

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395670	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Wecare at Monroeville Rehabilitation and Nsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4142 Monroeville Blvd Monroeville, PA 15146	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, observations, and staff interviews it was determined that the facility failed to store drugs and biologicals in a safe, secure, and orderly manner for one of four nursing medication carts (100 Hall) and failed to label multi-dose vials and check expiration dates for two of four nursing medication carts (100 and 200 Hall).</p> <p>Finding include:</p> <p>Review of facility policy Administering Medications dated [DATE], indicated during administration of medications, the medication cart is kept closed and locked when out of site of the medication nurse or aide. The policy also states the expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container.</p> <p>During an observation and staff interview on [DATE] at approximately 8:43 a.m. the Side 1-Front 100 Hallway medication cart was left open and computer screen visible with patient information with no nurse or aide at cart.</p> <p>During an observation of the Side 1-Front 100 Hallway cart and the Back Hallway 200 side cart indicated that multi-dose bottles of medication were not labeled with open date and some of those same bottles had expired.</p> <p>During an observation of the Medication Room and Central Supply Room multiple expired supplies were discovered.</p> <p>-100 Cart: Vitamin A, Expired 5/2025, not labeled when opened.</p> <p>-100 Cart: Dairy Aid, Expired 3/2024, not labeled when opened.</p> <p>-200 Cart: Bisacodyl Suppository, Expired 1/2025, 2 boxes, not labeled when opened.</p> <p>-200 Cart: Omeprazole, Unable to read expiration date and not labeled when opened.</p> <p>-200 Cart: Fish Oil 500mg, Expired 4/2025 and was labeled opened [DATE].</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395670	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Wecare at Monroeville Rehabilitation and Nsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4142 Monroeville Blvd Monroeville, PA 15146	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-200 Cart: Saccharomyces boulardii probiotic, Expired 11/2024, dated with an opened date of [DATE].</p> <p>-200 Cart: Zinc 50mg, Expired 3/2025, not labeled when opened.</p> <p>-Central Supply: Purple top blood collection tubes- Expired [DATE]</p> <p>-Central Supply: Grey top blood collection tubes-Expired [DATE]</p> <p>-Central Supply: Gastrocult test slides- Expired [DATE]</p> <p>-Central Supply: Next Temp Disposable Thermometers- Expired 5-12-25</p> <p>-Central Supply: EMS IV Start kit- Expired [DATE]</p> <p>-Central Supply: Dairy Aid- Expired 3/2024 (3 bottles)</p> <p>-Central Supply: Preservision-Expired 5/2025</p> <p>-Central Supply: Geri-tussin-Expired 5/2025 (3 bottles)</p> <p>-Central Supply-IV Administration set- Expired 5-16-25</p> <p>Interview on [DATE], at 8:53 a.m., Licensed Practical Nurse (LPN) Employee E2 verified the findings noted above.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing Services</p> <p>28 Pa. Code: 211.10(a)(c)(d) Resident Care policies.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395670	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Wecare at Monroeville Rehabilitation and Nsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4142 Monroeville Blvd Monroeville, PA 15146	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review and staff interviews, it was determined that the facility failed to complete education regarding, Coronavirus Disease (COVID) vaccination for three of five residents (R9, R18, R50), influenza vaccination education for two of five residents (R32, R50) and pneumococcal vaccination education for five of five residents (R9, R18, R32, R36, R50).</p> <p>Finding include:</p> <p>Review of the facility policy Coronavirus Disease (COVID-19)-Vaccination of Residents policy dated 6/1/25, indicated before the COVID-19 vaccine is offered, the resident is provided with education regarding the benefits, risks, and potential side effects associated with the vaccine.</p> <p>Review of the facility policy Influenza Vaccine dated 6/1/25, indicated the resident (or resident's legal representative) or employee will be provided information and education regarding the benefits and potential side effects of the influenza vaccine. Provision of such education shall be documented in the resident's/employee's medical record.</p> <p>Review of the facility policy Pneumococcal Vaccine dated 6/1/25, indicated before receiving a pneumococcal vaccine, the resident or legal representative receives information and education regarding the benefits and potential side effects of the pneumococcal vaccine. Provision of such education is documented in the resident's medical record.</p> <p>Review of the facility's policy Vaccination of Residents dated 6/1/25, all residents prior to receiving vaccinations, the resident or legal representative will be provided information and education regarding the benefits and potential side effects of the vaccinations. Provisions of such education shall be documented in the residents medical record.</p> <p>Review of the admission record indicated Resident R9 was admitted to the facility on [DATE], and received the COVID-19 vaccine on 12/2/21, Pneumococcal vaccine received on 11/3/22, with education documented as not completed.</p> <p>Review of the admission record indicated Resident R18 was admitted to the facility on [DATE], and received the COVID-19 vaccine on 7/6/22, Pneumococcal vaccine was received on 10/26/23, with education documented as not completed.</p> <p>Review of the admission record indicated Resident R32 was admitted to the facility on [DATE], and received the Pneumococcal vaccine on 6/20/24, the Influenza vaccine was refused, with education documented as not completed.</p> <p>Review of the admission record indicated Resident R36 was admitted to the facility on [DATE], and received the Pneumococcal vaccine on 6/20/24, with education documented as not completed.</p> <p>Review of the admission record indicated Resident R50 was admitted to the facility on [DATE], and received the COVID-19 vaccine on 10/29/21, Pneumococcal vaccine on 10/26/23, with education documented as not completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395670	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Wecare at Monroeville Rehabilitation and Nsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4142 Monroeville Blvd Monroeville, PA 15146	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/13/25, at 1:15 p.m. Nursing Home Administrator (NHA) and Regional Administrator confirmed that the facility failed to document or provide education for COVID-19 for three of five residents (Resident R9, R18, R50) Influenza for two of five residents (Resident R32, R50), or Pneumococcal vaccines for five of five residents (Resident R9, R18, R32, R36, R50).</p> <p>28 Pa. code: 211.5(f) Clinical Records</p>		