STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395698	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowcrest Rehabilitation & Healthcare Center	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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility provided policies and documentation, clinical records, and resident, family, and staff interviews, it was determined that the facility failed to protect residents from resident-to-resident sexual abuse. This failure resulted in a resident with a known history of sexually inappropriate behavior involving non-consenting residents, which created an Immediate Jeopardy situation for one of 44 residents (Resident R2). Findings include:Review of facility policy Identifying Types of Abuse reviewed 1/14/25, Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Neglect as defined as, means the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress. Sexual Abuse is defined as a non-consensual sexual contact of any type with a resident. Willful, as defined as, and as used in the definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.Review of the Resident Assessment Instrument (RAI) 3.0 User's Manual effective October 2024, 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 intact8-12: moderately impaired0-7: severe impairmentReview of the clinical record indicated Resident R1 was initially admitted to the facility on [DATE] and readmitted on [DATE].Review of Minimum Data Set (MDS - periodic review of resident needs) dated 10/26/25, included diagnoses of parkinsonism (term for neurological conditions causing movement similar to Parkinson's disease), bipolar disorder (a mental illness causing extreme shifts in moods), and anxiety disorder (a mental illness characterized by excessive and uncontrollable worry or fear about everyday situations). Question C0500 BIMS Summary Score revealed Resident R1's score to be 15.Review of Resident R1's plan of care for Resident desires to be sexually active or show sexual expression revealed it was not initiated until 1/5/26 (after incident). The goal of this care plan was Resident will be safe during stay and protected for unconsented sexual expression. Interventions listed were:-Education to resident/RP as needed.-Notify family as need for resident who are cognitively impaired. -Provide privacy if both residents are deemed capable of consenting. -Staff to provide comfort and reassurance.-Staff to support resident's needs and assess for risks.Review of a physician order dated 1/6/26, indicated for Resident R1 to receive Cimetidine (off-label use for sexual disinhibitive behavior) 200 milligrams (mg) two times a day, for inappropriate sexual (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
	395698	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowcrest Rehabilitation & Healthcare Center	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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	behavior.During an interview on 1/12/26, at approximately 5:00 p.m. the Nursing Home Administrator confirmed the medication initiation was based on notification to the provider of increased sexual behaviors.Review of the clinical record indicated Resident R2 was initially admitted to the facility on [DATE] and readmitted on [DATE].Review of the MDS dated [DATE], included diagnoses of schizoaffective disorder (a mental illness mixing symptoms of hallucinations, delusions with bipolar mania), anxiety, and depression. Question C0500 BIMS Summary Score revealed Resident R2's score to be 6.Review of Resident R2's plan of care initiated 12/28/22, indicated Resident R2 was at risk of exhibiting attention seeking/manipulative behavior related to psychiatric disease.Review of a progress note dated 1/3/26, at 9:27 p.m. indicated, Reported to this writer that resident was observed with another resident in dining room alone acting inappropriately with another resident exposing himself. Residents were separated. The other resident appeared to be consenting. Resident was observed closely for rest of shift. DON notified. Resident R2 had a BIMS of 6 and a diagnosis of schizoaffective disorder, depression, and anxiety. Review of a progress note for psychiatric evaluation For Resident R1 dated 1/6/26, at 3:38 p.m. indicated, The patient has been exhibiting inappropriate sexual behaviors with female residents. According to the staff, the patient has been observed engaging in inappropriate behaviors with female residents. He was told the consequences of his actions, including discharge from the facility or criminal charges. He minimizes the severity of the situation and reports that he won't do it again. Will increase Effexor as an attempt to limit his libido and start Cimetidine to target [inappropriate sexual behavior].Review of facility submitted information dated 1/3/26, indicated Resident R1, was seen exposing himself to another resident in the dining room. Resident re-educated on appropriateness; will be put on Q15 minute checks until psych eval completed on 1/6/26. No other residents in the dining. Both residents interviewed; and stated it was agreeable and are in normal spirits. Resident will be monitored for any adverse behaviors post incident and put on psychosocial visits for 72 hours. Perpetrator will be monitored every shift for inappropriate behaviors until psych re-evaluates. Psych discontinued Citalopram. Increased his Effexor dose from 150 mg to 225 mg per day and started Cimetidine 200 mg, twice per day, for inappropriate sexual behaviors. Review of confidential staff interviews completed on 1/13/26, revealed the following: Confidential Employee E1: Witnessed incident between Resident R1 and Resident R2. This was first time made aware of any inappropriate behavior by Resident R1. Confidential Employee E2: Stated they have heard rumors about Resident R1 having sexual behaviors with two different residents. Confidential Employee E3: Witnessed incident between Resident R1 and Resident R2. Has felt that Resident R1's behavior has changed around the summer of 2025, to include sexual behaviors. Confidential Employee E4: Confirmed they have heard of sexual relations between Resident R1 and a consenting resident. Stated they have only heard rumors regarding Resident R1 and Resident R2 having a sexual relationship. Confidential Employee E5: Has never seen or heard of Resident R1 have any sexual behaviors with other residents until incident with Resident R2.Resident R1 had exhibited this behavior as documented in the clinical record on 7/21/25, 7/23/25, 8/16/25, and 1/3/26.On 1/13/26, at 4:10 p.m. the Nursing Home Administrator was made aware that an Immediate Jeopardy situation existed for one of 44 residents, and the Immediate Jeopardy template was provided to facility administration.On 1/13/26, at 7:31 p.m. an acceptable Corrective Action Plan was received which included the following interventions:Immediate action(s) taken for the resident(s) found to have been affected include: Resident R1 was placed on 1:1 1/13/26 and will remain on 1:1. Residents R2 will remain safe from resident initiated sexual abuse through the facility providing 1:1 to Resident R1.On 1/13/26 Resident R1's care plan was updated to reflect 1:1 supervision.Identification of other residents having the potential to be affected was accomplished (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395698	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowcrest Rehabilitation & Healthcare Center	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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	by:Current female residents who were cognitively intact were interviewed on 1/13/26. Current female residents who were cognitively impaired had a skin assessment completed on 1/13/26.No issues identified from interviews or skin assessments.Actions taken/systems put into place to reduce the risk of future occurrence include:Education will be completed by all staff on Abuse/Neglect and Reporting of Incident and Accidents by the Director of Nursing or designee by 1/14/26.How the corrective action(s) will be monitored to ensure the practice will not recur: The facility audits for new admissions and current residents for sexual behaviors will be completed daily x 5 days a week for two weeks, weekly for two weeks and then monthly for two months to ensure residents safety.An Ad Hoc Quality Assurance and Process Improvement Meeting was held by the Administrator on 1/14/26.This plan of correction will be monitored at the Quality Assurance and Process Improvement meeting until such time consistent substantial compliance has been met. During staff interviews conducted on 1/14/26, between 12:00 p.m. and 3:30 p.m. 25 staff members confirmed they received education on abuse prevention.The Immediate Jeopardy was lifted on 1/14/26, at 11:40 a.m., when the action plan implementation was verified.During an interview on 1/14/26, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to protect residents from resident-to-resident sexual abuse for one of 67 residents. This failure resulted in a resident with a known history of sexually inappropriate behavior touching a non-consenting resident, which created an Immediate Jeopardy situation for one of 44 residents. 28 Pa. Code 201.18(e)(1) Management28 Pa. Code 201.20(a)(b) Staff development28 Pa. Code 201.29(a)(c)(d) Resident rights

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 01/14/2026
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, clinical records, and staff interview, it was determined that the facility failed to develop care plans that included instructions to provide person centered care for the one of five residents (Residents R1). Findings include: Review of facility's policy Comprehensive Assessments and Care Delivery Process dated 1/4/25, indicated comprehensive assessments, care planning, and the care delivery process involve collecting and analyzing information, choosing and initiating interventions, and then monitoring results and adjusting interventions.Review of the clinical record indicated Resident R1 was initially admitted to the facility on [DATE], and readmitted on [DATE].Review of Minimum Data Set (MDS - periodic review of resident needs) dated 10/26/25, included diagnoses of parkinsonism (term for neurological conditions causing movement similar to Parkinson's disease), bipolar disorder (a mental illness causing extreme shifts in moods), and anxiety disorder (a mental illness characterized by excessive and uncontrollable worry or fear about everyday situations). Question C0500 BIMS Summary Score revealed Resident R1's score to be 15.Review of Resident R1's plan of care for Resident desires to be sexually active or show sexual expression revealed it was not initiated until 1/5/26. The goal of this care plan was Resident will be safe during stay and protected for unconsented sexual expression. Interventions listed were:-Education to resident/RP as needed.-Notify family as need for resident who are cognitively impaired. -Provide privacy if both residents are deemed capable of consenting. -Staff to provide comfort and reassurance.-Staff to support resident's needs and assess for risks.Resident R1 had exhibited sexual behaviors as documents in the clinical chart on 7/21/25, 7/23/25, 8/16/25 and 1/3/26.During an interview on 1/14/2, at approximately 4:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to develop and implement comprehensive care plans to meet resident care needs for one of five residents. 28 Pa. Code 211.11(d) Resident Care Plan

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 01/14/2026
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.

(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 Note: The nursing home is disputing this citation.	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 protect residents from resident-to-resident sexual abuse. This failure resulted in a resident with a known history of sexually inappropriate behavior engaging a non-consenting resident for one of 44 residents (Resident R2).Findings include:Review of the facility-provided Nursing Home Administrator (NHA) job description indicated, The primary purpose of the job position is to manage the Facility in accordance with current applicable federal, state, and local standards, guidelines, and regulations that govern long-term care facilities. To follow all facility policies and apply them uniformly to all employees. To ensure the highest degree of quality care is provided to our residents at all times.Review of the facility-provided Director of Nursing (DON) job description indicated, To plan, organize, develop and direct the overall operation of the Nursing Service Department in accordance with current federal, state, and local standards, guidelines, and regulations that govern the facility, and as may be directed by the Administrator and the Medical Director, to ensure that the highest degree of quality care is maintained at all times.Based on findings identified in this report, the facility failed to prevent the failed protect residents from resident-to-resident sexual abuse. 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 1/14/26, at approximately 1:00 p.m. the NHA and DON confirmed that they failed to effectively manage the facility to protect residents from resident-to-resident sexual abuse for one of 44 residents.28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(1)(3)(e)(1) Management.28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services.