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	04/16/2026

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of facility policies, facility documentation and interviews with staff, it was determined that the facility failed to ensure that water temperatures in resident bathroom hand sinks were maintained at a safe temperature for one of two nursing units observed (First and Second Nursing Units). This failure resulted in a harm to Resident R77 and placed residents on the Second Nursing Unit at risk for serious injury from a burn and resulted in an Immediate Jeopardy situation for 26 of 41 residents (Residents R1,R8,R14,R15,R18,R19, R22,R24,R25,R32,R38,R40,R44,R48,R51,R52,R61,R67,R69,R70 R72,R73,R74 R77,R78) who were identified as having the physical ability to access hot water outlets in the sinks and/or shower rooms throughout the entire facility.Findings include:Review of facility policy titled Safety of Water Temperatures dated 2/18/26, previously dated 1/20/25 revealed tap water in the facility shall be kept within a temperature range to prevent scalding residents.Water heaters that service resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures of no more than 110 degrees Fahrenheit (43 degrees Celsius), or the maximum allowable temperature per state regulation.Maintenance staff is responsible for checking thermostats and temperature controls in the facility and recording these checks in a maintenance log along with conducting periodic tap water temperature checks and recording the water temperature in a safety log.Direct-care staff should be informed of risk factors for scalding/burns that are more common in the elderly, ongoing resident observations and assessments during prolonged exposure to warm or hot water will help to determine the safety of the situation. Nursing staff will be educated about signs and symptoms of burns (first, second, and third) so that such injuries can be recognized and treated properly. If a resident is scalded or burned, nursing staff shall follow pertinent first aid and physician notification protocols and report the injury to his or her direct supervisor. Review of the American Burn Association Scald Injury Prevention Educator's Guide dated 4/25/17, indicated older adults have thinner skin therefore hot liquids cause deeper burns with even brief exposure, and older adults' ability to feel heat may be decreased due to certain medical conditions or medications. The American Burn Association Guide also provided this table:Time and Temperature Required for a 3rd Degree Burn to Occur:155 degrees Fahrenheit 68 degrees Celsius 1 second148 degrees F 64 degrees C 2 seconds140 degrees F 60 degrees C 5 seconds133 degrees F 56 degrees C 15 seconds127 degrees F 52 degree C 1 minute124 degrees F 51 degree C 3 minutes120 degrees F 48 degree C 5 minutes100 degree F 37 degree C Safe Temperature for Bathing Review of the clinical record indicated Resident R77 was admitted to the facility on [DATE].Review of Resident R77's Minimum Data Set (MDS- a periodic assessment of care needs) dated 2/20/26, indicated diagnoses of high blood pressure, diabetes (chronic condition characterized by high blood sugar resulting from insufficient insulin production or ineffective insulin use), viral hepatitis (an often-serious liver infection, causing inflammation, damage, cirrhosis, or liver cancer), depression (a serious, common mood disorder causing persistent sadness, low energy, and loss of interest in life for at least two weeks).Further review of Resident R77's MDS dated [DATE], indicated set up/clean up assist, helper sets up or cleans up, resident completes activity. Helper (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	04/16/2026

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	assists only prior to and following an activity.Review of Resident R77's clinical record indicated, a progress note dated 3/11/26 at 6:56 a.m., indicated that Resident R77 notified the desk and asked for a Band-Aid for his left index finger. His finger was bleeding and the skin was missing. He stated that he burned it on 3/8/26. I cleaned the area and applied a Band-Aid. Supervisor made aware. Staff will continue to monitor.Review of the clinical record, a progress note dated 3/11/26, at 8:49 a.m., indicated Resident R77 reported sustaining a burn to the distal index finger of the left hand from hot water in his bathroom. The resident has neuropathy in his hand with decreased sensation. The resident stated, a blister formed and I popped it. Upon assessment, an open area was noted on the left index finger measuring 1.0 cm x 1.0 cm with a minimal amount of bloody drainage. No redness, swelling, or other abnormalities noted at this time. Resident is alert and oriented x4 and verbalizes understanding of the situation. The nurse practitioner for the facility and the nurse practitioner for the wound agency was notified. Area cleansed and a dry dressing applied.Review of Resident R77's plan of care on 9/5/25, for Skin Integrity indicated to educate resident/family/caregivers of causative factors and measures to prevent skin injury.Review of Resident R77's order summary revealed licensed nurse to perform head to toe skin checks with shower in the evening of Tuesday and Friday. Observations conducted on 4/13/26, at 8:30 a.m. of room [ROOM NUMBER] on Nursing Unit Side Two revealed that the hot water felt uncomfortably too hot to touch. Interviews conducted on 4/13/26, at 8:35 a.m. with Resident R77 and R78 both revealed statements of How hot is that water and It gets hot, real hot. Facility water temperature log indicated that weekly testing was performed and was due on 4/13/26. All previous entries had temperatures noted as 102 F to 117 F. On 4/13/26, at 1:13 p.m., the Maintenance Director Assistant Employee E3 began an audit of all resident rooms, bathing area and clean utility room revealed the following results:-4 out of 36 outlets were at safe temperature.-25 out of 36 outlets were between 111 F and 119 F.-1 out of 36 outlets were between 120 F and 129 F.-0 out of 36 outlets were above 130 F.-6 out of 36 outlets were non-operable. Second Nursing Unit Shower Room Sink:Sink: 113 FSecond Nursing Unit-Clean Utility Room:Sink: 120 FSecond Nursing Unit-Resident Rooms:200: 113 F201: 113 F202: 112 F203: Resident in Isolation204: 117 F205: Resident in bathroom206: 114 F207: 116 F208: 115 F209: Empty210: Empty211: 119 F212: 111 F214: 115 F215: 115 F216: 118 F217: 117 F220: 112 F221: 118 F222: 114 F223: 113 F224: 119 F225: Empty226: 115 F227: Unable to check228: 117 F229: 115 F249: 110 F251: 112 F252: 115 F253: 104 F254: 108 F255: 106 F256: 111 F During an interview on 4/13/26, at approximately 1:30 p.m. Director of Nursing and Assistant Director of Nursing determined which residents had the physical ability and dexterity to access the hot water outlets in the sinks and/or shower rooms independently. (26 out of 41 residents). The Nursing Home Administrator (NHA) and the Regional Director of Nursing were made aware that Immediate Jeopardy existed on 4/13/26, at 2:10 p.m. and a corrective action plan was requested. On 4/13/26, at 4:44 p.m.an acceptable Corrective Action Plan was approved which included the following interventions:The Regional Maintenance Director immediately adjusted the water heater on Side 1 and 2 to 110 degrees at 2:00 p.m. on 4/13/26. At 3:30 p.m. the rooms that were identified as being above 110 degrees are now temping at 110 degrees or below.Whole house skin checks were implemented to ensure no instances of skin alteration related to water temperature will be completed by 4:00 p.m. on 4/13/26.Regional Maintenance Director educated the Maintenance Director and Maintenance Assistant on the water temperature policy and water checks by 4/13/26.Nursing Home Administrator (NHA) or designee will educate whole house on water temps and the reporting process by 9:00 a.m. on 4/14/26 for all staff in the facility. All other staff will be contacted via phone by 9:00 a.m. on 4/14/26.NHA or designee will temp water each shift 5 areas per side weekly x 2 weeks. Maintenance Department will temp 5 areas on each side per Preventative Maintenance 7 days a week and record it on a daily log.If the temperature is out of range, maintenance will adjust the hot water temp and if it doesn't decrease, they will contact the regional maintenance for further guidance and will not use the affected areas.If a staff member identifies that the water is too hot, they will report it to the Nursing Supervisor, and the Nursing Supervisor will (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	04/16/2026

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	contact Maintenance. If it's identified that a resident is burned the Supervisor will assess, complete and incident report, and temp other rooms in the immediate area to ensure no other incidents occur. Maintenance will be notified if above 110 degrees.Audits will be taken to QAPI for review. During staff interviews on 4/14/26, between 9:00 a.m. and 11:00 a.m. 9 direct care nursing staff (Registered Nurse Employee E12, Licensed Practical Nurse Employee E4,E6,E13, Nurse Aide Employee E14,E15,E16,E17,E18) confirmed they had attended trainings, understood how to check water temperature, and knew what to do if water temperatures exceeded 110 F. A review of the documentation received from the facility on 4/14/26, at 11:30 a.m. revealed that all elements of the Corrective Action Plan were substantially completed per the facility's action plan. The Immediate Jeopardy was lifted on 4/14/26, at 12:13 p.m. when the action plan implementation was verified. During an interview on 4/14/26, at 12:13 p.m. the Nursing Home Administrator, Director of Nursing and Regional Director of Nursing confirmed the facility failed to ensure that water temperatures in resident bathroom hand sinks were maintained at a safe temperature for one of two nursing units. This failure placed the facility in an Immediate Jeopardy situation for 26 of 41 residents and harmed one resident (Resident R77). 28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18 (a)(b) (1)(3) Management.28 Pa. Code 205.63 (c) Plumbing and piping systems required for existing and new construction.28 Pa. Code 211.12(d)(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	04/16/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and staff interview, it was determined that the facility failed to properly store food products in the walk-in cooler and freezer which created the potential for cross contamination and failed to make certain staff wore proper hair restraints in the main kitchen. Findings include:During an observation of the main kitchen on 4/12/26, from 9:45 a.m., through 10:02 a.m., the following was observed:The stand-up ice cream freezer had ice buildup, a bottle of ice, and a bowl with food debrisThe freezer had undated juices on a cart, and the air circulation fans had a black substance on the blades.The deep freezer had a plastic bag identified as a roast that appeared freezer burned and totally covered with ice.All dietary staff had hair uncovered and not wearing hairnets. During an interview on 4/12/26, at 11:18 a.m., Certified Dietary Manager Employee E9 confirmed that the facility failed to properly store food products in walk in freezer and deep freezer which created the potential for cross contamination and staff failed to properly wear hair 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	04/16/2026

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on observations and staff interview, it was determined that the facility failed to ensure the dish machine was in proper working order in the Main Kitchen. Findings include:04/12/2026 observations from 9:45 a.m., through 10:02 a.m., the following was observed: The dish machine is low temp chemical and when chemical testing strip was performed after three runs, did not go above a 10ppm. The recommended level is identified as 50-100ppm. During an interview on 4/12/6, at 11:18 a.m., the Certified Dietary Manager Employee E9 confirmed that the facility failed to ensure the dish machine was in proper working order. 28 Pa Code:201.14(a) Responsibility of Licensee

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	04/16/2026

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews it was determined that the facility failed to maintain the confidentiality of residents' medical information on two of four medication carts (medication cart #1 and unused medication cart).Findings include:During an observation on 4/12/26, at 10:00 a.m., Medication cart #1 was left unsecured in the hall and resident identifiable information was observed on the computer screen and on papers on top of the cart. During an interview on 4/12/26, at 10:03 a.m., Registered Nurse Employee E8 confirmed that resident identifiable information was left available for any passerby to see. During an observation on 4/12/26, at 10:38 a.m., of the dayroom, a medication cart identified as not being used was unsecured and had accessible resident identifiable information available.During an interview on 4/12/26, at 10:40 a.m., Assistant Director of Nursing (ADON) confirmed that a narcotic book with resident personal information was accessible to anyone in the dayroom.During an observation on 4/12/26, at 11:10 a.m., of room [ROOM NUMBER], a medication plastic packet was lying on an accessible room identified as closed for repair.During an interview on 4/12/26, at 12:11 a.m., the Nursing Home Administrator confirmed the above findings and confirmed that the facility failed to maintain the confidentiality of resident medical information.28 Pa. Code 201.29(j) Resident rights.28 Pa. Code 211.5(b) Clinical records.

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	04/16/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations and staff interviews, it was determined that the facility failed to provide a safe, clean, comfortable, and homelike environment on two of two nursing units (Side 1 and Side 2) and failed to provide clean linens, wash cloths and towels to accommodate the needs of the residents of two of two nursing units (Side 1 and Side 2). Findings included: Review of the facility policy Homelike Environment, last reviewed on 6/1/25, indicated that residents are provided with a clean, comfortable homelike environment and encouraged to use their own belongings. The facility staff and management maximize, the characteristics of the facility that reflect a personalized, homelike setting including a clean, sanitary, and orderly environment including clean bed and bath linens that rea in good condition. During observations on 4/12/26 from 10:40 a.m., through 12:27 p.m., the following was observed: The main hall the ceilings have unfinished drywall and spackling, walls have areas with unfinished. Observation of the laundry identified two washers, one working washer has the face removed and is leaking all over the floor, one of three dryers is currently functioning confirmed with the Laundry/ Housekeeping Supervisor Employee E1 that the facility was aware of complaints of linen, washcloths and towels running out and confirmed that the facility failed to provide a safe, clean, comfortable, and homelike environment on two of two nursing units (Side 1 and Side 2). During an interview on 4/13/26, at 11:00 a.m. Resident R5 stated they are always short of towels here and sometimes washcloths. During an interview on 4/13/26, at 11:30 a.m. Resident R60 stated the staff scrambles around to try and find towels there never seems to be enough. During an interview on 4/12/26, at 11:25 a.m. Resident R34 stated he is told constantly there are not enough linens because he cannot use diapers as he has psoriasis and is allergic and needs linens changed. Observation of his room during the interview identified soiled privacy curtains, a broken overbed table and soiled over bed tables. Observation of empty rooms identified no linens on beds and staff overheard stating that there not enough linens to place on empty beds. Resident room [ROOM NUMBER] had a brown substance on the floor, a broken chair in room and soiled privacy curtains. During an observation on 4/13/26, from 12:00 through 1:12 the following was observed: Resident room [ROOM NUMBER] wall by the entrance of the bathroom had broken drywall and the bathroom had broken unfinished areas of the walls. (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	04/16/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident room [ROOM NUMBER] has a rectangle hole near the base of the wall, the size of a double electrical outlet. Resident room [ROOM NUMBER] wall behind bed had broken drywall areas. Resident room [ROOM NUMBER] bathroom had unfinished drywall and no floor transition, causing a potential tripping hazard. Resident room [ROOM NUMBER] wall behind bed had broken drywall areas. Resident room [ROOM NUMBER] wall behind bed broken drywall areas. Resident room [ROOM NUMBER] ceiling above B bed had unfinished spackling. Resident room [ROOM NUMBER] had no cover over the bathroom electrical outlet and the privacy curtains were soiled. Resident room [ROOM NUMBER] bathroom floor had no transition causing a potential tripping hazard. Resident room [ROOM NUMBER] had soiled privacy curtains. During an interview on 4/13/26, at 1:12 p.m., confirmed with the Maintenance Assistant Employee E3 that the facility failed to provide a clean, comfortable homelike environment on two for two nursing units (Side 1 and Side 2). 28 Pa. Code: 207.2(a) Administrator's responsibility. 28 Pa. Code: 201.29(j) Resident rights. 28 Pa. Code: 205.74 Linens

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	04/16/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **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 the physician of increased or decreased Capillary Blood Glucose (CBG) levels and failed to assess residents of hyperglycemia (high blood glucose) and hypoglycemia (low blood glucose) for three of seven residents (R1, R14, and R77). Findings include: The Centers for Disease Control define diabetes as: Diabetes Mellitus is a chronic (long-lasting) health condition that affects how your body turns food into energy. Most of the food you eat is broken down into sugar (also called glucose) and released into your blood stream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy. If you have diabetes, your body either doesn't make enough insulin or can't use the insulin it makes as well as it should. When there isn't enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease. Hypoglycemia is a condition that occurs when blood glucose is lower than normal, usually below 70 milligrams per deciliter (mg/dL). If left untreated, hypoglycemia may lead to weakness, confusion, unconsciousness, arrhythmias, and even death. People with Diabetes Mellitus (DM) may be prescribed injectable insulin to assist in maintaining acceptable levels of CBG's. Hyper glycemia, or high blood glucose, occurs when there is too much sugar in the blood. This happens when your body has too little insulin. Hyperglycemia is blood glucose greater than 125 mg/dL 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 you have hyperglycemia and it's untreated for long periods of time, you can damage your nerves, blood vessels, tissues and organs. Damage to blood vessels can increase your risk of heart attack and stroke, and nerve damage may also lead to eye damage, kidney damage, and non-healing wounds. Review of the facility policy Diabetes-Clinical Protocol reviewed 2/18/26, with a previous review date of 1/20/25, indicated as part of the initial assessment, the physician will help identify individuals with elevated blood sugar, impaired glucose tolerance, or confirmed diabetes, as well as factors that may influence glucose tolerance; for example, medications including prednisone, thiazide diuretics or some antipsychotic medications. Under section Monitoring and Follow-Up, section four describes that the physician will order desired parameters for monitoring and reporting information related to blood sugar management. The staff will notify the provider if outside the set parameters. The staff will incorporate such parameters into the Medication Administration Record and care plan. Review of the facility policy Change in Resident's Condition or Status reviewed 2/18/26, with a previous review date of 1/20/25, indicated the facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing. payments, resident rights, etc.). The nurse will notify the resident's Attending Physician or physician on call when there has been a specific instruction to notify the physician of changes in the resident's condition. Prior to notifying the physician or healthcare provider, the nurse will make detailed observations and gather relevant and pertinent information for the provider, including (for example) information prompted by the Interact SBAR Communication form. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. (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	04/16/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R1's Minimum Data Set (MDS-a periodic assessment of care needs) dated 3/14/26, indicated diagnoses of high blood pressure, diabetes, and end stage renal disease (kidneys fail to filter waste and balance fluids). Review of the physician's order dated 2/26/26, to notify the physician if CBG is greater than 450. Review of the physician's order dated 4/1/26, indicated to inject Humalog (fast-acting insulin that starts working about 15 minutes after injection, peaks in about 1 hour, and keeps working for 2 to 4 hours) per sliding scale, parameters given to notify physician if CBG is greater than 400 until completion of antibiotic therapy. Review of the clinical record vital signs revealed that the residents' CBG's were as follows: 4/4/26-11:04 p.m.: 469- no documentation the physician was notified. 4/1/26-11:01 a.m.: 522- no documentation the physician was notified. 3/29/26-9:09 p.m.: 475- no documentation the physician was notified. 3/28/26-8:24 p.m.: 473- no documentation the physician was notified. Review of Resident's R1's vital signs and clinical progress notes indicated the resident was not assessed for hyperglycemia, the blood glucose was not monitored for effectiveness of treatment, failed to follow interventions of the care plan, and the physician was not notified of abnormal results on the above listed dates. Review of the clinical record indicated Resident R14 was admitted to the facility on [DATE]. Review of Resident R14's Minimum Data Set (MDS-a periodic assessment of care needs) dated 1/1/26, indicated diagnoses of high blood pressure, diabetes, gastro-esophageal reflux disease (chronic condition where stomach acid frequently backs up into the esophagus, causing irritation), renal insufficiency(kidneys are starting to fail to filter waste and balance fluids), dementia(progressive decline in cognitive function-memory, language and problem-solving-severe enough to interfere with daily life). Review of the physician's order dated 4/4/26, indicated to inject Humalog (fast-acting insulin that starts working about 15 minutes after injection, peaks in about 1 hour, and keeps working for 2 to 4 hours) per sliding scale, parameters given to notify physician if CBG is greater than 401. Review of the clinical record electronic Medication Administration Record (eMAR) revealed that the residents' CBG's were as follows: 4/11/26-8:49 p.m.: 424-no documentation the physician was notified. 4/9/26-12:29 p.m.: 529-no documentation the physician was notified. 4/8/26-3:54p.m.: 425-no documentation the physician was notified. 4/7/26-8:10 p.m.: 553- no documentation the physician was notified. (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	04/16/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4/7/26-4:13 p.m.: 600- no documentation the physician was notified. 4/7/26-4:00p.m.: 536- no documentation the physician was notified. 4/6/26-8:32 p.m.: 545- no documentation the physician was notified. 4/6/26-7:45 p.m.: 423- no documentation the physician was notified. 4/4/26-7:21 p.m.: 470- no documentation the physician was notified. 4/4/26-1:39 p.m.: 999- no documentation the physician was notified. 3/31/26-5:36 p.m.: 509- no documentation the physician was notified. 3/31/26-1:15 p.m.: 460- no documentation the physician was notified. 3/28/26-5:16 a.m.: 486- no documentation the physician was notified. 3/26/26-9:11 p.m.: 500- no documentation the physician was notified. 3/26/25-7:26 p.m.: 590- no documentation the physician was notified. Review of Resident's R14's eMAR and clinical progress notes indicated the resident was not assessed for hyperglycemia, the blood glucose was not monitored for effectiveness of treatment, failed to follow interventions of the care plan, and the physician was not notified of abnormal results on the above listed dates. Review of the clinical record indicated Resident R77 was admitted to the facility on [DATE]. Review of Resident R77's MDS dated [DATE], indicated diagnoses of high blood pressure, diabetes, viral hepatitis (an often-serious liver infection, causing inflammation, damage, cirrhosis, or liver cancer), depression (a serious, common mood disorder causing persistent sadness, low energy, and loss of interest in life for at least two weeks). Review of the physician's order dated 9/20/25, indicated to inject Humalog (fast-acting insulin that starts working about 15 minutes after injection, peaks in about 1 hour, and keeps working for 2 to 4 hours) per sliding scale, parameters given to notify physician if CBG is greater than 340. Review of the clinical record electronic Medication Administration Record (eMAR) revealed that the residents' CBG's were as follows: 4/9/26-7:07 p.m.: 368-no documentation the physician was notified. 4/8/26-1:29 p.m.: 363- no documentation the physician was notified. 4/8/26-11:39 a.m.: 363- no documentation the physician was notified. 4/7/26-6:09 p.m.-350- no documentation the physician was notified. (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	04/16/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4/6/26-12:32 p.m.: 400- no documentation the physician was notified. 4/6/29-12:49 a.m.: 369- no documentation the physician was notified. 4/5/26-9:50 p.m.: 384- no documentation the physician was notified. 4/5/26-6:05 a.m.: 377- no documentation the physician was notified. 4/4/26-7:47 a.m.: 370- no documentation the physician was notified. 4/2/26-11:27 a.m.: 404- no documentation the physician was notified. 4/1/26-9:13p.m.: 400- no documentation the physician was notified. 3/20/26-6:20 a.m.: 442- no documentation the physician was notified. 3/11/26-7:56 p.m.: 500- no documentation the physician was notified. 3/1/26-9:07 p.m.: 388- no documentation the physician was notified. Review of Resident R77's eMAR and clinical progress notes indicated the resident was not assessed for hyperglycemia, the blood glucose was not monitored for effectiveness of treatment, failed to follow interventions of the care plan, and the physician was not notified of abnormal results on the above listed dates. During an interview on 4/13/26, at approximately 8:30 a.m. Licensed Practical Nurse (LPN) Employee E4 stated if blood glucose was under 70, they would start hypoglycemia protocol and notify doctor. If the blood glucose was greater than 400, they would notify the supervisor and call the doctor. They would document in the MAR and progress notes. During an interview on 4/14/26, at approximately 7:30 a.m. LPN Employee E5 stated if blood glucose was under 70 and patient was symptomatic, would start hypoglycemia protocol and notify the doctor. If the blood glucose was greater than 400, they would administer the ordered insulin and notify the doctor. They would document in the progress notes. During an interview on 4/14/26, at approximately 7:40 a.m. LPN Employee E6 stated she would follow protocol for glucose less than 70, notify MD and recheck CBG, if greater than 400 or per order (ex. >350) would give ordered insulin, notify MD and repeat CBG, document all in progress notes. During an interview on 4/14/26, at 12:11p.m. the Nursing Home Administrator, Director of Nursing and Regional Director of Nursing confirmed the facility failed to notify the doctor of change in condition related to blood glucose for Residents R1, R14, and R77. 28 Pa. Code 201.18 (b)(1) Management. 28 Pa. Code 211.10 (b) (c)(d) Resident Care Policies. 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	04/16/2026

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **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 make certain consistent dialysis communication was maintained for two of two residents reviewed (Residents R1 and R21).Findings include: Review of the facility policy Dialysis Management (Hemodialysis) dated 1/8/26 with a prior review date of 6/1/25. The policy indicates the facility is to complete Pre-Dialysis information on the communication form and send with resident to dialysis on treatment days, to ensure communication of resident information and coordinate care between Dialysis Center and Facility. Dialysis center personnel to complete Dialysis communication form and return to facility. Dialysis Center may provide their EHR documentation vs manual documentation of treatment on communication form. Upon return from Dialysis Center, review information provided on Dialysis communication form/EHR. Communicate and address as appropriate. Facility to complete post-dialysis information/data and place in resident's medical record. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS-a periodic assessment of care needs) dated 3/14/26, indicated diagnoses of hypertension (high blood pressure), diabetes (body does not use insulin effectively), and end stage renal disease (kidneys fail to filter waste and balance fluids). Review of Resident R1's physician order dated 12/11/25, indicated dialysis: Tuesday and Saturday at [Dialysis Center]. Pick up time 6:30 a.m. with chair time scheduled at 8:00 a.m. Review of Resident R1's current care plan indicated dialysis two times a week, treatments as scheduled: Tuesday and Saturday at [Dialysis Center]. Resident R1's dialysis communication forms from 12/11/25 through 4/16/26 revealed only a partially completed for dated 3/28/26 existed, all other forms were absent. Review of the clinical record indicated Resident R21 was admitted to the facility on [DATE]. Review of Resident R21's MDS dated [DATE], indicated diagnoses of Hypertension (high blood pressure), anxiety disorder (intense, excessive, and persistent feelings of worry, fear, and uneasiness), and end stage renal disease (kidneys fail to filter waste and balance fluids).Review of Resident R21's physician order dated 10/2/24, indicated dialysis: Monday, Wednesday, and Friday at [Dialysis Center]. Pick up time 10:30 a.m. with chair time scheduled at 11:30 a.m. Review of Resident R21's current care plan indicated dialysis three times a week, treatments as scheduled: Monday, Wednesday, and Friday at [Dialysis Center]. Resident R21's dialysis communication forms from the last full health survey of on 6/13/25 through 4/16/26, revealed all forms were absent. During an interview on 4/12/26 at 11:30 a.m. with LPN Employee E11, a request for the dialysis communication forms was made. Employee E11 looked for the binder, requested and received assistance from other staff and the binder could not be located on the nursing unit. Employee E11 was able to find a partially completed dialysis communication form dated 3/28/26 for Resident R1 that the resident had in a folder in his room. Staff were unable to locate a dialysis binder or communication forms for Resident R21. During an interview on 4/14/26, at 10:00 a.m. the Director of Nursing and Regional Director of Nursing confirmed the facility failed to make certain consistent dialysis communication was maintained. 28 Pa. Code: 211.5(f) Clinical records28 Pa. Code: 211.12(d)(2)(3) 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	04/16/2026

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on review of facility policy, resident observations, resident group interview, a confidential staff interview and staff interviews, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of twelve of twenty-four residents (Residents R1, R2, R5, R14, R36, R51, R60, and R700 R701, R702 R801, and R802).Findings Include: Review of the facility policy Staffing, Sufficient and Competent Nursing, reviewed on 1/8/26 with a prior review date of 6/1/25, indicated, attaining or maintaining the highest practicable physical, mental, and psychosocial well-being of each resident. Minimum staffing requirements imposed by the state are adhered to when determining staff rations but are not necessarily considered a determination of sufficient and competent staffing. Review of the facility policy Answering the Call Light, reviewed on 1/8/26 with a prior review date of 6/1/25, indicated that each resident is provided with a means to call staff for assistance and staff answer call lights immediately, no later than five minutes. During the Resident group meeting on 4/12/26 at 1:30 p.m., Residents R801 and R802 verbalized that there are not enough staff to provide care, causing residents to wait for care and at times soil themselves. The lack of staff does not allow call lights to be responded to timely, causing residents to have to wait for toileting. Showers are often not provided because there are not enough staff. Members in attendance agreed and supported the comments made by Residents R801 and R802. During an interview on 4/13/26, at approximately 11:00 a.m. Resident R1 was asked if he received his showers as scheduled and he said no, there is not enough staff so you will go without a shower. Residents clinical record shower documentation failed to reveal evidence that showers were provided twice a week, or as ordered. every Tuesday and Friday. The Director of Nursing (DON) confirmed the facility keeps paper shower logs, though they were unable to produce the documents. During an interview on 4/13/26, at approximately 11:30 a.m. Resident R5 was asked if she received her showers as scheduled and she said no, often there are not enough staff, and you don't get rescheduled if you miss your day and time. Residents clinical record shower documentation failed to reveal evidence that showers were provided twice a week, or as ordered. every Wednesday and Saturday. The (DON) confirmed the facility keeps paper shower logs, though they were unable to produce the documents. During an interview on 4/14/26, at approximately 11:30 a.m. Resident R51 was asked if he received his showers as scheduled and he said no, they don't have time. Resident filed a grievance on 12/17/25 stating he had been left in a soiled brief overnight. Resident was asked if he has been left in a soiled brief since the grievance he stated, a few times you wait when you use the call light. Resident was observed with long soiled fingernails that he requested to be trimmed. Residents clinical record shower documentation failed to reveal evidence that showers were provided twice a week, or as ordered every Wednesday and Saturday to include finger/toenail check for cleanliness and length. The (DON) confirmed the facility keeps paper shower logs, though they were unable to produce the documents. During rounds on 4/14/26, at approximately 12:00 p.m. with the Nursing Home Administrator (NHA) confirmed with the surveyor and Resident R51, that his fingernails were long and soiled and arranged for grooming. During an observation on 4/15/26, at approximately 10:30 a.m. Resident 36 was observed with matted unkept hair. Residents clinical record shower documentation failed to reveal evidence that showers were provided twice a week, or as ordered. every Tuesday and Friday. The Director of Nursing (DON) confirmed the facility keeps paper shower logs, though they were unable to produce the documents. Review of facility reported, investigated, and substantiated events involving Residents R2, R14, and R60, revealed resident reports of care being and showers being denied to the residents. Review of a grievance filed on behalf of Resident R702, dated 2/18/26, revealed concerns documented for call light wait times. Review of a grievance filed on behalf of Resident Council, dated 1/6/26 reported nursing being understaffed. Review of a grievance filed on behalf of Resident R701, (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	04/16/2026

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	dated 1/2/26, revealed concerns documented for incontinent care. Resident's spouse stated the nurse aide said there was one aide for eighty people. Review of a grievance filed on behalf of Resident R700, dated 12/18/25, revealed concerns documented for not being showered. Review of a grievance filed on behalf of Resident R51, dated 12/17/25, revealed concerns for not receiving care and left soiled. Review of grievances filed on behalf of Resident Council dated:11/20/25 revealed concerns for call light wait times and showers not being done.10/16/25 revealed concerns for call light wait times and showers not being done. Resident council minutes dated:3/18/26 revealed concerns for call light wait times and staffing level. 2/18/26 revealed concerns for call light wait times and staffing level. 12/31/25 revealed concerns for staffing level. 11/19/25 revealed concerns for call light wait times greater than thirty minutes, showers not being done on scheduled day and/or residents being told they are understaffed.10/15/25 reported showers and fingernail care not being done.9/17/25 revealed concerns for call light wait times. During a confidential staff interview, when asked if the staff member felt there was sufficient staff to care for resident needs, the staff member stated not really, the residents will tell me they how long they had to wait for someone on the prior shift or the prior day. During a confidential staff interview, when asked if the staff member felt there was sufficient staff to care for resident needs, the staff member stated, not for some time as we often are short staffed, the residents will tell you how long they had to wait and how things are. During an interview on 4/15/26, at approximately 11:30 a.m., the NHA and DON confirmed the facility failed to provide sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(e)(6) 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	04/16/2026

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 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 interviews, it was determined that the facility failed to properly secure a medication cart for one of three medication carts currently in use (Cart #1) and failed to properly secure a medication cart while not in use for one of four medication carts (Cart #4). Findings include: Review of the facility policy Storage of Medications dated 6/1/25, indicated drug and biologicals used in the facility are to be in locked compartments under proper temperature. Only persons authorized to prepare and administer medications have access. The nursing staff are responsible for maintaining medication storage. Compartments containing drugs and biologicals are locked when not in use. Unlocked medication carts are not left unattended. During an observation on 4/12/26, at 10:03 a.m., Medication cart #1 was unlocked and unattended in hall. During an interview on 4/12/26, at 10:03 a.m., Registered Nurse Employee E8 confirmed that the facility failed to properly secure one of three medication carts (Cart #1). During an observation on 4/12/26, at 10:38 a.m., a medication cart identified as #4 and identified as being unused due to low census had unsecured medications and the cart was unattended in the Dayroom. During an interview on 4/12/26, at 10:40 a.m., the Assistant Director of Nursing (ADON) Employee E7 confirmed that the facility failed to secure one of four medication carts (Cart #4). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.9(a)(1)(h)(k)(l)(1) Pharmacy services.28 Pa. Code: 205.28(c)(3)(4) Nurses station28 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	04/16/2026

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation, and staff interview, it was determined that the facility failed to ensure that care was provided in a manner which maintained resident dignity for five of twenty-three residents (Resident R40, R51, R700, R701, and R702).Findings include: Review of the facility policy Resident Rights reviewed on 1/8/26, with a prior review date of 6/1/25, indicated that federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to a dignified existence be treated with respect, kindness and dignity, be free from abuse, neglect, access to people and services both inside and outside the facility. 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 2023, 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 impairment Review of Resident R40's clinical record indicated admission to the facility on 6/18/24. Review of Resident R40's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/15/26, indicated diagnoses of parkinsonism (neurological condition that causes tremors, stiffness and slowed movements), anxiety disorder (intense, excessive, and persistent feelings of worry, fear, and uneasiness), and non-Alzheimer's dementia (dementia caused by vascular, lewy body or frontotemporal dementia) a BIMS of 15. During an observation on 4/12/26, at approximately 11:00 a.m. with Registered Nurse (RN) Employee E10, Resident R40, was observed in her bed on a mattress without sheets, blankets or linen of any type. When asked if she would like sheets and a blanket on her bed she replied, yes they don't put them on. RN Employee E10 stated the resident shreds her blankets that is why they are not on the bed. Review of Resident R51's clinical record indicated admission to the facility on 7/2/24. Review of Resident R51's MDS dated [DATE], indicated diagnoses of cerebrovascular accident (stroke, when blood flow to part of the brain is interrupted leading to brain cell death), depression (feelings of sadness and loss of interest in activities), and non-Alzheimer's dementia (dementia caused by vascular, Lewy body or frontotemporal dementia) a BIMS of 15. During an interview on 4/14/26, at approximately 11:30 a.m. Resident R51 was asked about the grievance they filed on 12/17/25, stating he had been left in a soiled brief overnight. The resident reported his brief was so soiled it was hanging off of him. Resident stated his bowel movement and urine were soaking the sheets and his clothing. Resident made the report at 7:40 a.m. with staff, stating he was last changed at 2:00 p.m. the prior day. The resident was asked if he has been left in a soiled brief since the grievance he stated, a few times. The resident was observed with long soiled fingernails that he requested to be trimmed. The resident's clinical record documentation failed to reveal evidence that finger/toenail check for cleanliness and length were provided twice a week, or as ordered every Wednesday and Saturday. The State Agency and the Nursing Home Administrator met with resident regarding his concern on 4/14/26. Review of Resident R702's clinical record indicated admission to the facility on 1/30/26 and discharged on 2/18/26. Review of Resident R702's MDS dated [DATE], indicated diagnoses of heart failure (heart muscle is unable to pump enough blood to meet the body's need for blood and oxygen), anemia (lack of healthy red blood cells, leading to insufficient oxygen delivery to the body's tissues), and diabetes mellitus (body cannot properly use or make insulin) a BIMS of 15. Resident R702 filed a grievance on 2/18/26 reporting the delay in call light response times when the resident needs assistance with the urinal as he was unable to assist himself with this process. Review of Resident R701's clinical record indicated admission to the facility on [DATE] and discharged on 1/2/26. Review of Resident R701's MDS dated [DATE], indicated diagnoses of heart failure (heart muscle is unable to pump enough (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	04/16/2026

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	blood to meet the body's need for blood and oxygen), non- Alzheimer's dementia (dementia caused by vascular, Lewy body or frontotemporal dementia), and anemia (lack of healthy red blood cells, leading to insufficient oxygen delivery to the body's tissues) a BIMS of 3. Resident R701's spouse filed a grievance on 1/2/25 reporting no one would help with her husband. Her spouse did not have a brief on and had a bowel movement. She stated she could not change him herself. Two nurses at the desk said they don't change briefs. Review of Resident R700's clinical record indicated admission to the facility on [DATE] and discharged on 1/9/26. Review of Resident R700's MDS dated [DATE], indicated diagnoses of heart failure (heart muscle is unable to pump enough blood to meet the body's need for blood and oxygen), hypertension (high blood pressure), and anemia (lack of healthy red blood cells, leading to insufficient oxygen delivery to the body's tissues) a BIMS of 15. Resident R700 filed a grievance on 12/18/25 reporting he had not had a shower in eight days; his scalp is itchy and his visitors told him he stinks. During an interview on 4/14/26, at 9:00 a.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to make certain that care was provided in a manner which maintained resident dignity. 28 Pa. Code: 201.29(j) Resident Rights.28 Pa. Code: 211.10(a)(b)(c)(d) Resident Care Policies.28 Pa. Code: 211.12(d)(1)(2)(3)(4) 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	04/16/2026

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on review of facility policy, resident council documents, resident group interview, resident interview, and staff interview it was determined that the facility failed to respond to concerns from resident council and failed to respond to concerns in a timely manner for seven out of eight months (August 2025, September 2025, October 2025, November 2025, December 2025, February 2026 and March 2026).Findings include:Review of the facility policy Resident Council dated 1/8/26 with a prior review date of 6/1/25. The policy indicates The purpose of the resident council is to provide a forum for: residents, families and resident representatives to have input in the operation of the facility; discussion of concerns and suggestions for improvement; consensus building and communication between resident and facility staff; and disseminating information and gathering feedback from interested residents. A Resident Council Response Form will be utilized to track issues and their resolution. The quality assurance and performance improvement (QAPI) committee will review information and feedback from the resident council as part of their quality review. Issues documented on council response forms may be referred to the QAOI committee, if applicable (i.e., the issue is of serious nature or if there is a pattern, etc.). Review of Resident council minutes dated revealed residents' complaints of:August 2025 wait time for call lights to be answered.September 2025 wait time for call lights to be answered.October 2025 wait time for call lights to be answered.November 2025 wait time for call lights to be answered, and showers are not being done as scheduled and the facility is understaffed.December 25 showers are not being done as scheduled and the facility is understaffed. February 2026 wait time for call lights to be answered.March 2026 wait time for call lights to be answered.January and February 2026 council minutes did contain a stated Reviewed all past complaints and the corrective actions in place to address per last month's meeting. No additional information regarding the actions was attached or provided upon request. March 2026 minutes provided an explanation for the wait time for call lights, Did explain that each aide has at least 14 people at a time to care for and give their undivided attention to one person at a time. During a group interview on 4/12/26, at 1:30 p.m. group consensus as the residents voiced concern with the facility administration not resolving their ongoing issues with staffing, call lights, and showers. Resident R800 stated, we voice our complaints in the council meetings, they write it down and they never have a resolution or tell us what they are doing about it.During an interview on 4/14/26, at 12:00 p.m. the Nursing Home Administrator and Director of Nursing and Regional Director of Nursing confirmed the facility failed to respond to concerns from resident council and failed to respond to concerns in a timely manner. 28 Pa. Code 201.18(b)(1) 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	04/16/2026

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **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 conduct a thorough investigation of an injury obtained during care to eliminate possible neglect for one of seven residents (Resident R77).Findings include: Review of the facility policy Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating reviewed 2/18/26, with a previous review date of 1/20/25, indicated the facility will report any resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by management. Findings of all investigations are documented and reported. Review of the facility policy Accidents and Incidents-Investigating and Reporting reviewed 2/18/26, with a previous review date of 1/20/25, indicated all accidents or incidents involving residents, employees, visitors, vendors, etc. occurring on our premises shall be investigated and reported to the administrator. The nurse supervisor/charge nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident. Review of the clinical record indicated Resident R77 was admitted to the facility on [DATE]. Review of Resident R77's Minimum Data Set (MDS - periodic assessment of care needs) dated 2/20/26, indicated diagnoses of high blood pressure, diabetes, viral hepatitis (an often-serious liver infection, causing inflammation, damage, cirrhosis, or liver cancer), depression (a serious, common mood disorder causing persistent sadness, low energy, and loss of interest in life for at least two weeks). Further review of Resident R77's MDS, indicated set up/clean up assist, helper sets up or cleans up, resident completes activity. Helper assists only prior to and following an activity. Review of the clinical record , a progress note dated 3/11/26 at 6:56 a.m., indicated Resident R77 notified the desk and asked for a Band-Aid for his left index finger. His finger was bleeding and the skin was missing. He stated that he burned it on 3/8/26. I cleaned the area and applied a Band-Aid. Supervisor made aware. Staff will continue to monitor. Review of the clinical record, a progress note dated 3/11/26, at 8:49 a.m., indicated Resident R77 reported sustaining a burn to the distal index finger of the left hand from hot water in his bathroom. The resident has neuropathy in his hand with decreased sensation. The resident stated, a blister formed and I popped it. Upon assessment, an open area was noted on the left index finger measuring 1.0 cm x 1.0 cm with a minimal amount of bloody drainage. No redness, swelling, or other abnormalities noted at this time. Resident is alert and oriented x4 and verbalizes understanding of the situation. The nurse practitioner for the facility and the nurse practitioner for wound agency were notified. Area cleansed and a dry dressing applied. Review of Resident R77's plan of care for Skin Integrity indicated to educate resident/family/caregivers of causative factors and measures to prevent skin injury. Review of Resident R77's order summary revealed licensed nurse to perform head to toe skin checks with shower in the evening of Tuesday and Friday. During an interview on 4/13/26, at approximately 8:30 a.m., Resident R77 stated when asked what happened, I was at the sink washing my hands and the water was hot, got burned. During an interview and observation on 4/13/26, at approximately 9:30 a.m. asked Maintenance to walk around and test water temperatures in various rooms, Maintenance Director, from a sister facility was available, and the Maintenance Assistant both stated that they could not find the previous water temperature logs. We then proceeded to walk around testing five random rooms for water temperatures, including the room that Resident R77 obtained his burn. Resident R77 asked when in his room, How hot did that water get. In Resident R78's room, he stated it gets hot, real hot. Water temperatures ranged from 117 to 120 degrees; water temperature regulation should be 110 degrees or below. During an observation on 4/13/26, at approximately 1:00 p.m. water temperatures were obtained with maintenance in all rooms on nursing unit side two with temperatures ranging from 111 to 118 degrees in rooms, 120 degrees in clean utility room, 113 degrees in shower room sink. Maintenance made the statement during (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	04/16/2026

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	observations that they thought the limit was 120 degrees. During an interview on 4/13/26, at 1:30 p.m., the Nursing Home Administrator and Regional Director of Nursing confirmed that the facility failed to identify and conduct a thorough investigation of an injury obtained during care to eliminate possible neglect for one of seven residents (Resident R77). 28 Pa. Code: 201.18 (e)(1)(2) Management.28 Pa. Code: 201.29 (a)(c) Resident Rights.28 Pa. Code: 211.12 (a) (c) (d)(1)(3)(5) (f.1)(3) 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	04/16/2026

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observation and staff interviews, it was determined that the facility failed to ensure that current and accurate nurse staffing information was posted in the facility at the beginning of each shift. Findings include: Observation conducted on 4/12/26, at approximately 9:15 a.m., revealed that nurse staffing information was posted in the main lobby on the reception desk. At that time, the nurse staffing information had the date of (4/10/26), resident census, and the staffing hours did not accurately reflect the current total number of hours worked for licensed and unlicensed nursing staff directly responsible for resident care per shift for the current date. During an interview with the Nursing Home Administrator (NHA) on 4/12/26, at approximately 11:50 a.m., the NHA confirmed the facility failed to post the required current facility information for staffing hours and the census for 4/12/26.

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	04/16/2026

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 - Few	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 ensure that water temperatures in resident bathroom hand sinks were maintained at a safe temperature for one of two nursing units observed (First and Second Nursing Units). This failure resulted in a harm to Resident R77 and placed residents on the Second Nursing Unit at risk for serious injury from a burn and resulted in an Immediate Jeopardy situation for 26 of 41 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 4/16/26, at approximately 11:10 a.m. the NHA and DON confirmed that they failed to ensure that water temperatures in resident bathroom hand sinks were maintained at a safe temperature for one of two nursing units observed (First and Second Nursing Units). This failure resulted in a harm to Resident R77 and placed residents on the Second Nursing Unit at risk for serious injury from a burn and resulted in an Immediate Jeopardy situation for 26 of 41 residents.

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	04/16/2026

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 - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations, family interview, and staff interviews, it was determined that the facility failed to ensure a clean, sanitary, and functional environment in the laundry room.Findings include:During an observation on 4/12/26, at 12:27 p.m., the following was observed: The washing area had two washers; one working washer had the complete front panel of the machine off and was leaking water throughout the washroom onto the floor. There were three dryers, two of which had broken signs on them and the functioning dryer had a brown substance inside the dryer drum. During an interview on 4/12/26, at 12:28 p.m., the Laundry/ Housekeeping Supervisor Employee E1 confirmed that the facility failed to ensure a clean, sanitary, and functional environment in the laundry room. 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(3) Management.