

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 11/12/2025
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations and staff interview, it was determined that the facility failed to determine if it was safe to self-administer medications for one of five residents (Resident R1). Findings include: Review of the facility policy, Self-Administration of Drugs dated 6/1/25, indicated, If a resident chooses to self-administer medication, he/she will be assessed for the ability to exercise this right safely and accurately. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - periodic assessment of resident care needs dated included diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) and dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Review of Section C: Cognitive Patterns indicated Resident R1 had moderate cognitive impairment. Review of Resident R1's plan of care updated 10/3/25, failed to include goals and interventions related to the self-administration of medications. Review of the clinical record failed to reveal an assessment for the ability to self-administer medications. Review of Resident R1's physician orders failed to reveal an order for self-administration of medications. During an observation on 11/12/25, at approximately 11:15 a.m. Resident R1 was noted to have a medicine cup with five pills in it on her bedside table. Observation of those medications revealed them to be metformin 500 mg (medication for diabetes) amlodipine 10 mg (medication for high blood pressure), lisinopril 20 mg (medication for high blood pressure), apixaban 2.5 mg (medication to prevent blood clots), and fluoxetine 10 mg (medication to treat depression). During a second observation on 11/12/25, at approximately 1:00 p.m. Resident R1 was noted to have the same medicine cup with five pills in it on her bedside table. Review of Resident R1's medication administration record on 11/12/25, at approximately 1:05 p.m. indicated Licensed Practical Nurse Employee E1 had administered Resident R1's medications. During an interview completed on 11/12/25, at approximately 1:20 p.m. the Nursing Home Administrator confirmed the facility failed to determine if it was safe to self-administer medications for one of five residents. 28 Pa. Code: 211.12(d)(1)(2) 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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