STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395643	A. Building B. Wing	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
John J Kane Regional Center-Gl	955 Rivermont Drive Pittsburgh, PA 15207

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, facility provided documents, and staff interviews, it was determined that the facility failed to provide adequate supervision to ensure a safe environment resulting in a burn for one of thirteen residents (Resident R1). Findings include: Review of facility policy Abuse-Resident and Reasonable Suspicion of a Crime dated 1/22/26, indicated every resident will be treated with consideration, respect and full recognition of his/her dignity and individuality by preventing abuse, neglect, exploitation of residents, and misappropriation of resident property program. Review of facility policy Accident Prevention dated 1/22/26, indicated the facility will prevent resident accidents and injuries to the extent possible by maintaining as much as possible, an environment free from accident hazards and by assuring residents receive adequate supervision and assistive devices to prevent accidents. To safeguard all residents and employees, the facility reserves the right to discharge any resident who willfully and/or repeatedly disregards facility rules and places his/herself and others in danger. Review of the clinical record revealed Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/22/26, indicated diagnoses of high blood pressure, seizure disorder (neurological condition characterized by recurrent unprovoked seizures caused by abnormal electrical activity in the brain), diabetes(chronic condition characterized by high blood sugar resulting from inadequate insulin production), bipolar disorder (chronic mental condition characterized by severe mood swings, alternating between extreme highs (mania) and lows (depression)), and need for assistance with meals to set-up and clean-up. Resident R1 is able to eat independently after set-up without adaptive equipment, nursing sets up the tray and records percent consumed for breakfast, lunch, dinner and snacks. Review of a change in status note dated 3/26/26, stated, Resident alerted nurse aide (NA) and nurse on 3/26/26, at 7:10 a.m., that she had accidently burned herself after spilling hot coffee received from the employee cafe on 3/25/26, from an employee that did not work in the kitchen. Burn noted to area above left breast approximately 5 centimeters (cm) x 10cm, irregular shaped and red. Superficial open area noted of 1cm x 1cm at proximal red area. Review of clinical record revealed Resident R1 alerted nursing supervisor at approximately 7:18 a.m. on 3/26/26, that she had accidently burned herself the day before, the nursing supervisor inspected the area and then contacted the medical doctor who gave verbal orders to apply triple antibiotic ointment and dressing over area until resolved, changing dressing on Monday, Wednesday and Friday. Review of a witness statement dated 3/26/26, completed by Nursing Assistant Employee E1 stated, Resident came up to me and showed me her burn on the boob (Left), she was already dressed. Review of a witness statement dated 3/26/26, completed by Director of Rehab (DOR) stated, ADON informed me that resident has a coffee burn on her chest. He asked if I got her coffee. I said yes- from the cafe with ice in it. There is no existing policy for staff to get resident food/beverages from the employee cafe, which is a dining area with food served from the main kitchen for staff. There are beverages available here for staff self-service. Review of witness statement dated 3/27/26, obtained via phone with Director of Rehab (DOR), Resident has been here about a year and a half. I've been giving her coffee (continued on next page)

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	out of the cafe area for about 8 months. The resident does not go in. I go in and get it for her. Yesterday I got her coffee. I always put ice in it. I double cup it. ADON came to me yesterday and said Hey resident got burned from coffee on her chest, did you get her coffee? I said Yes. The DON came to me later on in the day asking me about it. She asked did I give her coffee. I said yes, I did but I didn't see her actually drink it and then she asked me to fill out the incident report. I get her coffee for her and then I sit it on my desk, and she comes and gets it. This coffee was not monitored for a temperature to ensure safety. Facility does not know what the temperature of this coffee was; kitchen temperature logs for meals are kept for foods coming out of the kitchen at mealtimes. Review of Resident R1's interview dated 3/26/26, was asked to describe what happened, resident stated, I got burnt with coffee. When asked what occurred, Resident R1 stated, I was drinking coffee from a cup, don't remember what hand the cup was in, it did have a lid and was a throw away cup. She did remember it happed around noon on 3/25/26. When asked to describe the person who obtained the coffee, Resident R1 stated white girl with glasses, she goes in the kitchen. When asked if she works in the kitchen, Resident R1 said, No. When asked did she get the coffee from the kitchen, Resident R1 stated, Yes. When asked if there were any witnesses, Resident R1 stated she told her nurse this morning (3/26/26). When asked if the incident happened yesterday (3/25/26), she stated, Yes. When asked if she told anyone, Resident R1 replied, No, it did not hurt yesterday, it started hurting today. During interviews on 4/6/26 from approximately 12:10 through 12:40 with facility staff including nurses and nurse aides confirmed they would only provide hot beverages from the meal carts. During an interview on 4/6/26, at 1:10 p.m. the Director of Nursing (DON) confirmed that the facility failed to provide adequate supervision to ensure a safe environment for one of thirteen residents resulting in actual harm of a burn (Resident R1). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(5) Nursing Services.