

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395666	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/27/2024
NAME OF PROVIDER OR SUPPLIER Spring Hill Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2170 Rhine Street Pittsburgh, PA 15212	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336</p> <p>Based on observation, and staff interview, it was determined that the facility failed to maintain a clean, safe, and homelike environment for three of three resident rooms (rooms [ROOM NUMBER]), and failed to have an ample supply of linen at the staff's immediate disposal on four of five hallways (2East, 2West, 1 East, and 1West).</p> <p>Findings Include:</p> <p>Review of the facility policy Safe and Homelike Environment dated 12/9/24, indicated in accordance with resident's rights, the facility will provide a safe, clean, comfortable, and homelike environment. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment. The facility will provide and maintain bed and bath linens that are clean and in good condition.</p> <p>During observations of the Second-floor nursing unit on 12/27/24, at 9:28 a.m. the following was observed:</p> <p>-the Second-floor nursing unit found 12 allocated beds not prepared for resident use as follows:</p> <p>-room [ROOM NUMBER] indicated four bed frames in disrepair with headboards and foot boards removed and air mattresses on the floor.</p> <p>-room [ROOM NUMBER] indicated six headboards and bulletin boards on the floor, air mattress on one bed-stained brown in the center, a cart with side rail and bed parts and a can of interior primer paint, metal mesh like vent on bedside stand, and debris throughout the room.</p> <p>-room [ROOM NUMBER] indicated three head and foot boards resting on a bed, one bed frame without a mattress, air mattresses on the floor and a flat screen TV faced down on the bedside stand, a PTAC unit (packaged terminal air conditioner that heats and cools small areas) with the unit's face removed, exposing the inside.</p> <p>Observation on 12/27/24, at 9:08 a.m. indicated Nurse Aide (NA) Employee E1 with a bottle of soda in hand walking up and down the hallways.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 12/27/24, at 9:30 a.m. NA Employee E1 indicated she was looking for linen and that the staff did not have enough washcloths and towels.</p> <p>Observation on 12/27/24, at 9:31 a.m. 2West had zero wash cloths and zero towels available for staff use.</p> <p>Observation on 12/27/24, at 9:32 a.m. 2East had one wash cloth and zero towels available for staff use.</p> <p>Interview on 12/27/24, at 9:35 a.m. Licensed Practical Nurse (LPN) Employee E2 confirmed the lack of wash cloths and towels and indicated the facility is constantly running out of linen.</p> <p>Observation on 12/27/24, at 9:41 a.m. 1West had zero wash cloths and three towels available for staff use.</p> <p>Observation on 12/27/24, at 9:42 a.m. 1East had zero wash cloths and zero towels available for staff use.</p> <p>Interview on 12/27/24, at 9:43 a.m. Registered Nurse (RN) Employee E3 confirmed the lack of wash cloths and towels and indicated the facility runs out of linens frequently.</p> <p>Interview on 12/27/24, at 9:50 a.m. Environmental Services Employee E4 indicated the facility had cases of wash cloths about four to six weeks ago and they are just gone.</p> <p>Interview on 12/27/24, at 2:30 p.m. the Nursing Home Administrator confirmed the facility failed to maintain a clean, safe, and homelike environment for three of three resident rooms (rooms [ROOM NUMBER]), and failed to have an ample supply of linen at the staff's immediate disposal on four of five hallways (2East, 2West, 1 East, and 1West).</p> <p>28 Pa. code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (e)(1)(2) Management.</p> <p>28 Pa Code: 201.29 (a)(c)(d) Resident Rights.</p>		

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<p>F 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</p> <p>46336</p> <p>Based on review of facility policy, resident records, admission documentation and staff interview it was determined that the facility failed to disclose and provide to a resident or potential resident prior to time of admission, notice of special characteristics or service limitations of the facility for one of three residents (Closed Resident Record CR1).</p> <p>Findings include:</p> <p>Review of the facility policy admitted d 12/9/24, indicated a nursing facility must disclose and provide to a resident or potential resident, prior to time of admission, notice of special characteristics or service limitations of the facility.</p> <p>Review of the hospital referral for Resident CR1 indicated resident with suspect mild to moderate Alzheimer's dementia (a progressive disease that destroys memory and other important mental functions), delirium (serious disturbance in mental abilities that results in confused thinking and reduced awareness of surroundings) precautions.</p> <p>Further review of the hospital referral for Resident CR1 dated 12/13/24, at 1:41 p.m. indicated a consult for rapidly progressive dementia. On the evening of 12/11/24, a crisis response was called as patient was wandering the hospital halls and walking into other patient rooms. Resident CR1 is known to the Neurology Group after an emergency room visit for altered mental status in June 2024, where she was found wandering and confused walking around PNC Park. She is paranoid, has become verbally aggressive and combative towards others, and has visual hallucinations of adults and children in her home at times.</p> <p>Review of progress notes dated 12/19/24, at 6:23 p.m. indicated Resident CR1 arrived at the facility in an ambulance. Once in building she indicated she was supposed to be going to the Giant Eagle. Refused to go to her room. Resident is alert to self and disoriented to place and time. Resident is delusional and refusing food.</p> <p>Review of progress notes dated 12/19/24, at 8:00 p.m. indicated Emergency Medical Services (EMS) and an EMS physician on site to evaluate Resident CR1 and agreed Resident R1 should return to the emergency room . Resident R1 refused to go with EMS in fear they are not who they say they are. Family notified and agreed to come and accompany her back to the hospital.</p> <p>Interview on 12/27/24, at 11:00 a.m. the Nursing Home Administrator and Director of Nursing indicated Resident CR1 was never admitted to the facility, although she was in the facility for over an hour and a half, and they were unaware of her behavioral history, and that the facility failed to disclose and provide to a resident or potential resident prior to time of admission, notice of special characteristics or service limitations of the facility for one of three residents (Resident CR1).</p> <p>28 Pa. Code: 201.14(a) Responsibility of Licensee.</p> <p>28 Pa Code: 201.18 (e)(1)(2) Management.</p> <p>(continued on next page)</p>		

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F 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code: 201.20(c) Staff Development. 28 Pa Code: 201.29 (a)(c)(d) Resident Rights.