STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395666	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spring Hill Rehabilitation and Nursing Center	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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review and staff interview, it was determined that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider for one of three residents sampled with facility-initiated transfers (Residents R5) and failed to notify the resident or resident's representative of the facility bed-hold policy (an agreement for the facility to hold a bed for an agreed upon rate during a hospitalization) for two of three resident hospital transfers (Residents R5 and R6).Findings include: Review of facility policy Transfer or Discharge last reviewed 3/28/26, for transfer to another provider, for any reason, the following information must be provided to the receiving provider including but not inclusive of:Contact information of the practitioner who was responsible for the care of the resident.Resident representative information, including contact information.Advance directive information.All other information necessary to meet the residents' needs, which includes, but may not be limited to:Resident status, including baseline and current mental, behavioral, and functional status, reason for transfer, recent vital signs.Diagnoses and allergies Medications (including when last received) and most recent relevant labs, other diagnostic tests, and recent immunizations.All special instructions and/or precautions for ongoing care. Review of the facility policy Bed Hold Notice last reviewed 3/26/26, indicated it is the policy of this facility to provide written information to the resident and/or the resident representative regarding bed hold practices both well in advance, and at the time of, a transfer for hospitalization or therapeutic leave. In the event of an emergency transfer of a resident, the facility will provide written notice of the facility's bed-hold policies to the resident and/or the resident representative within 24 hours. The facility will document multiple attempts to reach the resident's representative in cases where the facility was unable to notify the representative. Review of the admission record indicated Resident R5 was admitted to the facility on [DATE]. Review of Resident 5's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/7/26, indicated the diagnosis of diabetes (high sugar in the blood), hyperlipidemia (high fat in the blood) and aphasia (damage to the brain's language center that affects the ability to speak, understand, read and write) Review of Resident R5's nursing progress notes dated 2/21/25, at 10:52 p.m. indicated Resident's gastrostomy-tube (G-tube a device inserted through the abdominal wall into the stomach to deliver nutrition) dislodged. Physician notified. Order received to insert foley to prevent stoma closure, transfer to local hospital emergency department for g-tube replacement. Son made aware. 911 called. Review of Resident R5's clinical record revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transferred and expected return, which included the resident's care plan goals and all information necessary to meet the resident's specific needs at the receiving facility. The clinical record also failed to include documented evidence that the resident or the resident's representative were provided with written information about the facility's bed hold policy at the time of the transfer. Review of the admission record indicated Resident R6 was admitted to the facility on [DATE]. Review of Resident 6 's MDS dated [DATE] indicated the diagnosis of high blood pressure, hyperlipidemia (high fat in the blood) (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and diabetes (high sugar in the blood). Review of Resident R6's nursing progress notes dated 3/24/26, at 11:51 a.m. indicated resident being transferred to the hospital via emergency medical services due to low sodium level. The clinical record revealed no documented evidence that the resident or the resident's representative were provided with written information about the facility's bed hold policy at the time of the transfer to the hospital. During an interview completed on 4/1/26, at 3:00 p.m. the Assistant Director of Nursing Employee E1 confirmed that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider for one of three residents sampled with facility-initiated transfers (Residents R5) and failed to notify the resident or resident's representative of the facility bed-hold policy (an agreement for the facility to hold a bed for an agreed upon rate during a hospitalization) for two of three resident hospital transfers (Residents R5 and R6). 28 Pa. Code: 201.14(a)Responsibility of licensee.28 Pa. Code: 201.29 (ac.3)(2) Resident rights.

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to properly store medications in three of four medication carts (first floor East Medication Cart, first floor [NAME] Medication Cart and second floor [NAME] Medication Cart).Findings include: Review of the facility policy Medication Storage last reviewed 3/26/26, indicated all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. During an observation completed on 4/1/26, at 11:30 a.m. the first-floor [NAME] Medication Cart contained the following: Two Lispro insulin pens not stored in a bag as required. During an interview completed on 4/1/26, at 11:35 a.m. Licensed Practical Nurse (LPN) Employee E7 confirmed the two Lispro insulin pens were not stored in a bag as required During an observation completed on 4/1/26, at 11:42 a.m. the first-floor East Medication Cart contained the following: Two Basaglar insulin pens not stored in a bag as required.A Stioloto Respimat inhaler that failed to be labeled with a date opened as required. During an interview completed on 4/1/26, at 11:35 a.m. LPN Employee E8 confirmed the two Basaglar insulin pens were not stored in a bag as required and a Stioloto Respimat inhaler failed to be labeled with a date opened as required. During an observation completed on 4/1/26, at 12:08 p.m. the second-floor [NAME] Medication Cart contained the following: One Novolog insulin pen, not stored in a bag, a label that read house stock and not labeled with a name as required. During an interview completed on 4/1/26, at 12:11 p.m. LPN Employee E4 confirmed the Novolog insulin pen was not stored in a bag the label read house stock and was not labeled with a name as required. LPN Employee E4 Stated they must have pulled this prior to receiving the one sent by pharmacy. During an interview completed on 4/1/26, at 3:05 p.m. the Director of Nursing confirmed that the facility failed to properly store medications in three of four medication carts (first floor East Medication Cart, first floor [NAME] Medication Cart and second floor [NAME] Medication Cart). 28 Pa. Code: 201(a) Responsibility of licensee.28 Pa. Code: 211.9(a)(1) Pharmacy services.28 Pa. Code: 211.12(d)(1)(2)(5) Nursing services.