

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Woodhaven Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 McGinley Road Monroeville, PA 15146	

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 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>49646</p> <p>Based on review of facility policy, personnel records, clinical records and activity calendars, and staff interview, it was determined that the facility failed to ensure that the Activities Department had a qualified director to oversee the activities program.</p> <p>Findings include:</p> <p>Review of the Life Enrichment Director job description indicated the qualifications were as required by State and Federal Regulations.</p> <p>Review of Life Enrichment Director Employee E2's personnel record indicated she was hired on 12/27/23.</p> <p>Review of Life Enrichment Director Employee E2's personnel record did not include evidence that Life Enrichment Director Employee E2 had proper qualifications as a Life Enrichment Director. The personnel record did not include education in therapeutic services, education as a social worker or occupational therapist, or a background in recreational services.</p> <p>Further review of resident records and facility activity calendars since Life Enrichment Director Employee E2 hire date, indicated she has been performing this job without any required oversight from an employee qualified to hold this position.</p> <p>During an interview on 6/13/24, at 10:42 a.m. the Director of Nursing (DON) confirmed Life Enrichment Director Employee E2 was hired on 12/27/23, and the facility failed to ensure that the Activities Department had a qualified director to oversee the activities program. DON also confirmed that Life Enrichment Director Employee E2 was completing quarterly and annual assessments unsupervised by qualified staff.</p> <p>During an interview on 6/13/24, at 10:50 a.m. Life Enrichment Director Employee E2 confirmed that she did not have education in therapeutic services, education as a social worker or occupational therapist, or a background in recreational services.</p> <p>28 Pa. Code: 201.18(b)(3) Management.</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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