

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 04/06/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, facility documents, and staff interview, it was determined that the facility failed to implement policies and procedures to report allegations of abuse for one of five residents (Resident R1). Findings include: Review of facility policy Abuse Prevention Policy dated 8/27/25, indicated all alleged violations involving abuse/neglect are promptly and thoroughly investigated. Documentation in the nurses' note should include the results of the resident's assessment, the notification of the physician and responsible party, and treatment provided. All allegations must be reported immediately to the Nursing Home Administrator (NHA) and Director of Nursing (DON). If the event that caused the allegation involves an allegation of abuse or serious bodily injury, it should be reported to the DOH immediately, but not later than 2 hours after the allegation is made. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS, periodic assessment of resident care needs) dated 2/18/26, indicated diagnoses of transient ischemic attack (temporary blockage of blood flow to the brain) and chronic pain. The resident is alert and oriented, is understood, and understands. Review of email correspondence from Registered Nurse (RN) Employee E1 dated 2/23/26 at 2:37 a.m., indicated that the allegation was put into an email and sent to the NHA and DON. Review of a written statement by Resident R1 dated 3/25/26, stated that I only reported the third incident that happened. I told [RN Employee E1] the supervisor and she was going to tell the [DON]. Review of a written Employee Disciplinary Action Form dated 3/30/26, indicated RN Employee E1 received a written warning for failure to follow procedure regarding reporting abuse and neglect. Signed by NHA and RN Employee E1. During an interview on 4/6/26, at approximately 1:00 p.m. the Regional Director of Clinical Services Employee E2, stated that IT completed an audit identifying no email regarding allegation was received by NHA. During an interview on 4/6/26, at approximately 1:35 p.m. the Nursing Home Administrator confirmed the facility failed to implement policies and procedures to report allegations of abuse for Resident R1. 28 Pa. Code: 201.14(a) Responsibility of licensee.</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