STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395670	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wecare at Monroeville Rehabilitation and Nsg Ctr	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records and staff interviews, it was determined that the facility failed to notify physicians of increased capillary blood glucose (CBG) levels for four of six residents (Resident R1, R2, R3, and R4).The Centers for Disease Control indicated hyperglycemia is blood glucose greater than 125 mg/dL (milligrams per deciliter) while fasting (not eating for at least eight hours, or a blood glucose greater than 180 mg/dL one to two hours after eating. If hyperglycemia is left untreated for long periods of time, it can damage nerves, blood vessels, tissues and organs. Review of the facility policy, Diabetes - Clinical Protocol dated 1/8/26, previously dated 6/1/25, indicated, The physician will order appropriate interventions, which may include:Treatment of underlying conditions causing impaired glucose tolerance;Physical activity, diet and lifestyle modifications, where feasible and accepted by the resident;Oral hypoglycemia agents; and/orInsulin (an injectable medication to treat diabetes). Review of the clinical record indicated Resident R1 admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS, periodic assessment of resident care needs) dated 12/13/25, included diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles) and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of Resident R1's care plan initiated 5/27/25, for diabetes indicated to Monitor/document/report PRN any s/sx (signs/symptoms) of hyperglycemia. Review of a physician order dated 11/18/25, indicated to inject Humalog insulin per sliding scale, and indicated if Resident R1's blood sugar level was greater than 500 to call the MD (Doctor of Medicine). Review of Resident R1's blood sugar record (1/1/26 - 2/2/26) revealed the following elevated blood sugar levels without documentation that the provider was notified:01/03/26, at 12:17 p.m. - 547 mg/dL (milligrams per deciliter)01/12/26, at 3:04 p.m. - 589 mg/dL01/14/26, at 6:21 a.m. - 500 mg/dL01/16/26, at 11:29 p.m. - 525 mg/dL01/18/26, at 6:53 a.m. - 594 mg/dL01/18/26, at 5:12 p.m. - 534 mg/dL01/22/26, at 10:28 p.m. - 523 mg/dL01/24/26, at 9:29 p.m. - 571 mg/dL01/26/26, at 12:29 p.m. - 529 mg/dL01/29/26, at 9:28 p.m. - 561 mg/dL02/02/26, at 1:22 p.m. - 509 mg/dL02/02/26, at 5:27 p.m. - 570 mg/dL Review of the clinical record indicated Resident R2 was readmitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of dementia (a group of symptoms that affect memory, thinking and interferes with daily life) and diabetes. Review of Resident R2's care plan initiated 9/22/25, for diabetes indicated to Monitor/document/report PRN any s/sx of hyperglycemia. Review of a physician order dated 10/13/25, indicated to inject six units of Humalog insulin three times per day. Further review of Resident R2's physicians' orders failed to include specific notification parameters. Review of Resident R2's blood sugar record (1/1/26 - 2/2/26) revealed the following elevated blood sugar levels without documentation that the provider was notified:01/11/26, at 5:24 p.m. - 410.0 mg/dL01/15/26, at 12:38 p.m. - 404.0 mg/dL01/29/26, at 1:24 p.m. - 539.0 mg/dL01/29/26, at 10:18 p.m. - 412.0 mg/dL01/31/26, at 8:02 p.m. - 400.0 mg/dL (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
	395670	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wecare at Monroeville Rehabilitation and Nsg Ctr	4142 Monroeville Blvd Monroeville, PA 15146

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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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the clinical record indicated Resident R3 admitted to the facility on [DATE]. Review of Resident R3's MDS dated [DATE], included diagnoses of end stage renal disease (ESRD, an inability of the kidneys to filter the blood) and diabetes. Review of Resident R3's care plan initiated 12/9/25, failed to reveal goas and interventions related to diabetes. Review of a physician order dated 11/18/25, indicated to inject Humalog insulin per sliding scale, and indicated if Resident R3's blood sugar level was greater than 400 to call the MD (Doctor of Medicine). Review of Resident R3's blood sugar record (1/1/26 - 2/2/26) revealed the following elevated blood sugar levels without documentation that the provider was notified:01/23/26, at 8:57 a.m. - 489 mg/dL Review of the clinical record indicated Resident R4 was readmitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of coronary artery disease (CAD, damage or disease in the heart's major blood vessels) and diabetes. Review of Resident R4's care plan initiated 9/22/25, for diabetes indicated to Monitor/document/report PRN any s/sx of hyperglycemia. Review of a physician order dated 10/13/25, indicated to inject 14 units of Humalog insulin three times per day with meals. Further review of Resident R4's physicians' orders failed to include specific notification parameters. Review of Resident R4's blood sugar record (1/1/26 - 2/2/26) revealed the following elevated blood sugar levels without documentation that the provider was notified:01/13/26, at 3:51 p.m. - 412 mg/dL01/14/26, at 6:15 a.m. - 441 mg/dL01/14/26, at 10:54 a.m. - 441 mg/dL01/16/26, at 8:28 p.m. - 423 mg/dL01/17/26, at 10:04 a.m. - 423 mg/dL01/19/26, at 12:12 a.m. - 464 mg/dL01/20/26, at 6:38 p.m. - 414 mg/dL01/23/26, at 6:08 p.m. - 481 mg/dL01/23/26, at 6:12 p.m. - 481 mg/dL01/23/26, at 8:05 p.m. - 430 mg/dL01/26/26, at 5:45 p.m. - 533 mg/dL01/27/26, at 11:38 a.m. - 419 mg/dL01/27/26, at 1:34 p.m. - 457 mg/dL01/27/26, at 7:14 p.m. - 422 mg/dL01/28/26, at 2:08 p.m. - 419 mg/dL01/28/26, at 10:19 p.m. - 428 mg/dL01/31/26, at 5:42 p.m. - 445 mg/dL02/1/26, at1:41 p.m. - 460 mg/dL02/1/26, at 5:54 p.m. - 500 mg/dL02/2/26, at 8:01 p.m. - 488 mg/dL02/2/26, at 1:27 p.m. - 418 mg/dL During an interview on 2/4/26, at 3:39 p.m. the Medical Director confirmed that his expectation is that facility staff would notify the medical providers of out-of-range blood sugars. When asked at what blood sugar level facility staff should notify providers if specific parameters were not documented in the physician's order, he stated 400 or 450 (mg/dL), unless specifically stated to not notify the provider. During an interview on 2/5/26, at approximately 11:30 a.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to notify physicians of increased capillary blood glucose (CBG) levels for four of six residents. 28 Pa. Code 201.18 (b)(1) Management. 28 Pa. Code 201.29(d) Resident rights. 28 Pa. Code 211.10 (c)(d) Resident care policies. 28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services.

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F 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care by qualified persons according to each resident's written plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy and records and staff interviews, it was determined that the facility failed to ensure that facility nursing personnel maintain current CPR (cardiopulmonary resuscitation) certification for Healthcare Providers through a CPR provider whose training includes a hands-on session either in a physical or virtual instructor-led setting in accordance with accepted national standards for three of 27 licensed nurses (Licensed Practical Nurse (LPN) Employees E10 and E11, and Registered Nurse (RN) Employee E14).Review of the facility policy, Emergency Procedure - Cardiopulmonary Resuscitation dated [DATE], previously dated [DATE], indicated Obtain and/or maintain American Red Cross or American Heart Association certification in Basic Life Support (BLS) / Cardiopulmonary Resuscitation (CPR).On [DATE], the Nursing Home Administrator (NHA) provided a list of 14 currently employed LPNs and 13 currently employed RNs.Review of the CPR certification cards for LPN Employees E10 and E11, and RN Employee E14 indicated the certification was for an online-only CPR classes, for non-healthcare providers, that did not include a hands-on session.During an interview on [DATE], at approximately 11:30 a.m. the Nursing Home Administrator confirmed that the facility failed to ensure that facility nursing personnel maintain current CPR certification for Healthcare Providers through a CPR provider whose training includes a hands-on session either in a physical or virtual instructor-led setting in accordance with accepted national standards for three of 27 licensed nurses.28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code 211.12(d)(1)(5) Nursing services

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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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy and records and staff interviews, it was determined that the facility failed to maintain documentation that facility nursing personnel have current education and certification to provide basic life support, including CPR (cardiopulmonary resuscitation), to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives for 15 of 27 licensed nurses (Licensed Practical Nurse (LPN) Employees E1, E2, E3, E4, E5, E6, E7, E8, E9, E12, and Registered Nurse (RN) Employees E13, E15, E16, E17, and E18).Review of the facility policy, Emergency Procedure - Cardiopulmonary Resuscitation dated [DATE], previously dated [DATE], indicated that personnel have completed training on the initiation of cardiopulmonary resuscitation (CPR) and basic life support (BLS), including defibrillation, for victims of sudden cardiac arrest (unexpected cessation of heart pumping, causing an immediate loss of consciousness, pulse, and normal breathing).On [DATE], the Nursing Home Administrator (NHA) provided a list of 14 currently employed LPNs and 13 currently employed RNs.On [DATE], at 2:55 p.m. the NHA provided copies of the facility's licensed nurse's CPR certification cards. CPR certification cards were not available for review for LPN Employees E1, E2, E3, E4, E5, E6, E7, E8, E9, E12, and RN Employees E13, E15, E16, E17, and E18).During an interview on [DATE], at approximately 11:30 a.m. the Nursing Home Administrator confirmed that the facility failed to maintain documentation that facility nursing personnel have current education and certification to provide basic life support, including CPR. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code 211.12(d)(1)(5) Nursing services

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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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documentation and staff interviews, it was determined that the facility failed to develop, implement, and maintain an effective training program, including additional training topics based on the resident population or outcome of the facility assessment for eight of nine staff members sampled (Employees E19, E20, E21, E22, E24, E25, E26, and E27).Findings include: Review of the United States National Institute of Health: National Heart, Lung, and Blood Institute document, Cardiac Arrest: Causes and Risk Factors dated [DATE], indicated that Heart problems are the most important risk factors for cardiac arrest. Included in the examples of heart conditions that can precipitate cardiac arrest were: Coronary artery disease (CAD, damage or disease in the heart's major blood vessels)Abnormal heart rhythms (arrhythmia, dysrhythmia)Atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat)Angina (chest pain from not enough blood flow to the heart muscle)Cardiomyopathy (disease of the heart muscle)Heart valve disease (when one or more of the heart's four valves do not open or close properly, disrupting blood flow and forcing the heart to work harder)Heart failure (a progressive heart disease that affects pumping action of the heart muscles) Review of the Facility Assessment dated [DATE], indicated in the Common Diagnoses section were heart and circulatory disorders with the following examples:Congestive Heart FailureCoronary Artery DiseaseAnginaDysrhythmiaHypertensionOrthostatic HypotensionPeripheral Vascular DiseaseRisk for Bleeding or Blood ClotsDeep Venous Thrombosis (DVT)Pulmonary Thrombo-Embolism (PTE) Review of the facility policy, Emergency Procedure - Cardiopulmonary Resuscitation dated [DATE], previously dated [DATE], indicated that personnel have completed training on the initiation of cardiopulmonary resuscitation (CPR) and basic life support (BLS), including defibrillation, for victims of sudden cardiac arrest (unexpected cessation of heart pumping, causing an immediate loss of consciousness, pulse, and normal breathing). The policy further stated:The chances of surviving SCA (sudden cardiac arrest) may be increased if CPR is initiated immediately upon collapse.Early delivery of a shock with a defibrillator plus CPR within 3-5 minutes of collapse can further increase chances of survival.If an individual is found unresponsive, briefly assess for abnormal or absence of breathing. If sudden cardiac arrest is likely, begin CPR: Instruct a staff member to activate the emergency response system (code) and call 911. Instruct a staff member to retrieve the automatic external defibrillator. Verify or instruct a staff member to verify the DNR or code status of the individual. Initiate the basic life support (BLS) sequence of events. During an observation on [DATE], at approximately 9:30 a.m., the mounted boxes at the 100-Hall and 200-Hall labeled as having AEDs in them were both empty. During an interview on [DATE], at approximately 9:45 a.m. Registered Nurse (RN) Employee E22 was asked where the AED was located, and she escorted the surveyor toward the 200-Hall while texting on her phone. When partway to the 200-Hall, Licensed Practical Nurse (LPN) approached RN Employee E22 and the surveyor, and stated, I will take her. LPN Employee E23 confirmed that the text message was to her so she could show the surveyor where the AED was located. The AED was observed in the clean utility room, in a lower wooden cabinet door, in the rear of the cabinet. The location was not labeled to indicate the AED was stored there. During staff interviews completed on [DATE]:NA Employee E19 confirmed she did not know where to locate an AED.NA Employee E20 confirmed she did not know where to locate an AED.NA Employee E21 stated (in reference to AED location) It's like in the halls. During an observation on [DATE], at approximately 10:00 a.m., the mounted boxes at the 100-Hall and 200-Hall labeled as having AEDs in them were both empty. NA Employee E24 stated (in reference to AED location) In the boxes on the wall.NA Employee E25 stated (in reference to AED (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	location) At the nurses' stations, in the wall containers.LPN Employee E26 stated (in reference to AED location) Supposed to be in the boxes on the walls, but they're empty.NA Employee E27 when asked if she knew the location of the AEDs, stated, Yes. When asked where, stated Let me think. NA Employee E27 was unable to provide a location for the AEDs. During an interview on [DATE], at approximately 11:30 a.m. the Nursing Home Administrator and the Director of Nursing were made aware that facility staff were unable to describe the location of the facility AEDs, and confirmed that the facility failed to assure that nursing staff displayed the appropriate competencies and skills sets to provide emergency services for eight of nine staff members sampled. 28 Pa. Code 201.19(7) Personnel policies and procedures.28 Pa. Code 201.20(a) Staff development.

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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 - Some	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 policy, observations, and staff interview, it was determined that the facility failed to make certain that medical supplies were properly stored and/or disposed of for two of two crash carts (carts maintained with equipment used in emergencies, 100-Hall and 2-Hall).Findings include: Review of the facility policy Storage of Medications dated 1/8/26, previously dated 6/1/25, indicated that discontinued, outdated, or deteriorated drugs are returned to the dispensing pharmacy or destroyed. During an observation on 2/2/26, at approximately 11:00 a.m., of the 100-Hall crash cart revealed the following:(1) Yankauer catheter with sterile packaging open.(1) box of acetaminophen suppositories with an expiration date of 12/2024.(1) bottle of 0.9% sodium chloride solution with an expiration date of 5/18/24.(1) I.V. start kit with an expiration date of 4/30/24.(1) I.V. start kit with an expiration date of 9/7/25.(1) concentrator mask with tubing with an expiration date of 03/2025.(1) package of connection tubing with an expiration date of 06/2012.(1) box of glucose gel with an expiration date of 02/2025.(2) packages of lubricating jelly with an expiration date of 06/10/2021.(1) I.V. catheter with an expiration date of 9/1/22.(2) Normal saline flushes with an expiration date of 2/3/25.(1) Normal saline flush with an expiration date of 10/31/25. During an observation on 2/2/26, at approximately 11:15 a.m., of the 200-Hall crash cart revealed the following:(1) box of glucose gel with an expiration date of 02/2025.(1) box of acetaminophen suppositories with an expiration date of 12/2024.(2) I.V. start kits with an expiration date of 5/16/25.(1) I.V. start kit with an expiration date of 8/31/24.(2) Normal saline flushes with an expiration date of 2/3/25.(1) I.V. catheter with an expiration date of 8/31/25. During an interview on 2/6/26, at approximately 11:30 a.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to make certain that medical supplies were properly stored and/or disposed of for two of two crash carts. 28 Pa Code: 201.14(a) Responsibility of licensee.

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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility documents, observations, and staff interviews, it was determined that the governing body failed to implement policies regarding the management of the operation of the facility by failing to align facility policies with Centers for Medicare and Medicaid Services requirements.Findings include: Review of the facility policy, Governing Body dated [DATE], previously dated [DATE], indicated, The Governing Body is, to the extent required by applicable law, responsible for establishing and implementing policies regarding management and operation of the Facility. Review of S483.24(a)(3) Personnel provide basic life support, including CPR (cardiopulmonary resuscitation), to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives indicated, Ensure staff maintain current CPR certification for healthcare providers through a CPR provider whose training includes hands-on practice and in-person skills assessment. Included in the deficiency categorization was, Failure to ensure all facility staff received training in CPR for Healthcare Providers. The Centers for Disease Control indicated hyperglycemia is blood glucose greater than 125 mg/dL (milligrams per deciliter) while fasting (not eating for at least eight hours, or a blood glucose greater than 180 mg/dL one to two hours after eating. If hyperglycemia is left untreated for long periods of time, it can damage nerves, blood vessels, tissues and organs. Review of the facility policy, Diabetes - Clinical Protocol dated [DATE], previously dated [DATE], indicated, The physician will order appropriate interventions, which may include:-Treatment of underlying conditions causing impaired glucose tolerance;-Physical activity, diet and lifestyle modifications, where feasible and accepted by the resident;-Oral hypoglycemia agents; and/or-Insulin (an injectable medication to treat diabetes). Further review of the facility policy failed to include direction to nursing staff on notification of providers for hyperglycemia, when not specifically stated in the physicians' order. Review of the facility policy, Emergency Procedure - Cardiopulmonary Resuscitation dated [DATE], previously dated [DATE], indicated, Select and identify a CPR Team for each shift in the case of an actual cardiac arrest. The CPR Team in this facility shall include at least one nurse, one LPN/LVN (licensed practical nurse / licensed vocational nurse) and two CNAs (nurse aides), all of whom have received training and certification in CPR/BLS (basic life support). Further review of the policy failed to include information regarding the requirement for all clinical staff to have CPR/BLS certification. On [DATE], the facility provided information that 47 nurse aides were actively employed by the facility. The facility was unable to provide evidence that any nurse aides had CPR/BLS certification. During an interview on [DATE], at 3:39 p.m. the Medical Director confirmed that all healthcare providers employed by the facility are required to have CPR/BLS certification. Review of the clinical record indicated Resident R4 was readmitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of coronary artery disease (CAD, damage or disease in the heart's major blood vessels) and diabetes. Review of Resident R4's care plan initiated [DATE], for diabetes indicated to Monitor/ document/ report PRN any signs/symptoms of hyperglycemia. Review of a physician order dated [DATE], indicated to inject 14 units of Humalog insulin three times per day with meals. Further review of Resident R4's physicians' orders failed to include specific notification parameters. Review of Resident R4's blood sugar record ([DATE] - [DATE]) revealed the following elevated blood sugar levels without documentation that the provider was notified:[DATE], at 3:51 p.m. - 412 mg/dL[DATE], at 6:15 a.m. - 441 mg/dL[DATE], at 10:54 a.m. - 441 mg/dL[DATE], at 8:28 p.m. - 423 mg/dL[DATE], at 10:04 a.m. - 423 (continued on next page)

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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 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	mg/dL[DATE], at 12:12 a.m. - 464 mg/dL[DATE], at 6:38 p.m. - 414 mg/dL[DATE], at 6:08 p.m. - 481 mg/dL[DATE], at 6:12 p.m. - 481 mg/dL[DATE], at 8:05 p.m. - 430 mg/dL[DATE], at 5:45 p.m. - 533 mg/dL[DATE], at 11:38 a.m. - 419 mg/dL[DATE], at 1:34 p.m. - 457 mg/dL[DATE], at 7:14 p.m. - 422 mg/dL[DATE], at 2:08 p.m. - 419 mg/dL[DATE], at 10:19 p.m. - 428 mg/dL[DATE], at 5:42 p.m. - 445 mg/dL[DATE], at1:41 p.m. - 460 mg/dL[DATE], at 5:54 p.m. - 500 mg/dL[DATE], at 8:01 p.m. - 488 mg/dL[DATE], at 1:27 p.m. - 418 mg/dL During an interview on [DATE], at 3:39 p.m. the Medical Director confirmed that his expectation is that facility staff would notify the medical providers of out-of-range blood sugars, greater that 400 or 450 (mg/dL), if specific parameters were not documented in the physician's order unless the order stated to not notify the provider. It was confirmed at this time that as the facility policy did not specify notification requirements and certain physicians' orders did not specify notification parameters, facility nursing staff would be unaware of the either general or specific notification requirements for residents. During an interview on [DATE], at approximately 11:30 a.m. the Nursing Home Administrator and the Director of Nursing that the governing body failed to implement policies regarding the management of the operation of the facility by failing to align facility policies with Centers for Medicare and Medicaid Services requirements.28 Pa. Code 201.14(g) Responsibility of licensee.28 Pa. Code 201.18(e)(1)(2) Management.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395670	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wecare at Monroeville Rehabilitation and Nsg Ctr	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.

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F 0838 Level of Harm - Potential for minimal harm Residents Affected - Some	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on review of facility documents and staff interview, it was determined that the facility failed to accurately complete the Facility Assessment. Findings include: A review of the Facility Assessment Tool, dated 1/23/26\, revealed the facility did not complete the template to indicate accurate information on: In the section titled Services and Care included the provision of ventilator care (a machine that helps or breathes for a patient who can't breathe adequately on their own) and hypodermoclysis (administration of fluids into the tissue under the skin). In the section titled, List of Key Personnel were the previous Nursing Home Administrator and the previous Director of Nursing. In the section titled Physical Resources failed to include crash carts (carts maintained with equipment used in emergencies) or AEDs (automated external defibrillator, a portable medical device that analyzes heart rhythms and delivers an electric shock to restore normal heart function). During an interview on 2/5/26, at approximately 11:30 a.m. the Nursing Home Administrator confirmed that the facility failed to accurately complete the Facility Assessment. 28 Pa. Code 201.18(b)(3)(e)(2) Management.

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the review of facility policy, observations, clinical records, and staff interviews, it was determined that the facility failed to appropriately document wound care orders and treatments for four of seven residents (Residents R5, R6, R7, and R8).Findings include: Review of the Facility Assessment dated 1/23/26, indicated in the Common Diagnoses that the facility would provide care for skin ulcers and injuries. Review of the facility policy, Charting and Documentation dated 1/8/26, previously dated 6/1/25, indicated All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facility communication between the interdisciplinary team regarding the resident's condition and response to care. Review of the facility policy, Wound Care dated 1/8/26, previously dated 6/1/25, indicated that the date and time wound care was given should be documented in the resident's medical record. Review of the clinical record indicated Resident R5 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS, periodic assessment of resident care needs dated 12/1/25, included diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles) and chronic kidney disease (gradual loss of kidney function). Review of the plan of care dated 11/5/25, indicated that Resident R5 had actual skin impairment related to an abscess of the right knee. Included in in the interventions was, Follow facility protocols for treatment of this injury. Review of a wound nurse practitioner's note dated 1/5/26, at 12:17 p.m. indicated that Resident R5 had a current abscess on his right knee and a new wound to his right medial knee. Both wounds were ordered treatment with gentamicin ointment. The abscess to be changed daily, and the new medial wound to be changed twice daily. Review of Resident R5's physicians' orders failed to reveal an order placed for wound care for the right medical knee wound until 1/12/26. Review of Resident R5's physicians' orders related to the right knee abscess revealed an order for wound care from 12/3/25, and discontinued on 1/7/26. No new order for wound care was ordered until 1/12/26. Review of the right medial wound TAR for January 2026, failed to reveal dressing changes documented as completed on:1/19/26, 8:00 p.m.1/25/25, 8:00 a.m.1/25/25, 8:00 p.m.1/26/25, 8:00 p.m.1/27/25, 8:00 a.m. Review of the clinical record indicated Resident R6 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of high blood pressure and cellulitis (bacterial skin infection). Review of Section C: Cognitive Patterns indicated that Resident R6 was cognitively intact. Review of the plan of care dated 10/21/22, indicated that Resident R6 has the potential for develop pressure ulcers and included in the interventions, Follow facility policies/protocols for the prevention/treatment of skin breakdown. Review of a physician's order dated 1/14/26, indicated that Resident R6 was to have dressing changes to his left dorsal second MTP (second toe of left foot) twice daily. Review of the TAR for January 2026, failed to reveal dressing changes documented as completed on:1/19/26, 8:00 p.m.1/25/25, 8:00 a.m.1/25/25, 8:00 p.m.1/26/25, 8:00 p.m.1/27/25, 8:00 a.m. During an interview on 2/5/26, at 11:01 a.m. when asked if he received his dressing changes as ordered, Resident R6 stated, I don't know what their problem is. It's like they don't give a crap. Review of the clinical record indicated Resident R7 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) and necrotizing fasciitis (also known as flesh-eating disease, is a bacterial infection that affects the skin and the tissue under it). Review of Section C: Cognitive Patterns indicated that Resident R7 was cognitively intact. Review of the plan of care dated 11/28/25, (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	indicated that Resident R7 has the potential/actual impairment to skin integrity related to gangrene (death of body tissue due to a lack of blood flow or a serious bacterial infection). Review of a physician's order dated 1/12/26, indicated that Resident R7 was to have dressing changes to her left heel twice daily. Review of the TAR for January 2026, failed to reveal dressing changes documented as completed on:1/13/26, 8:00 p.m.1/18/26, 8:00 a.m.1/19/26, 8:00 p.m.1/25/25, 8:00 a.m.1/25/25, 8:00 p.m.1/26/25, 8:00 p.m.1/31/25, 8:00 p.m. During an interview on 2/5/26, at 11:15 a.m. when asked if she received his dressing changes as ordered, Resident R7 performed at thumbs down hand gesture and stated, Sometimes I have to remind them. If you don't ask for it, or if you don't get a certain nurse, it doesn't get done. Review of the clinical record indicated Resident R8 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of diabetes and cerebral palsy (group of disorders that affect a person's ability to move and maintain balance and posture). Review of the plan of care dated 6/8/25, indicated that Resident R8 had actual pressure ulcer (injury to the skin and underlying tissue, primarily caused by prolonged pressure on the skin) development. Included in the interventions was, Administer treatments as ordered. Review of a physician's orders dated 12/4/25, and 1/12/26, indicated that Resident R8 was to have dressing changes to her coccyx (base of the spinal column) daily. Review of the TAR for January 2026, failed to reveal dressing changes documented as completed on:1/01/26, 9:00 a.m.1/10/26, 9:00 a.m.1/14/26, 9:00 a.m.1/15/26, 9:00 a.m.1/19/26, 9:00 a.m.1/23/25, 9:00 a.m. During an interview on 2/5/26, at approximately 11:30 a.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to appropriately document wound care orders treatments for four of seven residents. 28 Pa. Code: 211.5(f)(g)(h) Clinical records.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews it was determined the facility failed to ensure equipment was in safe operating condition for two of two crash carts (carts maintained with equipment used in emergencies, 100-Hall and 2-Hall) and two of two facility dryers. Review of the facility policy, Emergency Procedure - Cardiopulmonary Resuscitation dated [DATE], previously dated [DATE], indicated, Maintain equipment and supplies necessary for CPR/BLS (cardiopulmonary resuscitation / basic life support) in the facility at all times.Findings include:During an observation of the 100-Hall crash cart on [DATE], at approximately 10:00 a.m. revealed the following items missing from per the inventory on the Emergency Cart Daily Checklist:Blank code bookBand-aids(2) needles with syringesGownsMasksGoggles or face shieldAlcohol based hand rubAmbu-bag(2) 14 French suction kits(2) Christmas tree adaptersNon-rebreather maskNasal canulaReview of the 100-Hall Emergency Cart Checklist for [DATE] revealed the crash cart was not documented for items present on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE]. On [DATE], [DATE], [DATE], [DATE], and [DATE], the checklist was marked complete, but without a signature of a staff member. The checklist did not provide a spot for documenting [DATE]. A checklist for February 2026 was not available. During an observation of the 200-Hall crash cart on [DATE], at approximately 10:25 a.m. revealed the following items missing from per the inventory on the Emergency Cart Daily Checklist:Blank code bookBlood pressure cuff and stethoscopeGlucometerFlashlight or penlightAlcohol padsBand-aids(2) Disposable razors(2) needles with syringesGlovesGownsMasksGoggles or face shieldIV start kitsAlcohol based hand rubAmbu-bagFull oxygen tank (three were present, all empty).Nebulizer kit(2) 14 French suction kitsReview of the 200-Hall Emergency Cart Checklist for [DATE] revealed the crash cart was not documented for items present on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE]. On [DATE], and [DATE], the glucometer was documented as missing. The checklist did not provide a spot for documenting [DATE]. During an observation of the facility laundry room on [DATE], at approximately 12:30 p.m. revealed an uncountable number of bags and carts filled with soiled linen.During an interview on [DATE], at approximately 12:30 p.m. Laundry Worker Employee E29 confirmed that the facility dryers had not been operable since [DATE]. Laundry Worker Employee E29 stated he washes laundry in the facility industrial washing machines, then takes it to the resident laundry dryer and dries it there. Laundry Worker Employee E29 confirmed that the resident dryer is not a commercial dryer, is much smaller, and he is unable to keep up with the amount of laundry to be washed and dried.During on observation on [DATE], at 12:45 p.m. of the large linen cart on the long end of the 200-Hall revealed no washcloths and no towels.During an interview of [DATE], at 12:55 p.m. NA Employee E28 stated that residents are not getting showers because there are no clean towels. She stated that they were supposed to get linen from another facility, but it hasn't been received yet. NA Employee E28 confirmed that staff had to cut up bath blankets to make wash cloths.During on observation on [DATE], at 12:28 p.m. of the small linen cart on the short end of the 200-Hall revealed only not towels or washcloths.During on observation on [DATE], at 1:00 p.m. of the small linen cart on the cross hallway between the two nursing units revealed (1) clothing protector and (1) fitted sheet.During on observation on [DATE], at 1:05 p.m. of the small linen cart on the short end of the 100-Hall revealed only fitted sheets.During on observation on [DATE], at 1:07 p.m. of the large linen cart on the long end of the 100-Hall revealed (1) clothing protector and (1) blanket, and fitted sheets.During an interview on [DATE], at 1:40 p.m. if the residents were able to be bathed, LPN Employee E1 stated that they had to use linen from a sister facility.During an interview on [DATE], at 1:42 p.m. when asked if she was able to bathe her assigned residents, NA Employee E25 displayed a package of baby wipes from her pocket, and confirmed she had purchased (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	them herself to use. NA Employee E25 stated she uses dry wipes instead of washcloths in the shower, Whatever I can find.During an interview on [DATE], at approximately 2:00 p.m. Therapy Employee E31 stated she assisted giving a resident a shower, but had to use clothing protectors to dry the resident.During observations of linen carts on [DATE], beginning at 9:20 a.m. revealed:100-Hall cart (low end) had (2) towels and (1) washcloth.100-Hall cart (high end) had (1) towel and (4) washcloths.Cross-hall cart had no towels or washcloths.Linen cart by 200-Hall nurses station had (4) towels and (11) washcloths.200-Hall cart (low end) had (2) towels and (12) washcloth.200-Hall cart (high end) had (0) towels and (5) washcloths.During an interview on [DATE], at approximately 9:35 a.m. Nurse Aide Employee E21 confirmed that she has been having a difficult time finding linen to bathe residents.During an interview on [DATE], at approximately 9:45 a.m. Nurse Aide Employee E30 confirmed that she has only been able to bathe one resident so far.During an interview on [DATE], at approximately 11:30 a.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to ensure equipment was in safe operating condition for two of two crash carts and two of two facility dryers. 28 Pa Code: 201.14(a) Responsibility of licensee.