

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 12/23/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records and staff interview it was determined that the facility failed to provide ADL's (activities of daily living) for one of five residents reviewed (Resident R5). Findings include: Review of facility policy Activities of Daily Living (ADL's) dated 9/22/25, indicated Care and services will be provided for the following activities of daily living bathing, dressing, grooming and oral care, toileting, transfer and ambulation, and eating to include meals and snacks. Resident R5 was admitted to the facility on [DATE]. Review of Resident R5 admission information indicated diagnosis of liver cell carcinoma. Review of Resident R5 clinical record indicated hospice services-initiated referral due to needing additional care and services that could not be provided at home. Review of Resident R2 clinical record documentation survey report for November 2025 indicated resident received care during the 11pm-7am shift on 11/20/25. Next documentation is a physician note at 1:23 p.m. in the afternoon. No information in the clinical record is noted for the resident getting bathed or eating assistance noted in the clinical record. Resident R5 was sent out to the hospital on [DATE] after sustaining a fall. During an interview on 12/23/25, at 12:00 p.m. the Director of Nursing (DON) and the Nursing Home NHA) confirmed that they could not locate other supportive documentation to show resident R5 received ADL care and services during his stay at the facility. During an interview on 12/23/25, at 12:05 p.m. DON and NHA were informed that the facility failed to provide ADL care to Resident R5. 28 Pa. Code 211.10 (d)Resident care policies.28 Pa. Code211.12(c)(d)(1) Nursing services.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, resident and staff interview it was determined that the facility failed to follow physician orders with doctor's appointments and lab work for four of five residents reviewed (Resident R1, R2, R3, and R4). Findings include: Review of the facility policy Provision of Quality Care dated 9/22/25, indicated based on comprehensive assessments, the facility will ensure that residents receive treatment and care by qualified persons in accordance with professional standards of practice, the comprehensive person-centered care plans and the residents' choices. Review of facilities Resident Right policy dated 9/22/25, indicated the facility will inform the resident both orally and in writing of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Residents have the right to participate in planning and implementing care. Review of facilities Accommodation of Needs policy dated 9/22/25, indicated the facility will treat each resident with respect and dignity and will evaluate and make reasonable accommodations for the individual. The facility will assist the residents in maintaining and achieving independent functioning, dignity, and well-being to the extent possible. Review of clinical record indicated Resident R1 was admitted on [DATE]. Review of the MDS (minimum data set - a periodic review of resident needs) dated 10/27/25, indicated diagnosis of anxiety disorder (group of mental health conditions that cause fear, dread and other symptoms that are out of proportion to the situation) and depression (common and serious medical illness that negatively affects how you feel, the way you think and how you act). Review of the physician orders dated 10/27/25, indicated Resident R1 11/6/25 appointment time 7 to 8:30 am comprehensive drug treatment center. During an interview on 12/22/25, at 3:55 p.m. Resident R1 indicated that she was upset, and the facility was causing her stress due to not being able to get to her drug and alcohol treatment center appointments. The facility sent her to the hospital to get medication that drug and alcohol treatment provides, and it was embarrassing and the hospital did not like the facility sending her there because they can't provide transportation. Review of clinical record indicated Resident R2 was admitted on [DATE] and readmitted on [DATE]. Review of the MDS dated [DATE], indicated diagnosis of renal insufficiency (conditions in which the kidney performs below the normal level in the ability to remove wastes), and non-Alzheimer dementia (frontotemporal dementia is an umbrella clinical term that encompasses a group of neurodegenerative diseases characterized by progressive deficits in behavior, executive function, or language). Review of the physician order dated 7/13/25, indicated Hemodialysis (a lifesaving treatment for kidney failure that removes waste and extra fluids from the blood) on Monday, Wednesday, and Friday at [NAME] pickup at 1015 one time a day on Monday, Wednesday, Friday for dialysis. Review of clinical record indicated resident was sent to the hospital due to experiencing symptoms. Review of facility documentation hospital referral dated 12/17/25, indicated Resident R2 admitted to the hospital due to missed dialysis. Review of clinical record Resident R3 was admitted on [DATE], with a re-admit date of 12/15/25. Review of the MDS dated [DATE], indicated diagnosis of non-Alzheimer dementia, and malignant neoplasm of unsp part of unsp bronchus or lung (cancerous tumor). Review of physician orders dated 12/7/25, indicated CMP (blood test that measures proteins, enzymes, electrolytes, minerals and other substances in the body) ordered on 12/7/25, then a CBC (blood test used to look at overall health) and CMP ordered 12/8/25. Review of the clinical record for Resident R3 indicated physician ordered stat valacyclovir hci oral tablet 500mg q 12 hours CBC/CMP in am F/IU with PCP in am for dose adjustment once lab resulted. Review of the clinical record failed to indicate lab work was completed. Review of clinical record indicated Resident R4 was admitted on [DATE] and readmitted on [DATE]. Review of the MDS dated [DATE], indicated diagnosis of hyponatremia (condition that happens when the level of sodium in the blood is lower than the typical range), Parkinson's (is a movement disorder of the nervous system that worsens over time) and hyperlipidemia (high cholesterol - excess of lipids or fats in your blood). Review of the clinical record physician orders indicated the NA (sodium) levels weekly: Review of the November MAR on 11/26/25, failed to include an NA level. Review of the December MAR indicated the following order: Send to ED due to emesis, BLE (bilateral lower extremities) edema (swelling), BLE pain - inability to obtain labs to monitor NA one time only for emesis, BLE edema, BLE pain - inability to obtain labs to mo for 1 Day -Start Date 12/12/2025 1145. Review of physician orders dated 9/11/25: indicated PLEASE FAX ALL LABS WEEKLY TO AHN NEPHROLOGY AT [PHONE NUMBER] one time a day every Wed. Review of the clinical record failed to indicate the lab work. During an interview on 12/23/25 at 3:00 p.m. Nursing Home Administrator and</p>		

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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>Based on review of facility documentation, staff and resident interview it was determined that the governing body failed to implement policies regarding the management of the operation of the facility by failing to respond to vendor invoices and failing to respond to facility requests payment for outstanding bills. Findings include: During an interview on 12/18/25, at 10:02 a.m. Nursing Home Administrator and Director of Nursing confirmed three residents had been sent of the facility to the hospital due to the facility not having transportation to get them to necessary physician appointments and medical appointments. NHA and DON stated that several transportation companies have been used throughout the year and the current transportation company indicated an outstanding bill. During an interview on 12/18/25, at 12:07 p.m. Director of Nursing confirmed that the facility is unable to obtain labs on residents due to the laboratory company indicating an outstanding bill. Review of facility documentation AP Ledger 6/25 to 11/25 indicated the following monies owed to the following companies: Access Corporation: \$7802.34 - last payment 6/1/25 Advantage Equipment: \$ 2904.35 - last payment 6/1/25 AEP Energy: \$12,635.65 - last payment 7/31/25 Affinity Health Services: \$4084.63 - last payment 6/1/25 Aflac WWWHQ: \$601.90 - last payment last payment 6/1/25 All Scripts: \$2247. - last payment 6/1/25 Anthony Landscaping: \$12,135 - last payment 10/28/25 Cellone's Bakery: \$410.46 - last payment 10/3/25 Clipboard: \$3629.70 - last payment 11/1/25 Comcast: \$1269.59 - last payment 10/13/25 Duquesne Light: \$4235.67 - last payment 10/15/25 Ecolab: \$664.88 - last payment 6/1/25 Ehrlich: \$343.44 - last payment 6/1/25 Eshyft/shiftsstar LLC: \$76,152.87 - last payment 8/20/25 Excell Forces: \$2204.80 - last payment 6/1/25 FabStaffing Nursing: \$1,116,194 - last payment 10/30/25 Homeaides Inc.: \$101,702.20 - last payment 10/15/25 Integrated Medical Facilities: \$76,727.96 - last payment 9/20/25 Intellicompt: \$8376.69 - last payment 10/17/25 Klosterman Baking Comp-: \$430.81 - last payment 6/1/25 LabCorp: \$9032.77 - last payment 6/28/25 Medic Rescues: \$350 - last payment 10/3/25 Pension strategies: \$2030 - last payment last payment 6/1/25 People's: \$46,994.29 - last payment 10/19/25 PharMerica: \$613,420.90 - last payment 10/31/25 Water company: \$48,745.89 - last payment 10/13/25 Point Click Care: \$31,846.62 - last payment 9/1/25 Steel Valley Ambulance: \$4099 - last payment 6/1/25 TwinMed LLC: \$562,941.34 - last payment 11/20/25 UPMC Health Plan: \$50,288.58 - last payment 10/27/25 During an interview on 12/23/25, at 11:59 a.m. NHA and DON were informed that the facility failed to implement policies regarding the management of the operation of the facility by failing to respond to vendor invoices and failing to respond to facility requests payment for outstanding bills. 28 Pa. Code 201.14 Responsibility of licensee 28 Pa. Code 201.18 (b)(1) Management.</p>		