

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  07/31/2025
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 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>Based on review of facility policy, observation, resident, and staff interviews, it was determined that the facility failed to provide a safe, clean, comfortable, and homelike environment for three of ten residents as required (Residents R1, R2, and R3) on two of two nursing units side one and side two. Findings included: Review of the facility policy Homelike Environment dated 6/1/25, indicated in part The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include clean bed and bath linens that are in good condition. During an interview on 7/31/25, at approximately 10:00 a.m. Resident R1 verbalized frustration with the lack of linen at the facility. They always run out of sheets and bath towels, sometimes I have an accident in bed and the staff have to run all over the building to try and find linen it can take an hour. Sometimes you can't get new sheets on your bed after your shower because there isn't any available. During an interview on 7/31/25, at approximately 10:30 a.m. Resident R2 stated you never know if there will be clean sheets for your bed, what can you do? During an interview on 7/31/25, at approximately 11:00 a.m. Resident R3 stated there is a shortage of bath towels, washcloths and sheets. The shortage is every day. Record reviewed indicated at the 5/23/25 and 6/19/25 Resident Council meeting grievance reports indicating not enough linen and lack of linen. During a tour of the units on 7/31/25, at approximately 1:30 p.m. with the Director of Nursing (DON) one linen cart was inspected. There were approximately three bath towels, four sheets, six washcloths and several resident gowns available. During an interview on 7/31/25 at approximately 1:45 p.m. Director of Housekeeping and Laundry Employee E4 confirmed there has been a shortage of linen. A purchase order was made approximately 7/3/25 and was delayed due to billing related issues. During an interview on 7/31/25 at approximately 3:10 p.m. Nurse Aide (NA) Employee E2 confirmed there is a shortage of linen in the facility. During an interview on 7/31/25 at approximately 3:15 p.m. NA Employee E3 confirmed there is a shortage of linen in the facility. During an interview on 7/31/25, at approximately 4:00 p.m., the Nursing Home Administrator (NHA) and DON confirmed the facility failed to provide a safe, clean, comfortable, and homelike environment for three of ten residents as required (Residents R1, R2, and R3) on two of two nursing units side one and side two. 28 Pa. Code: 207.2(a) Administrator's responsibility. 28 Pa. Code: 201.29(k) Resident rights.</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 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>Based on observations, review of facility documentation, resident, and staff interviews, it was determined that the facility failed to make certain that fresh drinking water was consistently readily accessible to residents to promote adequate hydration, meet resident preferences, and maintain their comfort for three of ten residents (Residents R1, R2, and R3). Findings include: The U.S. National Academies of Sciences, Engineering, and Medicine suggests adequate daily fluid intake for men: 3,700 mL (milliliter) per day and women: 2,700 mL per day. A review of the facility current Certified Nursing Assistant Job Description indicated Keep residents' water pitchers clean and filled with fresh water (on each shift), and within easy reach of the resident. During an interview and observation on 7/31/25, at approximately 10:00 a.m., Resident R1 was asked by the surveyor if drinking water was provided. Resident R1 stated; they are supposed to bring it three times a day and that never happens. You usually have to ask for water if you want it. You can't get ice because the ice machines are broken. Resident R1 reported he asked for water today and had not received it, no water was observed in Resident R1's room and Resident R1 confirmed he received water once the prior day after requesting. Record review of Resident R1 Nutrition Fluids Tasks documentation, how much did the resident drink in milliliters ( mls)? revealed fluid intake with no documentation on 7/27/25, 7/28/25 total 620 mL, 7/29/25 total 660 mL, 7/30/25 total 590 mL, 7/31/25 total 330 mL, daily total is cumulative for the three shifts per day. During an interview and observation on 7/31/25, at approximately 10:30 a.m. Resident R2 was asked by the surveyor if drinking water was provided. Resident R2 stated; not often, you have to ask for it and forget about getting ice. Resident R2 reported he asked for water today and had not received it, no water was observed in Resident R2's room and Resident R2 confirmed he only received water once the prior day after requesting. Record review of Resident R2 Nutrition Fluids Tasks documentation, how much did the resident drink in mls? revealed fluid intake with no documentation on 7/27/25, 7/28/25 total 620 mL, 7/29/25 total 620 mL, 7/30/25 total 470 mL, 7/31/25 total 330 mL, daily total is cumulative for the three shifts per day. Resident R2's care plan initiated 3/1/22 Focus; inadequate food/beverage intake. During an interview and observation on 7/31/25, at approximately 11:00 a.m. Resident R3 was asked by the surveyor if drinking water was provided. Resident R3 stated; I can't tell you the last time I was provided water. I usually get myself soda and drink that. Resident R3 reported he rarely asks anymore because you won't get it, no water was observed in Resident R3 Room. Record review of Resident R3 Nutrition Fluids Tasks documentation, how much did the resident drink in mls? revealed fluid intake with no documentation on 7/27/25, 7/28/25 total 500 mL, 7/29/25 total 240 mL, 7/30/25 total 1060 mL, 7/31/25 total 1220 mL, daily total is cumulative for the three shifts per day. Resident R3's care plan initiated 12/22/24 and revised on 2/21/25 Focus; has dehydration or potential fluid deficit r/t Nausea, Vomiting, diarrhea. During rounds on 7/31/25, approximately 1:30 p.m. with the Director of Nursing (DON) there are two coolers filled with ice, side one and side two each have a cooler. The cooler on side two appeared full without room for additional ice the cooler on side one appeared as if ice was dispensed. Interview with Resident R1 and R2 revealed both residents confirmed just got the water requested this morning. No ice was provided. Resident R3 reported no water or ice provided or offered as usual. During an interview with the Director of Food and Nutrition Services Employee E5 on 7/31/25, at approximately 2:00 p.m., confirmed the two coolers were filled with ice, one at approximately 7:00 a.m. and the other at approximately 8:30 a.m. no refills had been requested. During an interview on 7/31/25, at approximately 4:00 p.m., the Nursing Home Administrator (NHA) and DON confirmed the facility failed to make certain that fresh drinking water was consistently readily accessible to residents to promote adequate hydration, meet resident preferences, and maintain their comfort for three of ten residents (Residents R1, R2, and R3). 28 Pa. Code 211.12 (d)(3)(5) Nursing services. 28 Pa. Code 211.10 (a)(d) Resident care policies.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observations, review of facility documentation, and staff interviews, it was determined that the facility failed to make certain that equipment was in safe operating condition for one of one AEDs (Automatic External Defibrillators). Findings include: Review of facility policy Automatic External Defibrillator, Use and Care of dated 6/1/25, indicated; Keep a spare battery and adhesive pads in the case, as instructed. Record the expiration date of the battery and the pads on the maintenance log or tag. Check the device and perform maintenance tasks, as directed. Document checks, maintenance steps and date performed on maintenance log and store log with the device. During an observation on 7/31/25, approximately 1:00 p.m. with the Director of Nursing (DON) of the Automatic External Defibrillator (AED, a portable electronic device that can automatically diagnoses and treat the life-threatening heart rhythms) located at the Nursing Station (Side 2) revealed the last AED audit date of 10/8/2020. During an interview on 7/31/25, at approximately 3:15 p.m. RN Employee E1 stated, I didn't know that was there. RN Employee E1 was unable to identify who is responsible for completing the AED Audit Log. During an interview on 7/31/25, at approximately 4:00 p.m. the DON confirmed there were no other complete AED Audit Logs, was unable to identify who is responsible for completing the log, and the facility did not have the Manufacture Guidelines for the AED. During an interview on 7/31/25, at approximately 4:00 p.m. the DON confirmed the facility failed to make certain that equipment was in safe operating condition for one of one AEDs (Automatic External Defibrillators). 28 Pa. Code: 201.14(a) Responsibility of licensee.</p>		