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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395698 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/02/2025 |
| NAME OF PROVIDER OR SUPPLIER Meadowcrest Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Braun Road 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy and clinical records and staff interviews, it was determined that the facility failed to provide the opportunity to formulate an advance directive (written instructions for when the individual is incapacitated) or conduct periodic review of instructions for two of five residents reviewed (Residents R1 and R2). Findings include: A review of the facility policy Advance Directives reviewed 1/14/25, indicated upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advanced directive if he or she chooses to do so. Information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record. Review of the Resident Assessment Instrument 3.0 User's Manual, effective October 2023, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions: 13-15: cognitively intact 8-12: moderately impaired 0-7: severe impairment. Review of the clinical record indicated Resident R1 was originally admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/2/25, and admission records, indicated diagnoses of adult failure to thrive (substantial decline in health and functional abilities), anxiety, and depression a BIMS of 15. A review of the clinical record failed to reveal an advance directive, evidence that periodic advanced directive review occurred or documentation that Resident R1 was given the opportunity to formulate an Advanced Directive. Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/2/25, and admission records, indicated diagnoses of diabetes mellitus (high blood sugar), osteomyelitis (bone infection), and toe amputation (surgical removal of a toe) a BIMS of 15. A review of the clinical record failed to reveal an advance directive, evidence that a periodic advanced directive review occurred or documentation that Resident R2 was given the opportunity to formulate an Advanced Directive. During an interview on 11/4/25, at 10:50 a.m. the Nursing Home Administrator confirmed that the facility failed to provide the opportunity to formulate an advance directive or conduct periodic review of instructions for two of five residents reviewed (Residents R1 and R2). 28 Pa. Code: 201.29(b)(d)(j) Resident rights.</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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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0628</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on a review of facility policy and staff interview, it was determined that the facility failed to provide transfer notices to representatives of the Office of the Long-Term Care Ombudsman Division for four of ten months (July 2025 through October 2025). Findings include: Review of the facility policy Transfer or Discharge, Emergency dated 1/14/25, indicated should it become necessary to make an emergency transfer or discharge to a hospital or other related institution, our facility will implement the following procedures: a. Notify the resident ' s attending physician b. Notify the receiving facility that the transfer is being made c. Prepare the resident for transfer d. Prepare a transfer form to send with the resident e. Notify the representative or other family member f. Assist in obtaining transportation and g. Others as appropriate or necessary. Emergency transfer is defined as, When a resident is temporarily transferred on an emergency basis to an acute care facility, this type of transfer is considered to be a facility-initiated transfer. During an interview on 11/4/25, at 10:20 a.m., the Nursing Home Administrator confirmed the facility failed to provide transfer notices to representatives of the Office of the Long-Term Care Ombudsman Division since 7/2/25. 28 Pa. Code 201.18(b)(3)(e)(2) Management.</p> | | |