STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395640	A. Building B. Wing	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
John J Kane Regional Center-MC	100 Ninth Street McKeesport, PA 15132

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, clinical records and staff interviews, it was determined that the facility failed to make certain that medical records on each resident are complete and accurately documented for one of five residents (Resident R1)A review of the facility policy Notification of Changes in Resident Condition and Treatment Changes dated 6/30/25, indicated to notify physician of changes, accidents, and injuries; and assessment findings and secures treatment and diagnostic direction and orders from physician. Also indicated to, document findings and notifications in the nurses' notes.A review of the clinical record indicated that Resident R1 was admitted to the facility on [DATE] with diagnoses that included cognitive communication deficits and congestive heart failure (chronic condition where the heart muscle is too weak or stiff to pump enough blood and oxygen to body).A review of the Minimum Data Set (MDS-periodic assessment of resident care needs) dated 12/31/25, indicated the diagnoses remained current.A review of a change in condition report dated 12/31/25, indicated Resident R1 was observed to have change in condition, specific to altered mental status.A review of Resident R1's nurse progress notes did not include documentation of physician notification, or any follow up assessments or treatment plans. Interview with RN (registered nurse) Employee E1 on 2/4/26 at 11:50 a.m., indicated that physician was made aware of change in condition via text message from personal phone, however this RN did not document this conversation in the medical record. During an interview on 2/4/26, at 1:15 p.m. the Director of Nursing confirmed the above findings, and the facility failed to make certain that medical records on each resident are complete and accurately documented for Resident R1.28 Pa. Code: 211.5(f)(g)(h) Clinical records.

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