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	05/21/2026

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policies, facility submitted data, clinical record and resident and staff interviews, it was determined that the facility failed to ensure that residents were free from verbal and physical abuse which resulted in the harm of Resident R1 to be fearful of staff for one four residents reviewed (Resident R1).Finding include:Review of the facility policy Abuse and Neglect-Clinical Protocol dated 4/1/26, indicated Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. Instances of abuse of all residents irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].Review of the Minimum Data Set (MDS - federally mandated assessment of a resident's abilities and care needs) dated 4/20/26, included diagnoses of neurogenic bladder (bladder problems due to disease or injury of the nervous system involved in the control of urination), diabetes (chronic condition where your body either doesn't produce enough insulin or can't use it effectively), hemiplegia (severe or complete paralysis on one side) and high blood pressure. Review of Section C: Cognitive Patterns revealed a BIMS score of 11. Section GG, Question GG0130 for Self-Care reveals Shower/bathe self: Resident is marked 1 meaning dependent-helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.Review of Resident R1's plan of care dated 4/20/26 reveals Focus- The resident has an ADL self-care performance deficit r/t Activity Intolerance, Hemiplegia, No current goal, Interventions-Shower/Bathe Self- Tues-Fri 7-3 (dependent).Review of facility submitted data, dated 4/17/26, indicated Resident R1 was receiving a shower from Nursing Assistant (NA) Employee E1 when she was abused in the shower. Resident R1 stated that NA Employee E1 sprayed water in her face and started to make derogatory comments to her, she also stated that she was being rough with her and grabbed her by both arms, leaving bruises to both wrists.Review of the information provided by the Nursing Home Administrator (NHA) and subsequent interview on 5/7/26, at approximately 12:30 P.M., did include that Resident R1 reported the incident to another department which in turn notified the Director of Nursing (DON), the facility identified a concern for potential verbal and physical abuse, suspended NA Employee E1 pending investigation, interviewed other residents the NA was assigned to and did skin checks on everyone in her assignment, revealing no other residents. The investigation also did not reveal that staff were interviewed regarding the incident or re-educated on abuse.During an interview on 5/7/26, at approximately 12:40 p.m. another resident that was interviewed but wishes to remain anonymous did not file a grievance or alert staff but stated that she too had been the recipient of verbal abuse with the NA that was suspended. NA Employee E1 was taking care of her the one day and had just changed her brief when the resident realized that she had (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	05/21/2026

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 0600 Level of Harm - Actual harm Residents Affected - Few	wet the brief already, when she asked the NA to change her she was told I just changed you, now you have to wait two hours for me to come back. The resident also stated there was another incident where she needed to have a bowel movement and the NA told her, Just go in your brief, she told her she wasn't wearing one and the NA became upset with her and told her she should just let her lay in it. During interviews on 5/7/26, at approximately 1:00 p.m., various staff members to include Registered Nurses (RN), Licensed Practical Nurses (LPN) and aides working the unit on which Resident R1 resides, confirmed they did not recently receive any education on abuse nor were they interviewed regarding any knowledge of any incidents regarding NA Employee E1.During an interview on 5/7/26, at approximately 1:30 p.m. the NHA was alerted to the second resident's interview and her wish to remain anonymous and that there were other residents mentioned in the complaint that also did not want to say anything or be asked about occurrences with this particular aide.During an interview on 5/7/26, at 2:30 p.m. the NHA confirmed that the facility failed to protect residents from potential verbal and physical abuse. This resulted in harm of Resident R1 to be fearful of staff.28 Pa. Code 201.14(a) Responsibility of Licensee.28 Pa. Code 201.18(b)(1)(e)(1) Management.28 Pa. Code 201.29(j) Resident Rights.28 Pa. Code 211.12(c)(d)(5) Nursing Services.

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	05/21/2026

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, documents, clinical record and staff interviews, it was determined that the facility failed to make certain a resident was free from the use of physical restraints without physical restraint order for one of six residents (Resident R2).Findings include:Review of facility policy Use of Restraints, reviewed 4/1/26, indicated restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. When the use of restraints is indicated, the least restrictive alternative will be used for the least amount of time necessary, and the ongoing re-evaluation for the need for restraints will be documented. Physical Restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. If the resident cannot remove a device in the same manner in which the staff applied it given that resident's physical condition (i.e. side rails are put back down, rather than climbed over), and this restricts his/her typical ability to change position or place, that device is considered a restraint.Review of the Resident Assessment Instrument User's Manual effective October 2025, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS score suggests the following distributions:-13-15: Cognitively Intact-8-12: Moderately Impaired-0-7: Severe ImpairmentReview of the clinical record indicated Resident R2 was admitted to the facility on [DATE].Review of the Minimum Data Set (MDS-federally mandated assessment of a resident's abilities and care needs) dated 4/21/26, included diagnoses of malignant neoplasm of the liver (cancerous tumor that invades nearby tissue thus spreading to other parts of the body), high blood pressure, diabetes (chronic condition causing high blood sugar due to insufficient insulin or ineffective insulin use), peripheral vascular disease (circulation disorder where blood vessels outside the heart become narrowed, blocked, or weakened), anxiety disorder (group of mental health conditions characterized by persistent and excessive feelings of worry, fear, or panic that can significantly impact daily life). Review of Section C: Cognitive Patterns, Question C0500: BIMS Summary Score revealed Resident R2's score to be 15.Review of order summary from 4/18/26, revealed an order for the resident to have bolsters placed while the resident was in bed. No documentation was noted if other methods were attempted first (i.e. fall mats, bed rails). Review of plan of care from 4/20/26, revealed: Focus: The resident is high risk for falls r/t Deconditioning, Gait/balance problems, Goal: the resident will not sustain serious injury through the review date, Interventions: Anticipate and meet the resident's needs, Be sure the resident's call light is within reach and encourage the resident to use if for assistance as needed. The resident needs prompt response to all requests for assistance, Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs, Follow facility fall protocol, Pt evaluate and treat as ordered or PRN, Tub/Shower transfer assist x1, Lying/Sitting on side of bed, Roll Left and Right: partial/mod assist (assist x1), Sit/Lying: partial /mod assist (assist x1), Sit to Stand: partial/mod assist (assist x1), Toilet Transfer: partial/mod assist (assist x1), Walk 10 feet: partial/mod assist (assist x1) Chair/Bed-to-chair: partial/mod assist (assist x1). No care plan was executed for bolsters to be used while in bed.Review of progress notes revealed resident was admitted to the facility with history of ground-level falls at home, further review revealed a fall on the evening of 4/18/26 in the facility. Further review of the medical record revealed no additional documentation in Resident R2's medical record regarding falls and interventions.During an interview with the Nursing Home Administrator on 5/7/26, at approximately 2:30 p.m. it was confirmed that the facility failed to make certain the resident was free from the use of physical restraints without trying a least restrictive alternative first for one of six residents reviewed (Resident R2).28 Pa. Code 201.18 (e)(1) Management.28 Pa. Code 201.29(a)(c)(d) Resident Rights.28 Pa. Code 211.12(d)(5) Nursing Services.28 Pa. Code 211.8(c.1)((1)(e) Use of Restraints.

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	05/21/2026

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, facility submitted data, and staff interview, it was determined that the facility failed to report an allegation of abuse in the required timeframe for one of four residents (Resident R1) and failed to report a significant medication error for two of three residents reviewed (Residents R5 and R10) and failed to report the facility's laundry washing machine were not working.Findings include:Review of the facility policy Abuse and Neglect-Clinical Protocol, dated 4/1/26, indicated abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by individuals, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. The management and staff, with physician support, will address situations of suspected or identified abuse and report them in a timely manner to appropriate agencies, consistent with applicable laws and regulations. All serious incidents involving a resident will be reported to the Department of Health (State Agency) within 24 hours. Review of facility policy Adverse Consequences and Medication Errors dated 4/1/26, indicate adverse consequences shall be reported to the attending physician and pharmacist, and to federal agencies as appropriate. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. with diagnoses that included high blood pressure, diabetes (chronic condition causing high blood sugar due to insufficient insulin production or ineffective insulin use), hemiplegia (form of paralysis affecting one entire side of the body usually caused by stroke, brain damage or tumor), and neurogenic bladder (disease like diabetes that can cause disruption in communication between the brain and the bladder preventing proper urine storage or emptying), Minimum Data Set (MDS- a periodic assessment of care needs) dated 4/20/26 stated resident as dependent with shower/bathe self, dependent tub/shower transfer. Review of concern form dated 4/17/26, indicated Resident R1 notified therapy department that she sustained bruises during her shower that morning, the aide was rough with her, made derogatory comments and sprayed water in her face. The report form for Investigation of Alleged Abuse, Neglect, and Misappropriation of Property was not submitted until 4/29/26. Review of the clinical record revealed Resident R5 was admitted to the facility on [DATE], with diagnoses that included dementia (group of symptoms affecting memory, thinking and social abilities), long-term use of opiate analgesic (narcotic pain medications), and high blood pressure. Review of the MDS dated [DATE], indicated the diagnoses remain current. Further review of the MDS Section C - Cognitive Patterns; Question C0500, indicated Resident R5's BIM's score was 15. Review of a progress note dated 4/22/26, at 10:49 a.m. revealed this RN was asked to remove a small bowl of pills from the resident's room that therapy had noticed at bedside. In this small bowl were oxycodone (narcotic pain medication), loratadine (allergy medication), ticagrelor (used with aspirin to prevents blood clots), Celexa (depression medication), and Synthroid (man-made thyroid hormone). MD (doctor) discontinued oxycodone. During an interview on 5/7/26, at 12:20 p.m. Resident R5 stated I was going to take them. She's a thief. She got in my personal stuff and took them. During an interview on 5/7/26, at 12:45 p.m. Therapy Employee E4 stated she was working with Resident R5's roommate and needed some linen. She stated Resident R5 hoards linens, so she went over to that side of the room to get some of the extras. When she lifted the linens, she saw a bowl of medications sitting in a box visible when the linens were lifted. Therapy Employee E4 removed the bowl from the resident's room and reported the finding to her director and the nurse supervisor on duty. She stated that she did not go through the medications or count them, she turned them over to administration. Review of the clinical record indicated Resident R10 was (continued on next page)

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	05/21/2026

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	admitted to the facility on [DATE], with diagnoses of Parkinsonism (a term used for a group of neurological conditions that cause motor symptoms like slowed movement, rigid muscles, tremors and balance issues), orthostatic hypotension (sudden drop in blood pressure that occurs when rising from a sitting or lying position), anemia (condition where there is a lack of healthy red blood cells that are able to carry oxygen to your body's tissues). Review of the MDS Section C - Cognitive Patterns; Question C0500, indicated Resident R10's BIM's score was 5. Review of Resident R10's progress notes e-signed on 5/5/26, 12:50 a.m. state, It was noted patient's Rivastigmine Transdermal Patch (brand name Exelon - used to treat dementia related to Alzheimer's Disease) q24h had not been changed since 4/29/26, and old patches had not been removed. Partners removed old ones and replaced with a new patch. There is no further documentation noting if the resident had any issues related to the multiple patches and there was no additional nursing documentation. Review of Resident's medication administration record revealed the medication was administered from 4/29/26, through 5/5/26 when the documentation was made regarding the discovery of the multiple patches. There were no reports of Investigation of Alleged Abuse, Neglect, and Misappropriation of Property submitted to the state Agency from 5/1/26 through 5/19/26. During an observation on 5/7/26, at 9:40 a.m. the facility's two laundry washing machines were not working. During an interview at the same time Confidential Employee E1 stated the washers have not worked for three to four weeks. During an interview on 5/7/26, at 2:30 p.m. the Nursing Home Administrator confirmed that the facility failed to report an allegation of abuse in the required timeframe for one of four residents (Resident R1) and failed to report a significant medication error for two of three residents reviewed (Resident R5 and R10), and failed to report the facility's laundry washing machines were not operational 28 Pa. Code 201.14(a)(c)(e) Responsibility of licensee.28 Pa. Code 201.18(b)(1)(3)(e)(1) Management.28 Pa. Code 201.20(b) Staff Development.28 Pa. Code 211.10(c)(d) Resident Care Policies.

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	05/21/2026

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record, staff and family interview, it was determined that the facility failed to accurately assess the nutritional status and failed to update an individualized care plan to address the nutritional concerns for one of five residents (Resident R11).Findings include:Review of the facility's policy Hydration-Clinical Protocol, dated 4/1/26, indicated the physician and staff will help define the individual's current hydration status (fluid and electrolyte balance or imbalances). The physician will distinguish various types of fluid and electrolyte imbalance (for example, hyponatremia, hypernatremia, pre-renal azotemia, etc.) from true dehydration (clinically significant loss of total body water). Ther staff, with the physician's input, will identify and report to the physician individuals with signs and symptoms (for example, delirium, lethargy, increased thirst, etc) or lab test results (for example, hypernatremia, azotemia, etc.) that might reflect existing fluid and electrolyte imbalance. The physician and staff will identify significant risks for subsequent fluid and electrolyte imbalance; for example, individuals with prolonged vomiting, diarrhea, or fever, or who are taking diuretics and/or ACE inhibitors and who are not eating or drinking well. Review of the facility's policy Nutrition (Impaired)/Unplanned Weight Loss-Clinical Protocol, dated 4/1/26, indicated the nursing staff will monitor and document the weight and dietary intake of residents n a format which permits comparisons over time. The staff and physician will define the individuals with anorexia, weight loss or gain, and significant risk for impaired nutrition; for example, high risk residents with acute symptoms such as vomiting, diarrhea, fever, and infection, or those taking medications that may be causing weight gain or increasing the risk of anorexia or weight loss. The physician will consider whether any assessment including additional diagnostic testing is indicated to help clarify the severity or consequences of weight loss and/or impaired nutrition. The staff will report to the physician significant weight loss or gains or any abrupt or persistent changes from baseline appetite or food intake. Review of the clinical record indicated that Resident R11 was admitted to the facility on [DATE] for respite stay. Review of Resident R11's Minimum Data Set (MDS- a periodic assessment of care needs) dated 12/29/25, indicated diagnoses of dementia (umbrella term for a decline in mental abilities-such as memory, thinking, and communication-severe enough to interfere with daily life), high blood pressure, acute or chronic diastolic heart failure (chronic develops slowly, acute episodes mark sudden, severe congestion that typically requires immediate medical intervention). Section GG0130 Functional Abilities was coded as 6, which indicated Resident R11 was independent with eating. On 5/7/26, a Mini Nutritional Assessment was completed which indicated that Resident R11 had no decrease in food intake the last three months, no weight loss in the last three months, mobility consists of bed or chair bound. Scores: 12-14: normal nutritional intake, 8-11: at risk of malnutrition, and 0-7: malnourished; Resident R11 scored 12. Review of Resident R11's order summary revealed on 5/7/26, order was placed for regular diet-regular texture, thin consistency. It was also noted that the resident was on an ACE inhibitor medication (lisinopril) and a diuretic (Lasix). Review of the care plan dated 5/8/26, indicated Resident R11's Focus area was that he has a nutritional problem or potential nutritional problem related to overweight. His Goal will be to comply with recommended diet, maintain weight within 5%, have no signs/symptoms of malnutrition or dehydration and consume 50% or more of 3 meals/day through review date. Resident R11's Interventions are to be to provide, serve diet as ordered, monitor intake and record every meal. Registered Dietician to evaluate and make diet change recommendations when necessary. Review of Task sheets (from admission through 5/12/26) for Nutrition documentation revealed:Task-Nutrition Breakfast: -5/9/26-1:51 p.m. 0-25% was consumed -5/11/26-12:49 p.m.-76-100% was consumed Lunch: - 5/9/26-1:51 p.m. 0-25% was consumed -5/11/26-12:49 p.m.-76-100% was consumed Dinner: No documentation was made from 5/7/26, through 5/12/26. Review of Resident 11's clinical progress notes revealed an admission note on 5/7/26 which indicated that Resident alert and oriented, slow to (continued on next page)

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	05/21/2026

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	respond to answer questions, food preferences have been updated from previous stay and one on file in dietary. Diet order-Reg diet (5/7/26), Thin liquids (5/7/26), Multivitamin/Minerals (5/7/26), feeds self after set-up with limited assistance. Dental upper and lower natural teeth, a few missing, no noted problems chewing or swallowing current diet and no complaints of mouth pain. No further clinical progress notes were made if resident was eating/how much was consumed or if he was refusing meals during his stay 5/7/26, through 5/12/26. An interview was conducted with Resident R11's daughter on 5/19/26 at 3:50 p.m. regarding a complaint that was made by her that he was not being fed while he was in the facility and she had to take him to the hospital the day after (5/13/26) discharge (5/12/26) since he was not acting like himself which at the hospital it was revealed that the resident was dehydrated and weak, so he was admitted , and as of date of interview remained in the hospital. During an interview on 5/20/26, at approximately 3:30 p.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to accurately assess the nutritional status and failed to accurately document meals and percentage consumed, or to notify the physician regarding decrease in nutritional consumption for one of five resident (Resident R11) records reviewed. 28 Pa. Code: 201.18(b)(1)(e)(1) Management.28 Pa. Code: 211.12(d)(5) Nursing services.

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	05/21/2026

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, resident interviews, clinical record review, and staff interview it was determined that the facility failed to make certain that residents are free of significant medication errors for two of three residents (Residents R5 and R10).Findings include:Review of facility policy Administering Medications dated 4/1/26, indicated medications are administered in accordance with prescriber orders, including required time frame. Medication errors are documented, reported, and reviewed by the QAPI committee to inform process changes and/or the need for additional staff training. Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely.Review of facility policy Adverse Consequences and Medication Errors dated 4/1/26, indicated residents receiving any medications that had potential for an adverse consequence will be monitored to ensure that any such consequences are promptly identified and reported. A medication error is defined as the preparation or administration of drugs or biologicals which is not in accordance with physician's orders, manufacturer specifications, or accepted professional standards and principles of the professional(s) providing services.The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2019, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions:13 - 15: cognitively intact8 - 12: moderately impaired0 - 7: severe impairmentReview of the clinical record revealed Resident R5 was admitted to the facility on [DATE], with diagnoses that included dementia (group of symptoms affecting memory, thinking and social abilities), long-term use of opiate analgesic (narcotic pain medications), and high blood pressure.Review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 1/28/26, indicated the diagnoses remain current. Further review of the MDS Section C - Cognitive Patterns; Question C0500, indicated Resident R5's BIM's score was 15. Review of Resident R5 's physician orders revealed the following:- From 1/21/26 to 2/11/26, oxycodone five milligrams (mg) on tablet by mouth every eight hours for chronic pain.- From 2/11/26 to 3/4/26, oxycodone five mg one tablet by mouth every eight hours for chronic pain.- From 3/4/26 to 3/25/26, oxycodone five mg one tablet by mouth every eight hours for chronic pain.- From 3/25/26 to 4/13/26, oxycodone five mg one tablet every eight hours for chronic pain.- From 4/13/26 to 4/22/26, oxycodone five mg on tablet by mouth every eight hours for chronic pain.Review of a progress note dated 4/22/26, at 10:49 a.m. revealed this RN was asked to remove a small bowl of pills from the resident's room that therapy had noticed at bedside. In this small bowl were oxycodone narcotic pain medication), loratadine (allergy medication), ticagrelor (used with aspirin to prevents blood clots), Celexa (depression medication), and Synthroid (man-made thyroid hormone). MD (doctor) discontinued oxycodone.During an interview on 5/7/26, at 12:20 p.m. Resident R5 stated I was going to take them. She's a thief. She got in my personal stuff and took them.During an interview on 5/7/26, at 12:45 p.m. Therapy Employee E4 stated she was working with Resident R5's roommate and needed some linen. She stated Resident R5 hoards linens, so she went over to that side of the room to get some of the extras. When she lifted the linens, she saw a bowl of medications sitting in a box visible when the linens were lifted. Therapy Employee E4 removed the bowl from the resident's room and reported the find to her director and the nurse supervisor on duty. She stated that she did not go through the medications or count them, she turned them over to administration.During an interview on 5/7/26, at 2:30 p.m. the Nursing Home Administrator confirmed the facility failed to prevent a significant medication error from occurring by evidence of Resident R5 having an excessive amount of narcotic pain medications in their possession. Review of the clinical (continued on next page)

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	05/21/2026

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	record revealed Resident R10 was admitted to the facility on [DATE], with diagnoses that included parkinsonism (term for a group of neurological disorders that cause movement problems, such as tremors, stiffness, slow movements, and balance issues), orthostatic hypotension (sudden drop in blood pressure that occurs when you stand up after sitting or lying down) and anemia (body lacks enough healthy red blood cells to carry oxygen to your tissues).Review of Resident R10's MDS dated [DATE], indicated the diagnoses remain current. Further review of the MDS Section C - Cognitive Patterns; Question C0500, indicated Resident R10's BIM's score was 5. Review of Resident R5 's physician orders revealed the following: -Rivastigmine (used to treat mild to moderate dementia associated with Alzheimer's or Parkinson's disease) Transdermal Patch 24-Hour 4.6-Apply one patch transdermally one time a day and remove per schedule. Review of progress notes dated 5/5/26, revealed in a physician assistant's note, It was noted patient's Rivastigmine Transdermal Patch q24h had not been changed since 4/29 and old patches had not been removed. Partners removed old ones and replaced with a new patch. Review of the medication administration records for 4/29/26, through 5/5/26, revealed that the medication was administered on and after 4/29/26. Interview on 5/18/26, at approximately 3:30 p.m. the Nursing Home Administrator confirmed that the facility failed to prevent a significant medication error from occurring by evidence of Resident R10 having multiple days' worth of transdermal medication patches left on his body. 28 Pa Code: 201.14(a) Responsibility of licensee.28 Pa Code: 201.18(e)(1)(6) Management.28 Pa Code: 201.19 Personnel policies and procedures.28 Pa Code: 211.12(d)(1)(2)(3)(5) Nursing services.

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	05/21/2026

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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Based on review of job descriptions, clinical records and staff interviews, it was determined that the Nursing Home Administrator (NHA) and the Director of Nursing (DON), failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections from resident-to-resident , which created an Immediate Jeopardy for 67 of 67 residents .Findings include:Review of the facility-provided Nursing Home Administrator (NHA) job description indicated, The primary purpose of your job is to lead, direct, and manage the overall operations of the community in accordance with policies and procedures and current federal, state and local standards, guidelines and regulations that govern the community. As the Administrator, it is your responsibility to organize, develop, and direct resources to maintain the highest degree of quality care is maintained for each resident at all times.Review of the facility-provided Director of Nursing (DON) job description indicated, As the Director of Nursing it is your responsibility to organize, develop, manage, and direct the overall operations of the Nursing Service Department in accordance with policies and procedures and current federal, state and local standards, guidelines and regulations that govern the community. The Director of Nursing is to work directly with the Administrator and the Medical Director to ensure the highest degree of quality care is maintained for each resident at all times. Follows all health, sanitary, and infection control policies and maintains established standards of practice set forth by the community's administration and Nursing Policies and Procedures.Based on findings identified in this report, the facility failed protect the residents for risk of serious harm. The NHA and the DON failed to fulfill their essential job duties to ensure the federal and state guidelines and regulations were followed.During an interview on 5/20/26, at 1:00 p.m. the NHA and DON confirmed the facility's failure to maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases by failing to have working laundry equipment to ensure clean and sanitized linens/laundry created an Immediate Jeopardy situation for 67 of 67 residents. 28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(1)(3)(e)(1) Management.28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services.

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	05/21/2026

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many Note: The nursing home is disputing this citation.	Provide and implement an infection prevention and control program. Based on observations, resident interviews, staff interviews, review of facility policies and Safety Data Sheets (standardized document that provides detailed information about the hazards, safe handling, storage, and emergency measures for chemical substances or mixtures), and staff interviews, it was determined that the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections by failing to have working laundry equipment to ensure clean and sanitized linens/laundry. This failure resulted in an Immediate Jeopardy for 67 of 67 residents in the facility.Findings include:Review of facility policy Departmental (Environmental Services) - Laundry and Linen dated 4/1/26, indicated this procedure is to provide a process for the safe and aseptic handling, washing, and storage of linen. General guidelines include:-consider all soiled linen to be potentially infectious and handle with standard precautions.-place any linen saturated with blood or body fluids into a leak-resistant bag before placed into a hamper.-handle soiled linen as little as possible to prevent agitation-prewash briefs, under pads, and any item soiled with feces, using the maximum setting of bleach/germicidal, then process through regular cycle.-clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination, such as covering clean linen carts.-Reprocess any linen that is not visibly clean upon competition of the cycle or any linen that falls on the floor.Review of facility policy Laundry and Bedding, Soiled dated 4/1/26, indicated soiled laundry/bedding shall be handled, transported, and processed to the best practices for infection prevention and control. All soiled laundry is handled as potentially contaminated using standard precautions (e.g. gloves and gowns when sorting). Washable pillows and pillow covers are laundered in hot water when soiled with bodily substances and before exchange between residents.Review of facility policy Enhanced Barrier Precautions dated 4/1/26, indicated enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug-resistant organisms (MDRO) to residents. EBPs are indicated for residents with wounds and/or indwelling medical devices (instruments or implants placed inside the body to remain for extended time to support, monitor, or treat medical conditions). Personal protective equipment (PPE) of gown and gloves are used during high-contact resident care activities, including dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care, or wound care.Review of Centers for Disease Control and Prevention recommendations for laundry and bedding (2024, May 1). G. Laundry and Bedding. Infection Control. https://www.cdc.gov/infection-control/hcp/environmental-control/laundry-bedding.html, indicated a temperature of at least 160 F (71 C) for a minimum of 25 minutes is commonly recommended for hot-water washing. Chlorine bleach becomes activated at water temperatures of 135 F-145 F (57.2 C-62.7 C).Review of the facility infection control information revealed the following infections were active in the facility for the months of April and May 2026: HIV (Human Immunodeficiency Syndrome), multiple Viral Hepatitis (infection that causes liver inflammation and damage), and various bacterial infections.During an Interview on 5/7/26, at 9:30 a.m. Confidential Employee E3 stated the facility did not have enough linen for the staff to complete resident care, and laundry takes the soiled linens once a day to wash them due to the washing machines not working.During an observation and interview on 5/7/26, at 9:36 a.m. Confidential Employee E2 was observed pushing a small metal laundry cart, uncovered, to the 200 Unit side linen cart. Confidential Employee E2 stated they have been using the two washing machines reserved for residents' use so staff have some linen available. They were unable to give a date the washers broke.During an observation on 5/7/26, at 9:40 a.m. Resident R9 was lying on a bare mattress while watching television. They did not have a pillow available, and no bed linens observed in the room.During an observation on 5/7/26, at 9:40 a.m. the laundry room was observed to have two washing machines not in use. The laundry area was noted to have a musty (continued on next page)

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	05/21/2026

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many Note: The nursing home is disputing this citation.	odor. The laundry chemicals were on the floor between the washers in the manufacturer's containers. During an interview on 5/7/26, at 9:40 a.m. Confidential Employee E1 stated the facility's two washing machines have not worked for three to four weeks. The two dryers were functioning properly. They stated staff have been using the two personal laundry machines and the Environmental Services (EVS) Director Employee E5 had taken some linens to the laundromat. When asked what laundry detergent was being used, they stated the staff use an empty 36-ounce plastic juice container to mix the facility's laundry detergent and de-stainer together, they eyeball the amount of detergent and de-stainer they add to the container and the amount that is used in each load of laundry. They were unable to give a date the washers broke. They confirmed the laundry is not covered between the laundry room and the personal laundry room, or when delivered to the nursing units.During an interview on 5/7/26, at 10:30 a.m. EVS Director Employee E5 stated he tried to help the facility out by taking soiled linen to the laundromat using his personal vehicle. He stated he put the soiled linens in a trash bag and would transport them in his personal vehicle; after washing, he transported the laundry back to the facility to use the facility's dryers. He stated he used the biggest washing machines at the laundromat and used the facility's laundry detergent and de-stainer that he transferred into empty laundry containers from home. He stated that he used approximately three cups of detergent and three cups of de-stainer for each load washed. When asked if the linens appeared clean after washing, he stated sometimes but some linens were stained and moldy from sitting so long. During an interview on 5/7/26, at 10:45 a.m. the Nursing Home Administrator (NHA) stated she was aware the facility washers were broken and rented a ten-foot U-Haul box truck to transport the soiled laundry to a sister-facility that had a washer they could use after hours.During observations on a subsequent visit on 5/19/26, at 9:00 a.m. through 11:00 a.m. the following was observed:-at 9:05 a.m. the resident laundry room door was noted to have a chair in the doorway preventing the door from closing, there was a soiled laundry smell noticed from the hallway. One washing machine had the lid open, full of assorted linens. The second washer was in process of washing bed pads and more linens. The personal laundry room smelled of soiled laundry that was noticeable in the hall.-at 9:15 a.m. the soiled linen door was not properly secured, upon opening the door a rancid aroma of musty clothing, soiled with bodily fluids and feces, was noted. The room contained multiple plastic bags of resident clothing.-at 9:17 a.m. Resident R9 was observed lying on the bare mattress watching television. No pillow was observed in the resident's room.-at 9:20 a.m. the 100 Back Hall was observed to have red bins outside of resident doors for soiled PPE (personal protective equipment - gowns, gloves, face mask, etc.). The red bins did not contain red bags to dispose of PPE to prevent cross-contamination (the transfer of disease-causing agents from one point to another) to other residents, staff, and visitors.-at 9:25 a.m. the soiled utility room was observed to have two red trash bins with black trash bags inside with hazardous waste red bags visible in the black bags.During an interview on 5/19/26, at 9:25 a.m. the Interim Director of Nursing (DON) confirmed the red bins for EBPs did not contain red bags, and confirmed the facility was throwing hazardous waste in the dumpster with regular trash.During a telephone interview on 5/19/26, at 9:30 a.m. Confidential Employee E14 stated when they got a clean gown for a resident there was dried feces smeared on it and some of dried feces fell on the floor off the gown.During an observation on 5/19/26, at 10:30 a.m. Maintenance Director Employee E8, EVS Director Employee E5, and Floor Tech Employee E9 were placing the residents' bagged laundry from the soiled linen room into garbage bags, stating they were going to take them to the laundromat. During an interview during the same time, EVS Director Employee E5 stated since the clothing was the residents' personal laundry, he thought it would be ok to take them to the laundromat.During an observation on 5/19/26, at 10:32 a.m. Resident R9 had a sheet on her mattress that had a large reddish-brown stain and did not appear to be laundered.During an interview on 5/19/26, at 10:45 a.m. Maintenance Director Employee E8 stated the water for the washing machines were set at 120 degrees Fahrenheit.During an interview and observation on 5/19/26, at 10:50 a.m. EVS Director Employee E5 stated the staff have been using an unmarked resident water pitcher to (continued on next page)

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	05/21/2026

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many Note: The nursing home is disputing this citation.	mix the laundry chemicals, half of the pitcher was used per laundry load.During an observation on 5/19/26, at 12:30 p.m. three small hazardous waste boxes were stored in a shed, ready to be picked up. Also stored in the same shed were 15 full oxygen tanks ready for resident use. The shed was unlabeled for oxygen storage or hazardous waste storage. The empty oxygen tanks were stored separately in a marked container.On 5/19/26, at 1:06 p.m., the Nursing Home Administrator was notified that the failure to implement proper infection control procedures regarding the potential for cross-contamination, hazardous waste disposal, and proper infection tracking. Immediate Jeopardy situation at F0880 L and the Immediate Jeopardy template was provided. The facility was informed that a corrective action plan was required.This Immediate Jeopardy began on 4/17/26.On 5/19/26, at 2:30 p.m., the Interim Director of Nursing (IDON) was notified that the review of the Infection Control Tracking and Trending and Line Listing were reviewed and were not complete, with resident's being marked other with no known key as to what other meant. The IDON was unable to provide an answer and had to go back to the resident's clinical record to correctly identify what infections those residents marked with other had. This information was subsequently never provided to the survey agency.During an interview on 5/19/26, at 3:00 p.m. Laundry Employee E11 and Laundry Employee E12 stated they have been following what day shift was doing by using the personal washers and how much detergent and de-stainer was being used.During an observation on 5/19/26, at 3:05 p.m. a repair man was working on one washer and stated it would be fixed that day.The facility presented an acceptable action plan on 5/19/26, at 6:12 p.m.The facility's Plan of Correction contained the following:1. Linen has been transported via rented U-Haul to a sister facility with commercial washer and dryer as of 5/7/26, no linen or personal laundry has been taken to laundromat since 5/7/26, and staff are being re-educated not to use the personal laundry machines and on the correct laundering process. When asked if personal laundry could be taken to laundromat this morning NHA re-educated EVS and Maintenance not to use laundromat or personal washing machines. Red bins were placed outside infection precaution rooms as of 5/7/26. Red bags were replaced the morning of 5/19/26, the part came in and the vendor came out same day to fix washer. All residents will be supplied with appropriate and cleaned bedding and personal laundry. All laundry provided will be washed according to appropriate guidelines for contamination prior to being put back into use.2. EVS Director was educated on red bag process and infection prevention by Regional Infection Preventionist/Interim NHA on 5/9/26, at 11:50 a.m. All staff were sent hazardous waste and PPE education at 11:47 a.m. and is ongoing. Laundry staff are being educated on the proper chemicals, temperature, and process of washing linen, and to cease use of personal laundry equipment. EVS and Maintenance Director were educated on proper storage of hazardous materials. Education will be completed by noon on 5/20/26 and staff will be educated prior to next shift worked.3. Facility Interim DON was IP (infection preventionist) until 5/18/26. Facility tracker for infections is up to date as of 5/19/26. While new Interim ADON (Assistant Director of Nursing) is trained on IP the new Regional IP will perform IP duties.4. Red hazardous waste process audits will be conducted by the DON or designee every shift for one week, then weekly for four weeks. Facility laundering process will be audited by NHA or designee daily for five days, then weekly for four weeks. All residents will be assessed for potential for infections by DON or designee by 5/19/26. Infection tracking will be audited daily for five days then weekly for four weeks by Regional IP5. Results of audits will be reported at facility QAPI committee for review and recommendation. During interviews on 5/20/26, between 9:00 a.m. and 12:00 p.m. the following employees confirmed receiving education on infection control, proper PPE, hazardous waste in red bags for disposal, handwashing, and proper sanitation to prevent the cross-contamination of infectious materials, prior to beginning their shift, and were able to verbalize understanding of the educations:-Admissions Employee E25, -Nurse Aid (NA) Employee E15, -Therapy Employee E16, -Housekeeping Employee E10, -Licensed Practical Nurse (LPN) Employee E17, -LPN Employee E18, -NA Employee E19, -NA Employee E20, -LPN Employee E21, -LPN Employee E22, -Floor Tech Employee E9, -EVS Director Employee E5, -Maintenance Employee E8, -Housekeeper (continued on next page)

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	05/21/2026

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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many Note: The nursing home is disputing this citation.	Employee E23, -Registered Nurse (RN) Supervisor Employee E24, -Therapy Employee E26., -Therapy Employee E27, -Therapy Employee E28, and -Therapy Employee E29.The survey team validated that Immediate Jeopardy was removed on 5/20/26, at 6:38 p.m., through observation, review of the facility training, and staff interviews following the facility's implementation of the plan for removal of the Immediate Jeopardy.During an interview on 5/21/26, at 1:00 p.m. the NHA and DON confirmed the facility' failure to maintain and infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases by failing to have working laundry equipment to ensure clean and sanitized linens/laundry created an Immediate Jeopardy situation for 67 of 67 residents. 28 Pa. Code 201.29(j)(k) Resident rights.28 Pa. Code 205.26(a)(b)(c)(d) Laundry.28 Pa. Code 207.2(a) Administrator's responsibility.28 Pa. Code 211.10(a)(b)(c)(d) Resident care policies.28 Pa. Code 211.12(d)(1)(2)(3)(4)(5) Nursing services.

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	05/21/2026

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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on a review of select facility policy and staff interview, it was determined the facility failed to designate a qualified individual(s) onsite, who is responsible for implementing programs and activities to prevent and control infections.Findings include:A review of the facility policy Surveillance for Infections dated 4/1/26, revealed the infection preventionist will conduct ongoing surveillance for healthcare-associated infections (HAIs) and other epidemiology significant infections that have substantial impact or potential resident outcome and that may require transmission-based precautions and other preventative interventions.A review of the Facility's Job Description-Infection Preventionist dated 4/1/26, revealed that completion of CDC training for Long Term Care Infection Preventionist (IP) or attainment of other acceptable certification within 30 days of employment. The IP will report to the Director of Nursing. The IP will be responsible for program management by developing, implementing and evaluating the organizational infection prevention program, surveillance, develop an annual surveillance plan based on population(s) served, services provided, and analysis of surveillance data.During an interview on 5/19/26, at 9:30 a.m., the Nursing Home Administrator (NHA) stated that the facility we moved the Infection Control Nurse 0n 5/18/26, into the Director of Nursing (DON) position since the DON resigned the week before (5/15/26), we promoted a nursing supervisor to Assistant Director of Nursing and Infection Control on 5/18/26, but they are not currently certified but have started with training. The NHA confirmed on 5/19/26, at 9:30 a.m. that the facility failed to designate a qualified individual(s) onsite, who is responsible for implementing programs and activities to prevent and control infections.28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1)(e)(1) Management.28 Pa. Code: 201.19(3) Personnel records.28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.

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	05/21/2026

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on review of facility policy, observations, resident interviews, staff interviews, and review of facility documents it was determined that the facility failed to ensure a clean, sanitary, and functional environment in the laundry room.Findings include:Review of facility policy Homelike Environment dated 4/1/26, indicated residents are provided with a safe, clean, comfortable, and homelike environment, and encouraged to use their personal belongings to the extent possible. The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. This includes clean, sanitary, and orderly environment and clean bed and bath linens that are in good condition. Review of facility policy Laundry and Bedding, Soiled dated 4/1/26, indicated soiled laundry shall be handled, transported, and processed according to best practices for infection prevention and control. All laundry is handled as potentially contaminated standard precautions (gloves and gown when sorting). Contaminated laundry is bagged or contained at the point of collection. Staff handle soiled textiles/linens with minimum agitation to avoid contamination of air, surfaces, and person. During an observation on 5/7/26, between 8:30 a.m. and 6:00 p.m., the following was observed:- At 9:30 a.m. 100 Front Hall Nursing Unit linen cart was observed with no clean linens available for resident use.- At 9:31 a.m. 100 Back Hall Nursing Unit linen cart contained two pillowcases. The 100 Side Hall Nursing Unit linen cart contained four pillowcases, one towel, and one pack of disposable dry wipes.- At 9:33 a.m. Resident R6 was observed laying on the bare mattress, no sheet or blankets were noted on the resident's bed.- At 9:35 a.m. Resident R7 was observed laying on the bare mattress, no sheet or blankets were noted on the resident's bed.- At 9:35 a.m. Resident R8 was observed laying on the bare mattress, no sheet or blankets were noted on the resident's bed.- At 9:36 a.m. Resident R9 was observed laying on the bare mattress, no sheet or blankets were noted on the resident's bed- At 9:36 a.m. Laundry Employee E2 was observed delivering a small number of linens to the nursing units. When asked, they stated they have been using the two washing machines designated for residents' use for personal laundry.- At 9:40 a.m. Resident R9 was observed laying on the bare mattress watching television. Resident R9 stated she was not given a pillow to use on her bedDuring an interview on 5/7/26, at 9:40 a.m. Laundry Employee E1 stated the two facility commercial washers have been down for a ?couple' of weeks. They had been using the two resident laundry machines and taking the soiled linens to the laundry mat. During an interview on 5/7/26, at 1:28 p.m. the Nursing Home Administrator (NHA) confirmed the facility commercial laundry washing machines were not functioning, and confirmed the facility failed to ensure a clean, sanitary, and functional environment for the residents.28 Pa Code: 201.29(k) Resident rights.28 Pa Code: 207.2(a) Administrator's responsibility.28 Pa Code: 205.74 Linen.