STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395731	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Hills Post Acute	60 Highland 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 0575 Level of Harm - Potential for minimal harm Residents Affected - Many	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. 51307 Based on observations and staff interview, it was determined that the facility failed to post complete contact information for Adult Protective Services and the State Long-Term Care Ombudsman program as required, on three of three nursing units (First Floor, Second Floor, and Third Floor nursing units). Findings include: During observations completed on 5/21/25, of the First Floor, Second Floor, and Third Floor nursing units failed to reveal the address and email contact information for Adult Protective Services and the Office for the State Long-Term Care Ombudsman program posted in a form and manner accessible and understandable to residents or resident representatives. During interview, on 5/22/25, at 8:20 a.m., the Nursing Home Administrator confirmed that the facility failed to post complete contact information for Adult Protective Services and the State Long-Term Care Ombudsman program as required, on three of three nursing units. 28 Pa. Code: 201.14(a)Responsibility of licensee. 28 Pa. Code: 201.18(e) Management.

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
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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 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. 51307 Based on observations and staff interview, it was determined the facility failed to ensure postings of the location Department of Health most recent survey results were readily accessible to residents and visitors, for three of three locations (nursing units first, second, and third). Findings Include: During an observation on 5/19/25, at 10:20 a.m., no postings were observed in the facility identifying the location of the Department of Health's most recent survey results. During an interview on 5/22/25, at 8:20 a.m. the Nursing Home Administrator confirmed the facility failed to ensure postings of the location Department of Health most recent survey results were readily accessible to residents and visitors, for three of three locations (nursing units first, second, and third). 28 Pa. Code 201.14(a) Responsibility of licensee.

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F 0579 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide information about how to apply for and use Medicare and Medicaid benefits. 51307 Based on observations and staff interview, it was determined that the facility failed to display written information on applying for Medicare and Medicaid benefits and receiving refunds for previous payments covered by Medicare and Medicaid as required, on three of three nursing units (First Floor, Second Floor, and Third Floor nursing units). Findings include: During observations completed on 5/21/25, of the First Floor, Second Floor, and Third Floor nursing units failed to include information on how to apply for Medicare and Medicaid benefits and receiving refunds for previous payments covered by Medicare and Medicaid. During interview, on 5/22/25, at 8:20 a.m., the Nursing Home Administrator confirmed that the facility failed to display written information on applying for Medicare and Medicaid benefits and receiving refunds for previous payments covered by Medicare and Medicaid as required, on three of three nursing units. 28 Pa. Code: 201.14(a)Responsibility of licensee. 28 Pa. Code: 201.18(e) Management.

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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 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. 51307 Based on review of facility policy, facility records, observation and resident interviews, it was determined that the facility failed to provide a safe, clean, comfortable, and homelike environment for six of fourteen residents as required (Residents R500, R501, R502, R503, R504, and R505) on two of three nursing units second and third floor. Findings included: Review of the facility policy Resident Rights dated 3/6/25, indicated the facility treat all residents with kindness, respect, and dignity. Review of Title 42 Code of Federal Regulations S483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living safely. S483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. During a resident group interview (Residents R500, R501, R502, R503, R504, and R505) on 5/19/25, at 1:30 p.m., all six residents in attendance stated the staff rarely shut the hampers containing soiled linen. The smell of soiled linen fills the hallway, and the smell also enter residents' rooms. The residents stated that they will close the hampers and will move them to an area in the hallway away from resident rooms as much as possible. The residents stated this is not respectful to them and there is no dignity when their rooms and the hall smell especially when you are eating or have visitors. The 10/1/24 Concern Log and the 1/7/25 and 2/20/25 Resident Council Minutes reflect documentation related to the Hampers and trash being left open. The residents stated (and the Resident Council Minutes reflect) the Director of Nursing has addressed this with the staff, and the staff is compliant for a short and then go back to leaving the hampers open with soiled linen in the hallways. Resident R504 stated, it was discussed t directly with the Director of Nursing two times over the last couple of months. During an obsevation of the third-floor nursing unit on 5/19/25, between 11:30 a.m. through 1:00 p.m. the nursing unit had a strong odor of urine. During this time, a double-sided soiled linen cart was present in Resident R105's room, next to her bed. During an obsevation of the third-floor nursing unit on 5/19/25, at 10:30 a.m. the nursing unit had a strong odor of urine. During an interview on 5/23/25, at approximately 11:00 a.m., the Nursing Home Administrator confirmed the facility failed to provide a clean and homelike environment for six of fourteen residents as required and on two of three nursing units second and third floor. 28 Pa. Code: 207.2(a) Administrator's responsibility. 28 Pa. Code: 201.29(k) Resident rights.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311 Based on a review of facility policy, clinical record reviews, and staff interview, it was determined that the facility failed to ensure that the resident and/or their representative received written notice of the facility bed-hold policy at the time of transfer for five of six residents reviewed for hospitalization (Resident R10, R30, R61, R99, and R114). Findings Include: Review of federal regulation S483.15(d) Notice of Bed-Hold Policy, indicated: -Facilities must provide written information about these policies to residents prior to and upon transfer for such absences. This information must be provided to all facility residents, regardless of their payment source. These provisions require facilities to issue two notices related to bed-hold policies. -The first notice could be given well in advance of any transfer, i.e., information provided in the admission packet. Reissuance of the first notice would be required if the bed-hold policy under the State plan or the facility's policy were to change. -The second notice must be provided to the resident, and if applicable the resident's representative, at the time of transfer, or in cases of emergency transfer, within 24 hours. It is expected that facilities will document multiple attempts to reach the resident's representative in cases where the facility was unable to notify the representative. The notice must provide information to the resident that explains the duration of bed-hold, if any, and the reserve bed payment policy. It should also address permitting the return of residents to the next available bed. Review of facility Bed Hold and Return Notification dated 3/3/25, previously reviewed 11/1/24, indicated, You will receive a copy of this agreement upon admission, upon transfer or therapeutic leave, and if any changes are made to the state or facility policies regarding this matter. Review of the clinical record indicated Resident R10 was admitted /readmitted to the facility on [DATE]. Review of Resident R10's Minimum Data Set (MDS - periodic assessment of resident care needs) dated 3/5/25, included diagnoses of coronary artery disease (damage or disease in the heart's major blood vessels), diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and history of a stroke. Review of a progress note dated 8/26/24, at 8:13 p.m. indicated, New order obtained by [Nurse Practitioner] to have resident evaluated by [hospital emergency department] for exacerbation of UTI (urinary tract infection, infection in any part of the kidneys, bladder or urethra) symptoms, with increased agitation, physical aggression. Review of resident census information revealed Resident R10 was admitted to the hospital from 8/26/24, through 9/6/24. (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of Resident R10's clinical record failed to reveal notation that the written notice of bed hold notification was provided to Resident R10 or the resident representative upon transfer to the hospital. Review of a progress note dated 9/7/24, at 10:09 p.m. indicated that Resident R10 was transferred to the hospital for abnormal vital signs. Review of resident census information revealed Resident R10 was admitted to the hospital from 9/7/24, through 9/13/24. Further review of Resident R10's clinical record failed to reveal notation that the written notice of bed hold notification was provided to Resident R10 or the resident representative upon transfer to the hospital. Review of a progress note dated 10/14/24, at 8:27 a.m. indicated that Resident R10 was transferred to the hospital for a fever. Review of resident census information revealed Resident R10 was admitted to the hospital from 10/14/24, through 10/19/24. Further review of Resident R10's clinical record failed to reveal notation that the written notice of bed hold notification was provided to Resident R10 or the resident representative upon transfer to the hospital. Review of the clinical record indicated Resident R30 was admitted /readmitted to the facility on [DATE]. Review of Resident R30's MDS dated [DATE], included diagnoses diabetes, heart failure (a progressive heart disease that affects pumping action of the heart muscles) and a seizure disorder. Review of a progress note dated 12/24/24, at 4:31 p.m. indicated that Resident R30 was transferred to the hospital for further evaluation. Review of resident census information revealed Resident R30 was admitted to the hospital from 12/24/24, through 1/2/25. Further review of Resident R30's clinical record failed to reveal notation that the written notice of bed hold notification was provided to Resident R30 or the resident representative upon transfer to the hospital. Review of the clinical record indicated Resident R61 was admitted /readmitted to the facility on [DATE]. Review of Resident R61's MDS dated [DATE], included diagnoses of cardiomyopathy (disease of the heart muscle), high blood pressure, and chronic kidney disease (gradual loss of kidney function). Review of a progress note dated 9/13/24, at 2:50 p.m. indicated that Resident R61's dialysis port and dressing wer red and warm to touch, and that Resident R61 went to dialysis and the nephrologist (medical doctor specializing in kidney care) wanted her sent to the emergency room . Review of resident census information revealed Resident R61 was admitted to the hospital from 9/13/24, through 9/23/24. (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of Resident R61's clinical record failed to reveal notation that the written notice of bed hold notification was provided to Resident R61 or the resident representative upon transfer to the hospital. Review of a progress note dated 10/18/24, at 9:17 a.m. indicated that Resident R61 was sent to the hospital related to a dialysis port infection. Review of resident census information revealed Resident R61 was admitted to the hospital from 10/18/24, through 10/22/24. Further review of Resident R61's clinical record failed to reveal notation that the written notice of bed hold notification was provided to Resident R61 or the resident representative upon transfer to the hospital. Review of the clinical record indicated Resident R99 was admitted /readmitted to the facility on [DATE]. Review of Resident R99's MDS dated [DATE], included diagnoses of coronary artery disease, high blood pressure, and pneumonia (infection that inflames the air sacs in one or both lungs). Review of a progress note dated 12/8/24, at 11:58 p.m. indicated that Resident R99 experienced chest pain and was transferred to the emergency room . Review of resident census information revealed Resident R99 was admitted to the hospital from 12/8/24, through 12/10/24. Further review of Resident R99's clinical record failed to reveal notation that the written notice of bed hold notification was provided to Resident R99 or the resident representative upon transfer to the hospital. Review of a progress note dated 2/24/25, at 10:24 p.m. indicated that Resident R99 experienced chest pain and was transferred to the emergency room . Review of resident census information revealed Resident R99 was admitted to the hospital from 2/24/25, through 3/1/25. Further review of Resident R99's clinical record failed to reveal notation that the written notice of bed hold notification was provided to Resident R99 or the resident representative upon transfer to the hospital. Review of the clinical record indicated Resident R114 was admitted /readmitted to the facility on [DATE]. Review of Resident R114's MDS dated [DATE], included diagnoses of atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat), hemiplegia (paralysis on one side of the body), and malnutrition (lack of sufficient nutrients in the body). Review of a progress note dated 2/15/25, at 11:45 a.m. indicated that Resident R114 had a swollen tongue and was unable to speak or swallow. Resident R114 was transferred to the emergency room . Review of resident census information revealed Resident R114 was admitted to the hospital from 2/15/25, through 2/22/25. (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of Resident 114's clinical record failed to reveal notation that the written notice of bed hold notification was provided to Resident R114 or the resident representative upon transfer to the hospital. During an interview on 5/23/25, at approximately 12:45 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to ensure that the resident and/or their representative received written notice of the facility bed-hold policy at the time of transfer for five of six residents reviewed for hospitalization . 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa Code: 201.29(f)(g) Resident rights.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311 Based on review of facility policy, clinical records, observations, and staff interview, it was determined that the facility failed to ensure direct care staff were aware of residents with fluid restriction orders to make certain acceptable parameters of nutritional status were maintained for three of three residents on physician ordered fluid restrictions (Resident R61, R27, and R16). Findings include: The facility policy Resident Hydration and Dehydration Prevention dated 3/4/25, indicated physician orders to limit fluids will take priority over calculated fluid needs. Review of the clinical record indicated Resident R61 was admitted /readmitted to the facility on [DATE]. Review of Resident R61's Minimum Data Set (MDS - periodic assessment of resident care needs) dated 5/9/25, included diagnoses of cardiomyopathy (disease of the heart muscle), high blood pressure, and chronic kidney disease (gradual loss of kidney function). Review of a physician's order dated 9/23/24, indicated a 1500 milliliter (ml) daily fluid restriction. Review of Resident R61's plan of care for nutritional risk initiated 8/16/24, revealed a 1500 ml fluid restriction. Review of Resident R61's plan of care for noncompliance initiated 11/23/24, revealed that Resident R61 may refuse the fluid restriction. Review of the Kardex (document that outlines the residents' activity of daily living assistance requirements, continence levels, and behaviors, as well as physician, advanced directives, diet, and allergies) as of 5/19/25, indicted a 1500 ml fluid restriction. Review of Resident R61's care record for 5/1/25, through 5/23/25, revealed two days of fluids consumed above the 1500 ml maximum (5/4/25, and 5/11/25). During an observation on 5/23/25, at 10:03 a.m. Resident R61 was observed to have a large Styrofoam cup of ice water at the bedside and a thermal metal cup also filled with ice water. During an interview on 5/23/25, at 10:06 a.m. Nurse Aide (NA) Employee E1 stated that she was not aware of any residents on her unit having a fluid restriction. During an interview on 5/23/25, at 10:09 a.m. NA Employee E2 stated that she was not aware of any residents on her unit having a fluid restriction. On 5/23/25, at 10:10 a.m. NA Employees E1 and E2 were informed that Residents R61 was ordered a fluid restriction. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/23/25, at 10:11 a.m. Licensed Practical Nurse Employee E3 confirmed that Resident R61 was on a fluid restriction, and when asked if any other residents on the unit were ordered fluid restrictions, stated that Resident R27 was also ordered a fluid restriction. At this time, NA Employees E1 and E2 confirmed that they were unaware that Resident R27 was ordered a fluid restriction. Review of the clinical record indicated that Resident R27 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of cerebral palsy (group of disorders that affect a person's ability to move and maintain balance and posture) and hyponatremia (low blood sodium). Review of a physician's order dated 11/25/24. indicated a 1500 ml daily fluid restriction. Review of Resident R27's plan of care for nutritional risk initiated 5/22/24, revealed a 1500 ml fluid restriction. Review of the Kardex as of 5/19/25, failed to include information related to fluid restriction. Review of Resident R27's care record for 5/1/25, through 5/23/25, revealed four days of fluids consumed above the 1500 ml maximum (4/29/25, 5/14/25, 5/16/25, and 5/23/25). During an observation on 5/23/25, at 10:15 a.m. Resident R27 was observed to have a large Styrofoam cup of ice water at the bedside. Review of the clinical record indicated that Resident R16 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of coronary artery disease, hyponatremia, and schizophrenia (a mental disorder characterized by delusions, hallucinations, disorganized speech and behavior). Review of a physician's order dated 3/28/24, indicated a 1200 milliliter daily fluid restriction. Review of Resident R16's plan of care for nutritional status initiated 7/31/18, included the intervention of fluid restrictions as ordered. Additionally, the care plan indicated that Resident R16 chooses not to follow the fluid restriction at times. Review of the Kardex as of 5/19/25, failed to include information related to fluid restriction. Review of Resident R16's care record failed to reveal monitoring of Resident R16's fluid intake. During an observation on 5/23/25, at 10:30 a.m. Resident R27 was observed to have a large Styrofoam cup of ice water at the bedside. During a group interview on 5/23/25, at 10:43 a.m. NA Employees E4, E5, and E6 stated that they were not aware of any residents on their unit having a fluid restriction. At this time, NA Employees E4, E5, and E6 were informed that Resident R27 had a fluid restriction. NA Employee E5 stated that Resident R27 drinks a lot of coffee. NA Employee E6 stated he [Resident R27] is a coffee man. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/23/25, the Director of Nursing confirmed that the fluid restriction orders should be communicated to staff. Observation of the nurse aide resident census sheets for second and third floors failed to reveal information related to fluid restrictions for Resident R61, R27, and R16. During an interview on 5/23/25, at approximately 12:45 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to ensure direct care staff were aware of residents with fluid restriction orders to make certain acceptable parameters of nutritional status were maintained for three of three residents on physician ordered fluid restrictions. 28 Pa. Code 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 211.6 (b) Dietary services. 28 Pa. Code 211.10(c)(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(2)(5) Nursing services.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51307 Based on review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to make certain that residents are free of significant medication errors for two of three residents (Resident R24 and R63). Findings include: Review of the United States Food and Drug Administration prescribing information dated 09/2017, indicated Coreg (carvedilol) is an alpha-/beta-adrenergic blocking agent indicated for the treatment of mild to severe chronic heart failure, left ventricular dysfunction following myocardial infarction in clinically stable patients, and hypertension. Listed in the adverse reactions / side effects were bradycardia (low heart rate) and hypotension (low blood pressure). Review of facility policy Administering Medications reviewed dated 3/3/25, previously reviewed 11/1/24, indicated medications are administered in accordance with prescriber orders. Review of the clinical record indicated Resident R24 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 3/5/25, included diagnoses of end stage renal disease (ESRD, an inability of the kidneys to filter the blood), diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and high blood pressure. Review of the physician order dated 1/13/23, indicated to give Resident R24 Coreg (blood pressure medication) 3.125 milligrams twice daily, and to hold for a systolic blood pressure (SBP) of less than 110 or a heart rate of less than 60 beats per minute. Review of Resident R24 ' s plan of care for cardiac disease initiated 7/4/21, indicated to administer medication per physician order. Review of Resident R24 ' s Medication Administration Records from 3/1/25, through 5/23/25, revealed the following: 03/04/25: SBP of 102, medication administered (evening dose). 03/10/25: SBP of 96, medication administered (morning dose). 03/04/25: SBP of 102, medication administered (evening dose). 03/16/25: SBP of 100, medication administered (evening dose). 03/17/25: SBP of 106, medication administered (evening dose). 03/19/25: SBP of 109, medication administered (evening dose). (continued on next page)

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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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	03/21/25: SBP of 100, medication administered (morning dose). 03/21/25: SBP of 106, medication administered (evening dose). 03/17/25: SBP of 106, medication administered (evening dose). 03/26/25: SBP of 89, medication administered (evening dose). 03/28/25: SBP of 103, medication administered (evening dose). 04/01/25: SBP of 97, medication administered (morning dose). 04/05/25: SBP of 98, medication administered (morning dose). 04/06/25: SBP of 104, medication administered (morning dose). 04/06/25: SBP of 98, medication administered (evening dose). 04/07/25: SBP of 107, medication administered (evening dose) 04/10/25: SBP of 97, medication administered (morning dose). 04/12/25: SBP of 108, medication administered (morning dose). 04/15/25: SBP of 100, medication administered (morning dose). 04/19/25: SBP of 103, medication administered (morning dose). 04/22/25: SBP of 108, medication administered (morning dose). 04/22/25: SBP of 102, medication administered (evening dose). 04/24/25: SBP of 109, medication administered (morning dose). 04/25/25: SBP of 108, medication administered (morning dose). 04/29/25: SBP of 108, medication administered (evening dose). 05/12/25: SBP of 109, medication administered (morning dose). 05/14/25: SBP of 108, medication administered (morning dose). 05/16/25: SBP of 109, medication administered (morning dose). Review of the clinical record indicated Resident R63 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of coronary artery disease (damage or disease in the heart's major blood vessels), diabetes, and high blood pressure. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395731	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Hills Post Acute	60 Highland 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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the physician order dated 3/9/25, indicated to give Resident R63 Coreg 3.125 milligrams twice daily, and to hold for a heart rate of less than 60 beats per minute. Review of Resident R63 ' s plan of care for cardiac disease initiated 4/10/24, indicated to administer medication per physician order. Review of Resident R63 ' s Medication Administration Records from 11/1/24, through 5/23/25, revealed the following: 11/27/24: heart rate 55 beats per minute, medication administered (morning dose). 12/02/24: heart rate 48 beats per minute, medication administered (morning dose). 12/04/24: heart rate 49 beats per minute, medication administered (morning dose). 12/05/24: heart rate 50 beats per minute, medication administered (morning dose). 12/07/24: heart rate 55 beats per minute, medication administered (morning dose). 12/08/24: heart rate 53 beats per minute, medication administered (morning dose). 12/10/24: heart rate 56 beats per minute, medication administered (morning dose). 12/11/24: heart rate 53 beats per minute, medication administered (morning dose). 12/12/24: heart rate 50 beats per minute, medication administered (morning dose). 12/13/24: heart rate 54 beats per minute, medication administered (morning dose). 12/16/24: heart rate 54 beats per minute, medication administered (morning dose). 12/18/24: heart rate 52 beats per minute, medication administered (morning dose). 12/21/24: heart rate 52 beats per minute, medication administered (morning dose). 12/22/24: heart rate 53 beats per minute, medication administered (morning dose). 01/08/25: heart rate 53 beats per minute, medication administered (morning dose). 01/09/25: heart rate 54 beats per minute, medication administered (morning dose). 01/10/25: heart rate 52 beats per minute, medication administered (morning dose). 01/13/25: heart rate 56 beats per minute, medication administered (morning dose). 01/19/25: heart rate 55 beats per minute, medication administered. (morning dose) 01/23/25: heart rate 56 beats per minute, medication administered (morning dose). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395731	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Hills Post Acute	60 Highland 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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	01/27/25: heart rate 55 beats per minute, medication administered (morning dose). 01/29/25: heart rate 57 beats per minute, medication administered (morning dose). 01/30/25: heart rate 54 beats per minute, medication administered (morning dose). 02/01/25: heart rate 49 beats per minute, medication administered (morning dose). 02/15/25: heart rate 52 beats per minute, medication administered (morning dose). 03/01/25: heart rate 54 beats per minute, medication administered (morning dose). 03/02/25: heart rate 56 beats per minute, medication administered (morning dose). 03/07/25: heart rate 54 beats per minute, medication administered (morning dose). 03/14/25: heart rate 57 beats per minute, medication administered (morning dose). 03/16/25: heart rate 58 beats per minute, medication administered (morning dose). During an interview on 5/23/25, at approximately 12:45 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to make certain that residents are free of significant medication errors for two of three residents. 28 Pa. Code 207.2(a) Administrator's responsibility. 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395731	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Hills Post Acute	60 Highland Road Bethel Park, PA 15102

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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 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. 43725 Based on observations and staff interview, it was determined that the facility failed to properly restrain hair to prevent the potential for cross contamination in the Main Kitchen. Findings include: Review of facility policy Food Preparation and Service reviewed 3/6/25, indicated food and nutrition services staff wear hair restraints (hair net, hat, beard restraint, etc.) so that hair does not contact food. During an observation on 5/22/25, at 11:00 a.m. Dietary Aide Employee E7 and Volunteer Dietary Aide Employee E8, were observed in the kitchen without beard restraints. During an interview on 5/22/25, at 11:05 a.m. the Dietary Manager Employee E9 confirmed the kitchen staff should wear beard restraints, if facial hair is present. 28 Pa. Code: 211.6(c)(d)(f) Dietary services.