

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395670	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Wecare at Monroeville Rehabilitation and Nsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4142 Monroeville Blvd 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 26071</p> <p>Based on review of facility policy and documents, clinical record review, and staff interviews, it was determined that the facility failed to make certain that showers and baths were provided for three of five residents (Resident R1, R2, and R3).</p> <p>Findings include:</p> <p>Review of facility policy Activities of Daily Living (ADL), Supporting reviewed 1/22/25, indicated resident will be provided with care, treatment and services as appropriate to maintain activities of daily living. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, including appropriate support and assistance with hygiene/bathing.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE], with diagnoses that included diabetes, right ankle foot ulcer, and morbid obesity.</p> <p>Review of the Minimum Data Set (MDS - comprehensive, standardized assessment of each resident's functional capabilities and health needs) dated 4/14/25, indicated the diagnoses remain current and Resident R1 requires extensive assistance of two people for ADLs.</p> <p>A review of the facility shower schedules indicated Resident R1 gets showers on Wednesdays and Saturdays. A review of the ADL-Shower Task documentation dated April 2025 indicated a shower was not given or offered on 4/19, 4/23, and 4/30/25 as scheduled for Resident R1.</p> <p>Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE], with diagnoses that included dementia and Down's Syndrome (a genetic condition where a person is born with an extra copy of chromosome 21 that can affect how the brain and body develop).</p> <p>Review of the MDS dated [DATE], indicated the diagnoses remain current and Resident R2 requires extensive assistance of one person for ADLs.</p> <p>A review of the facility shower schedules indicated Resident R2 gets showers on Wednesdays and Saturdays. A review of the ADL-Shower Task documentation dated April 2025 indicated a shower was not given or offered on 4/2, 4/5, 4/12, 4/16, 4/26, and 4/30/25 as scheduled for Resident R2.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE], with diagnoses that included diabetes, PVD (peripheral vascular disease - a slow and progressive disorder of the blood vessels), and chronic pain.</p> <p>Review of the MDS dated [DATE], indicated the diagnoses remain current and Resident R3 requires extensive assistance of two people for ADLs.</p> <p>A review of the facility shower schedules indicated Resident R3 gets showers on Tuesdays and Fridays. A review of the ADL-Shower Task documentation dated April 2025 indicated a shower was not given or offered on 4/1, 4/4, 4/8, 4/18, and 4/25/25 as scheduled for Resident R3.</p> <p>During an interview on 5/6/25, at 4:00 p.m. The Nursing Home Administrator confirmed the above findings, and the facility failed to make certain that showers and baths were provided or offered as scheduled for Residents R1, R2, and R3.</p> <p>28 Pa. Code: 211.12(1) Nursing services.</p> <p>28 Pa. Code: 211.10(d) Resident care policies.</p> <p>28 Pa. Code: 211.12 (2)(5) Nursing services.</p>		