

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  01/29/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50158</p> <p>Based on review of facility policy, clinical records and staff interview, it was determined that the facility failed to notify the family of a change in condition in a timely manner for one of nineteen residents (Resident R1).</p> <p>Findings include:</p> <p>Review of the facility policy Resident Change in Condition Policy dated 6/27/24, indicated the responsible party or guardian is to be notified when there has been a significant change in the resident's physical condition.</p> <p>Review of the clinical record indicated that Resident R1 was admitted to the facility on [DATE], with diagnoses that included peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs) and type 2 diabetes mellitus (condition in which the body has trouble controlling blood sugar) with diabetic neuropathy (complication that can cause nerve damage in the hands and feet).</p> <p>Review of the Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/21/25, indicated the diagnoses remain current.</p> <p>Review of Resident R1's wound assessment dated [DATE], indicated the resident had a pressure ulcer to the right lateral heel 2.9 centimeters (cm) length by 2.6 cm width by 0.3 cm depth with moderate exudate (abrasion) and slough (dead skin cell) tissue.</p> <p>Review of Resident R1's wound assessment dated [DATE], indicated the resident had a pressure ulcer to the right lateral heel 12.5 cm length by 7.3 cm width by 0.5 cm depth with moderate exudate, eschar (dark falling away of dead skin) tissue, and mild wound odor. Wound status was declining.</p> <p>There was no evidence in the clinical record that the resident's family was notified of this change in condition.</p> <p>During an interview on 1/29/25, at 10:53 a.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to notify the family of a change in condition in a timely manner for one of nineteen residents (Resident R1).</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code: 201.29(a)(b)(c)(d)(j)(m) Resident rights.</p> <p>28 Pa. Code: 201.14(a)(c)(d)(e) Responsibility of licensee.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p> <p>28. Pa. Code: 211.10(a)(c)(d) Resident care policies.</p>