9/25 from 9:30 a.m., through 11:10 a.m., the following was observed:</p> <p>Residents R11 and R35's room had the bathroom floor trim lifting and under heater soiled.</p> <p>Residents R58 and R60 room had bathroom floor trim lifted and clothes cabinet by bathroom edges broken and sharp.</p> <p>Resident R14 room had broken area at bottom of clothes cabinet and the wall near the heater was scratched.</p> <p>Residents R31 and R10 room had lifted floorboards, and the toilet lid was lifted.</p> <p>Residents R54 and R42 room had floor trim lifted in room and in bathroom and the bathroom heater was dented leaving sharp edges.</p> <p>Residents R67 and R89 room had lifted floor trim and bathroom and a ceiling tile above sink missing.</p> <p>Residents R77 and R78 room had bathroom wall trim lifted.</p> <p>The sink area in the kitchenette had cabinet damage and a brown substance covering the edges.</p> <p>The septic drain in the hall was uneven leaving a potential tripping hazard.</p> <p>Residents R22 and R48 room had the covering of the wall lifting.</p> <p>Residents R39 and R76 room had area by bathroom wall damage.</p> <p>Residents R20 and R57 room had the bathroom flooring completely lifting and water damaged, leaving tripping hazards and a moldy odor, Resident R57 stated that it's been like that, and the odor gets worse with the door closed. The wall trim in the room needing repaired.</p> <p>Residents R72 and R2 room had scraped wall by heater and cabinet and the bathroom door needing repaired.</p> <p>During an interview on 9/9/25, at 11:10 a.m., Maintenance Director Employee E1 confirmed that the facility failed to provide a safe, clean, comfortable, and homelike environment on two of two nursing units (A and B Nursing Units).</p> <p>During a tour of the B side Unit 9/9/25, between 9:30 a.m. and 10:00 a.m. the following were observed: - Resident R59's wall had gouges in it.- Resident R82's bathroom flooring with cracks approximately 1/4 inch wide in multiple areas.- Resident R83's wall with gouges in it behind the bed.- Resident R104's wall with a big white plastered spot unpainted by the door. During an interview and tour on 9/9/25, at 11:13 a.m. Maintenance Director Employee E1 confirmed the above findings. During an interview on 9/12/25/25, at 11:00 a.m. the Nursing Home Administrator confirmed that the facility failed to maintain a homelike environment on 28 Pa. Code: 201.18(b)(3) Management</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>28 Pa. Code: 207.2(a) Administrator's responsibility.</p> <p>28 Pa. Code: 201.29(k) Resident rights.</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on review of job descriptions, and staff interviews, it was determined that the facility failed to employ a full-time qualified dietary services manager in the absence of a full-time qualified dietitian. Findings include: Review of the job description for Registered Dietician (RD) indicated the primary purpose in this position is to plan, organize, coordinate, and evaluate the nutritional components of dietary services for the facility. The essential job function includes the following: -Counsels residents, their responsible parties and facility staff on sound nutritional practices to promote food health. -Oversees the duties and functions of the Dietary Manager and other staff as instructed by the facility. Review of the job description for Food Service Director indicated the primary purpose in this position is to plan, organize, develop, and direct the overall operation of the Food Services department. During an interview on 9/9/25, at 9:40 a.m. [NAME] Employee E16 confirmed there was not a Dietary Manager at the facility. A new dietary manager was hired and starting orientation on 9/9/25. They stated there has not been a dietary manager in the kitchen for two weeks. During an interview on 9/9/25, at 9:49 the new Dietary Manager Employee E17 stated she started the Dietary Manager position on 9/9/25. She stated that she currently did not have her CDM (Certified Dietary Manager) and was not currently enrolled in the program. She had her ServSafe certification. During an interview on 9/9/25, at 10:50 a.m. the Nursing Home Administrator confirmed there was not a full-time dietitian employed at the facility and that the facility did not employ a qualified dietary manager in the absence of a full-time dietitian.</p>

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>Based on observations, and staff interviews, it was determined that the facility failed to provide sufficient dietary staff to perform essential kitchen duties. Based on observation and staff interviews, it was determined that the facility failed to have sufficient dietary staff to perform essential kitchen duties. Findings include: Review of facility dietary department policy Master Staffing Plan reviewed 1/20/25, indicated the dietary department is adequately staffed to provide safe, high quality food service to residents. Staffing levels will be developed by the administrator and the department management team. During an interview on 9/9/25, at 9:40 a.m. [NAME] Employee E16 stated sometimes the facility only has two or three staff members in the kitchen to serve 110 residents (census on 9/9/25). They stated sometimes someone from housekeeping comes and helps them in the kitchen. They stated lunch tray line was supposed to start at 11:15 a.m. During an observation on 9/9/25, at 9:42 a.m. three employees were noted to be working the day shift on 9/9/25. [NAME] Employee E16, Dietary Aid Employee E18, and Dietary Aid Employee E19. Review of the posted tray delivery times indicated that the main dining room is to be served first at 11:30 a.m., for lunch meal. During an observation on 9/11/25, at 11:15 a.m. lunch tray line was delayed due to a breakfast cart that was not cleaned out of soiled resident breakfast trays that morning. Dietary Aid Employee E18 was in the process of emptying the soiled breakfast cart. Tray line began at 11:52 a.m. The trays for the residents in the dining room left the kitchen at 12:08 p.m. During an observation on 9/11/25, from 11:30 a.m., through 12:17 p.m., of the main dining room identified 12 residents sitting waiting for their lunch meals. During an interview on 9/11/25, at 11:40 a.m., Licensed Practical Nurse (LPN) Employee E3 and Nurse Aide (NA) Employee E4 stated that the food carts are often late, and residents do not get everything they are supposed to on their trays. During an observation on 9/11/25, at 11:45 a.m., LPN Employee E3 went to get cookies for five of the 12 residents as they had been given insulin and the dietary department staff indicated that the trays would be delivered late. During an interview on 9/11/25, at 11:47 a.m., LPN Employee E3 stated that if the dietary department is serving late, they should let staff know to be able to hold insulin for residents going to the dining room so there is not a problem. LPN Employee E3 stated often there is only a spoon for residents to eat their breakfast in the morning as there is not enough silverware. During an observation on 9/11/25, at 12:17 p.m., the dining room cart was delivered, 45 minutes late. The staff delivering the cart was identified as Environmental Services Employee E8, who stated the kitchen does not have enough staff so I came to help. During an interview on 9/11/25, at 11:50 a.m., the Nursing Home Administrator confirmed that the meals are late due to low staffing in the kitchen. 28 Pa. Code 201.18(e)(6) Management. 28 Pa. Code 201.20(b) Staff Development.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>Based on a review of facility policy, resident interviews, resident council meeting, resident choice menu selections, and meal observations, it was determined that the facility failed to provide resident selected menu items for 12 of 12 residents (Resident R6, R8, R24, R43, R57, R101, R2, R500, R501, R502, R503 and R504). Findings include: Review of the facility policy Resident Food Preferences, dated 1/21/25, indicated that individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Modifications to diet will only be ordered with the resident's or representative's consent. During an interview on 9/9/25, at 10:08 a.m., with Residents R6, R24 and R101, indicated that the dietary department does not serve all items on ticket and cannot get an alternate if requested. During an interview on 9/9/25, at 10:15 a.m., Resident R57 stated the facility serves a lot of rice and eggs. Cannot get alternate if requested. During the resident council meeting on 9/10/25, at 11:15 a.m., the consensus of the group indicated that last night French fries were to be served, and some received mashed potatoes instead. If you're supposed to have 12 items on your tray, you may get six. For breakfast you may get a hard piece of unbuttered toast and a hardboiled egg. During an interview on 9/11/25, at 11:40 a.m., Licensed Practical Nurse (LPN) Employee E3 and Nurse Aide (NA) Employee E4 stated that the food carts are often late, and residents do not get everything they are supposed to on their trays. During an observation on 9/11/25, at 12:17 p.m., Resident R43 was to receive a carton of 2% milk and a can of diet cola, these items were not on her tray. Resident R43 stated this always happens. During an observation on 9/11/25, at 12:21 p.m., Resident R8 was to receive a packet of Ms. Dash and a diet ginger ale, these items were not on her tray. I am always missing things on my tray. During an interview on 9/11/25, at 2:26 p.m., the Nursing Home Administrator confirmed that the facility failed to provide resident selected menu items for 12 of 12 residents (Resident R6, R8, R24, R43, R57, R101, R2, R500, R501, R502, R503 and R504). 28 Pa. Code 201.18(e)(6) Management. 28 Pa Code: 211.6(a) Dietary service.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policies and clinical records, observations, and staff interviews, it was determined that the facility failed to ensure enhanced barrier precautions (EBP) were implemented for one of four residents (Resident R69). Findings include: Review of facility policy Enhanced Barrier Precautions dated 1/21/25, indicated the facility will implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms (MDRO). Examples of high-contact resident care activities requiring the use of gown and gloves for EBP's include wound care (any surgical wound requiring a dressing, any pressure injury that is a Stage 2, 3, 4, unstageable or Deep tissue injury requiring a dressing, and lacerations that require a dressing). A review of the clinical record indicated Resident R69 was admitted to the facility on [DATE]. A review of Resident R69's Minimum Data Set (MDS - a periodic assessment of care needs) dated 7/1/25, indicated diagnoses of high blood pressure, heart failure (heart doesn't pump blood as well as it should), and atrial fibrillation (irregular heart rhythm). A review of Resident R69's Skin and Wound Note dated 9/9/25, revealed that a pressure injury - stage Unstageable (a full-thickness skin and tissue loss that is fully or partially covered by slough (yellowish-white, dead tissue) or eschar (black hard crust) was present on Resident R69's sacrum. A review of Resident R69's current physician order dated 9/3/25, indicated Dakins (a diluted antiseptic solution used to cleanse and prevent infection in wounds, ulcers and burns) quarter strength External Solution apply to sacrum topically every day shift for pressure injury. Cleanse area with Dakins solution, pack wound with Dakins soaked gauze and cover with bordered gauze. A review of Resident R69's clinical record and direct observation of Resident R69's room on 9/10/25, revealed no evidence that the facility implemented Enhanced Barrier Precautions (EBP) for Resident R69 due to current pressure ulcer. During a wound observation on 9/10/25, at 10:00 a.m. Licensed Practical Nurse (LPN) Employee E2 failed to don a gown prior to the dressing change as required by EBP. During an interview on 9/10/25, at 10:45 a.m., the Director of Nursing confirmed that the facility failed to implement EBP's for Resident R69 as required. 28 Pa. Code: 201.14 (a) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1)(e)(1) Management. 28 Pa. Code: 211.10 (d) Resident care policies. 28 Pa. Code: 211.12 (d)(1)(2)(5) Nursing services.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>Based on a review of select facility policy and staff interview, it was determined the facility failed to designate a qualified individual(s) onsite, who is responsible for implementing programs and activities to prevent and control infections. Findings include: During an interview on 9/9/25, at 9:08 a.m., the Director of Nursing (DON) stated that the facility just hired the Infection Control Nurse and that she is not trained and that the DON is acting as the Infection Control Nurse at this time, as she has the training. The DON confirmed that the facility failed to designate a qualified individual(s) onsite, who is responsible for implementing programs and activities to prevent and control infections. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 201.19(3) Personnel records. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p>