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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395698 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>05/16/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Guardian Healthcare Meadowcrest |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1200 Braun Road<br>Bethel Park, PA 15102 |  |

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

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| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31343</p> <p>Based on review of facility policy, observations and staff interviews, it was determined that the facility failed to maintain a clean, homelike environment on two of two nursing units ([NAME] Lane and Garden Lane) and failed to provide a homelike environment for seven of 21 residents of the Garden Lane nursing unit (Residents R24, R4, R22, R34, R25, R16 and R17).</p> <p>Findings include:</p> <p>Review of the facility policy Homelike Environment, last reviewed on 1/4/24, indicated that the facility will ensure that residents are provided with a safe, clean, comfortable, homelike environment and encouraged to use their personal belongings.</p> <p>During an observation on 5/14/24, from 6:32 a.m., through 7:20 a.m., the following was identified:</p> <ul style="list-style-type: none"> <li>-The main resident lounge located on [NAME] Lane nursing unit had six wheelchairs, a Hoyer lift and a floor scale which did not allow access for resident use.</li> <li>-The dining room at the end of [NAME] hall had a broken baseboard heating unit allowing for sharp edges to be protruding.</li> <li>-The dining room of the Garden Lane nursing unit had two wheelchairs that were marked with a tag to lean 4/21/24, with debris and the large w/c had broken arm rests. A closet with personal items(shave cream, razors, mouthwash) was open and had items on the floor and was accessible to residents.</li> <li>-The emergency exit near therapy room had six wheelchairs at exit then six wheelchairs in hall to the outer exit blocking emergency doors.</li> </ul> <p>During an interview on 5/14/24, at 7:22 a.m., the Nursing Home Administrator(NHA) confirmed that the facility failed to maintain a clean, homelike environment on two of two nursing units ([NAME] Lane and Garden Lane).</p> <p>During a observation on 5/14/24, from 9:45 a.m., through 10:32 a.m., the following was identified:</p> <ul style="list-style-type: none"> <li>-Resident R24's wall behind dresser, by her closet, behind her bed and behind the night stand all has areas with broken plastered walls.</li> </ul> <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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>-Residents R4 and R22 had broken plaster behind beds with baseboard heater unit broken, the bathroom transition strip was broken and lifted allowing for a tripping hazard and the shared closet had clothes in piles on the floor on both sides.</p> <p>-Residents R34 and R25 had holes in the wall behind the beds, the floor was soiled with food debris and liquids and the shared closet had clothes in piles on the floor on both sides.</p> <p>-Residents R16 and R17 floor had debris including a marker lying in the middle of the floor.</p> <p>During an interview on 5/14/24, at 10:45 a.m., the NHA confirmed that the facility failed to maintain a clean, homelike environment for seven of 21 residents of the Garden Lane nursing unit (Residents R24, R4, R22, R34, R25, R16 and R17).</p> <p>28 Pa. code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (e)(1)(2) Management.</p> <p>28 Pa Code: 201.29 (a)(c)(d) Resident rights.</p> |   |  |