STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395653	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodhaven Health & Rehab Center	2400 McGinley Road Monroeville, PA 15146

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on review of facility policies, observations and staff interview, it determined the facility failed to properly store food products in the Main Kitchen, which created the potential for foodborne illness in one of one deep freezer and one of one milk coolers and failed to maintain sanitary conditions to prevent the potential for cross contamination during lunch time tray line, which created the potential for food borne illness. Findings include: Review of the facility policy Storage of Frozen Foods, dated 3/31/26, with a previous date of 1/1/25, indicated that frozen foods will be stored at appropriate temperatures and methods which promote food quality and safety. Review of the facility policy Storage of Refrigerated Foods, dated 3/31/26, with a previous date of 1/1/25, indicated that refrigerators will be maintained at temperatures of 41 degrees or below. Refrigerators in the facility shall be equipped with an internal thermometer. Review of the facility policy Employee Sanitary Practices , dated 3/31/26, with a previous review date of 1/1/25, indicated all food and nutritional staff will practice good personal hygiene and safe food handling practices. Employees will wash hands and use gloves per policy. Review of the facility policy Dress and Personal Hygiene, last reviewed on 3/31/26, with a previous review date of 1/1/25, indicated that nutritional services staff are expected to wear a clean and appropriate hairnet/restraint and cover ALL hair. Beards and facial hair will be contained. During the initial Main Kitchen tour on 5/27/26, from 8:45 a.m., through 9:09 a.m., the following was identified: Milk cooler had no internal thermometer. Package of unsealed hash browns in freezer exposing the hash browns to potential ice. During an interview on 5/27/26, at 9:09 a.m., Certified Dietary Manager Employee E3 confirmed that the facility failed to properly store refrigerated and frozen foods which created the potential for foodborne illness in one of one deep freezer and one of one milk coolers. During the tray line food service on 5/28/26, from 11:35 a.m., through 11:48 a.m., the following was observed: [NAME] Employee E1 had long thick hair extending out of the hair net which had covered only the top of his hairline. Dietary Aide Employee E2 had the back of his hair uncovered. [NAME] Employee E1 was serving foods and left tray line to cover hair, the Certified Dietary Manager Employee E3 initially did not go to tray line to keep serving foods and when prompted to possibly do so, so that food would not be late, he did not wash hands nor apply gloves. Upon [NAME] Employee E1's return to tray line, he did not wash his hands and donned new gloves and began again plating foods. [NAME] Employee E1 left tray line again to obtain a new pan of lasagna and did not perform hand washing or glove change between tasks. During an interview on 5/28/26, at 12:48 p.m., the Certified Dietary Manager Employee E3 confirmed the observations and that the facility failed to maintain sanitary conditions to prevent the potential for cross contamination during lunch time tray line. which created the potential for food borne illness.28 Pa Code: 211.6(c)(d)(f) Dietary services.

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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F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observations and a staff interview, it was determined the facility failed to ensure the availability of the most recent survey results and any plan of correction were accessible to residents and visitors in two of two areas (Lobby and Activity Department). Findings Include: The residents have the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors. Reports of surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years and any plan of correction in effect with respect to the facility. During observations on 5/28/26, at 11:00 a.m. the Nursing Home Administrator and surveyor reviewed the facility posting, indicating the facility prior Department of Health's survey results are available for review in a binder located in the lobby and in the activity department. Upon inspection the binder located in the lobby did not contain the last full health survey results or plan of correction for 2025. There was no binder in the activity department to review. During an interview on 5/28/26, at 11:10 a.m. the Nursing Home Administrator confirmed the facility failed to make the Department of Health's most recent survey results readily accessible to residents and visitors. 28 Pa. Code 201.14(i) Responsibility of licensee.

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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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, resident observations, resident council interview, a confidential staff interview and staff interviews, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of fourteen of twenty-four residents (Residents R78, R83, R120, R700, R701, R702, R703, and R704, R705, R706, 707, 708, 709, and 710).Findings Include: Review of the facility policy Call Light Resident Communication System Policy, reviewed on 3/31/26 with a prior review date of 1/1/25, indicated, attaining or maintaining the highest practicable physical, mental, and psychosocial well-being of each resident. Minimum staffing requirements imposed by the state are adhered to when determining staff rations but are not necessarily considered a determination of sufficient and competent staffing. Answer the resident's call light as soon as possible. Do what the resident requests, if capable/allowed. Otherwise seek assistance of charge nurse or someone who can assist. If you have promised the resident you will return with an item or information, do so promptly. The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions:13 - 15: cognitively intact8 - 12: moderately impaired0 - 7: severe impairment During a resident group interview on 5/26/26 at 2:00 p.m., group consensus (Residents R700, R701, R702, R703, R704, R705, and R706) is there are not enough staff to provide care, causing residents to wait for care and at times some have soil themselves due to the wait time. The lack of staff does not allow call lights to be responded to timely, causing residents to have to wait for toileting. Showers are not always provided because there are not enough staff, you end up getting a bed bath. Staff are having conversations on their cell phones and using earbuds while proving resident care such as bathing and changing residents. When the staff come in, they turn the call light off and then leave without addressing what you need, they say they will be back. They do this to make the call light audit numbers look good. Review of Resident R78's clinical record indicated admission to the facility on 1/8/25. Review of Resident R78's Minimum Data Set (MDS - a periodic assessment of care needs) dated 4/4/26, indicated diagnoses of seizure disorder (sudden disruptions of the brain's normal electrical activity). hypertension (high blood pressure), and lupus (your immune system attacks your healthy tissues and organs) a BIMS of 15. Section GG 130: Functional Abilities toileting and shower/bathe self, resident is dependent (resident is unable to complete the activity two or more people are required to complete the activity). GG0170 mobility is dependent on staff for transfers and moving from one location to another. During an interview on 5/28/26, at approximately 10:00 a.m. Resident R78 was asked if she had any concerns or delays with receiving care including when using her call light and she said yes. There is not always enough staff, me and my roommate can tell you have to wait maybe a half hour or more until the staff can get to you, they work very hard, they need more help. On 2/12/26 facility records reveal the Director of Nursing (DON) interviewed the resident who reported she had been left in a wet brief from 11:00 p.m. until 6:00 a.m . Resident stated, sometimes they come in and turn the light off and don't come back for an hour or so, I think they get busy and forget. Review of Resident R83's clinical record indicated admission to the facility on 3/6/25. Review of Resident R83's MDS dated [DATE], indicated diagnoses of heart failure (heart muscle is unable to pump enough blood to meet the body's need for blood and oxygen), depression (feelings of sadness and loss of interest in activities), and cerebrovascular accident (stroke blood blow to part of the brain is cut off causing cells to die) a BIMS of 14. Section GG 130: Functional (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Abilities toileting and shower/bathe self, resident is dependent (resident is unable to complete the activity two or more people are required to complete the activity). GG0170 mobility is dependent on staff for transfers and moving from one location to another. During an interview on 5/28/26, at approximately 1:30 p.m. Resident R83 was asked if he had any concerns or delays with receiving care including when using his call light. Resident stated he had reported his concerns related to treatment by a staff member when he needed to be changed and administration addressed it. You still wait at least 30 to 40 minutes when you use your call light. Just last week I laid in a soiled brief again, I waited over an hour to be changed after using my light. Review of Resident R120's clinical record indicated admission to the facility on 5/14/26. Review of Resident R120's MDS dated [DATE], indicated diagnoses of heart failure (heart muscle is unable to pump enough blood to meet the body's need for blood and oxygen), benign prostatic hyperplasia (BPH prostate gland grows larger symptoms include frequent urges to urinate), and hyperlipidemia high cholesterol) a BIMS of 13. Section GG 130: Functional Abilities toileting and shower/bathe self, resident requires partial/moderate assistance (caregiver provides less than half the effort lifting, holding, supporting trunk or limbs. GG0170 mobility resident requires partial/moderate assistance (caregiver provides less than half the effort lifting, holding, supporting trunk or limbs. During an interview on 5/27/26, at approximately 2:00 p.m. Resident R120 and his family were asked if he had any concerns or delays with receiving care including when using his call light. The resident stated yes, when you are older and need to go to the bathroom the urge comes quickly and you have to wait. I waited long enough that I just couldn't hold it and I soiled myself and the bed. The staff tell me to plan ahead when I have to go, at this age it doesn't work that way anymore. These concerns have been shared with administration. During observations on 4/14/26, at approximately 12:00 p.m. with the Nursing Home Administrator (NHA) confirmed with the surveyor and Resident R51, that his fingernails were long and soiled and arranged for grooming. During an observation on 4/15/26, at approximately 10:30 a.m. Resident 36 was observed with matted unkept hair. Residents clinical record shower documentation failed to reveal evidence that showers were provided twice a week, or as ordered. every Tuesday and Friday. The Director of Nursing (DON) confirmed the facility keeps paper shower logs, though they were unable to produce the documents. Review of grievances filed by residents, or on behalf of residents, revealed thirteen grievances between 12/1/25 through 5/22/26 were care and call light wait times. Review of the nine confidential complaints reported to the state agency between 4/13/26 through 5/27/26 and investigated during this survey, were by current residents (Resident R707, R708, R709, and R710), with thirteen allegations related to care and call light wait times. The complainants requested anonymity. Review of resident council meeting minutes from December 2025 through April 2026 revealed resident concerns regarding care, call lights and staffing for the months of December 2025, January, March and April 2026 (May 2026 resident council meeting was held after the survey start date). During a confidential staff interview, when asked if the staff member felt there was sufficient staff to care for resident needs, it depends on the day, there are call offs and sometimes the shifts don't get filled, on these days it takes us longer to get to everyone and take care of what the need. During a confidential staff interview, when asked if the staff member felt there was sufficient staff to care for resident needs, the staff member stated, I think we have been short staffed for a while now. We have agency staff, but it doesn't solve the problem we still work short staffed. I know the residents have to wait but really, we do our best. During an interview on 5/28/26, at approximately 5:22 p.m., the NHA and DON confirmed the facility failed to provide sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(e)(6) Management.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on a review of facility policy, resident interviews, resident council meeting minutes, resident choice menu selections and staff interview, was determined that the facility failed to provide resident selected menu items for 5 of 12 residents (Resident R707. R708, R709, R710 and R711). Findings include: Review of the facility policy Meal Identification and Preference Cards last reviewed on 3/31/26, with a previous review date of 1/1/25, indicated that a meal identification and food preference card will be used to properly identify each individual's needs including food and beverage preferences. Review of the facility policy Resident Rights and Facility Responsibilities, last reviewed on 3/31/26, with a previous review date of 1/1/25, indicated the facility will comply with all Resident rights. During the Resident Group Meeting on 5/26/26, at 2:00 p.m., the resident consensus indicated that the facility was not providing meals as indicated per menu, the menu had days of meals not identified and the facility failed to provide a special meal as indicated for Memorial Day. Review of the facility Spring Summer Menus dated 5/24/26 through 6/20/26 and indicated as the four-week rotation cycle identified two Thursday lunch meals as Resident's Choice and two Thursday breakfast choices as Regional breakfast favorite. During a phone interview on 5/27/26, at approximately 10:29 a.m., the Regional Dietician Employee E4 stated that menu choices are done at the corporate level for certain days called Port of Call days and are sent to each facility via email to each Dietary Manager to provide the specific meal chosen and emails are generated with ingredients required for each item on the menu, portion sizes and how to provide for each consistency. The Regional Dietician Employee E4 also stated that the lunch Resident choices are supposedly decided during resident council meetings. During an interview on 5/27/26, at approximately 12:30 p.m., Certified Dietary Manager Employee E3 stated that he could not get the food from the distributor for the Hawaii Port of call so could not provide the meal as planned for this Thursday. During an interview on 5/28/26, at approximately 9:45 a.m., the Corporate Dietician Employee E4 confirmed that the facility failed to provide residents with their selected menu items and preferences as indicated on the menus. Pa. Code: 211.6(a) Dietary services.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on review of facility policy, observations, and resident and staff interviews, it was determined that the facility failed to make accessible grievance boxes to residents in two of two locations where grievances boxes are located (first and second floors). Findings include: A review of the facility policy Resident Grievances and Concerns Policy reviewed on 3/31/26 with a prior review date of 1/1/25, indicated the facility will make available to all residents via a posting in a prominent location in the facility, information of the right to file grievances orally or in writing; the right to file grievances anonymously. The Centers for Medicare & Medicaid Services (CMS) mandates that grievance procedures be accessible to all residents, including those with disabilities, in compliance with the Americans with Disabilities Act (ADA). To ensure accessibility, the ADA Standards for Accessible Design recommend that operable parts, such as slots on grievance boxes, be mounted between 15 and 48 inches above the floor. This range accommodates individuals using wheelchairs and ensures usability for a broad range of residents. During observations on 5/28/26, at 11:00 a.m. the Nursing Home Administrator and surveyor measured the height of the grievance boxes on the second and first floors, at a height was 50 inches at each location. Access to the box on the first floor was blocked by multiple tables that had items stored on them. During an interview on 5/28/26, at 11:10 a.m. the Nursing Home Administrator confirmed the facility failed to make accessible grievance boxes to residents. 28 Pa. Code 201.29(a)Resident rights.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observation and staff interviews, it was determined that the facility failed to ensure that current and accurate nurse staffing information was posted in the facility at the beginning of each shift for one of four observed days. Findings include: Observation conducted on 5/26/26, at approximately 9:30 a.m., revealed that nurse staffing information was posted in the main lobby on the reception desk. At that time, the nurse staffing information had the date of (4/3/26), resident census, and the staffing hours did not accurately reflect the current total number of hours worked for licensed and unlicensed nursing staff directly responsible for resident care per shift for the current date. During an interview with the Nursing Home Administrator (NHA) on 5/26/26, at approximately 10:00 a.m., the NHA confirmed the facility failed to post the required current facility information for staffing hours and the facility census. 201.18(b)(3) Management.