

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2026
NAME OF PROVIDER OR SUPPLIER  Heritage Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5701 Phillips Avenue Pittsburgh, PA 15217	
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)		
<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>Based on review of facility policy, observations and staff interviews it was determined that the facility failed to provide a clean, safe, comfortable, and homelike environment by not maintaining an acceptable water temperature for bathing for six of seven residents sampled (Resident R1, R2, R3, R4, R5, and R6). Findings Include: Review of the facility policy Homelike Environment dated 10/7/25, indicates the facility will provide an environment that is safe, clean, comfortable, and homelike. During a facility tour and observation with Maintenance Director Employee E1 on 2/25/26, between 9:00 a.m. and 9:28 a.m. the following resident rooms were observed to have unacceptable water temperatures for bathing: -The water temperature of the resident room sink registered at 60 degrees Fahrenheit for Resident R1. -The water temperature of the resident room sink registered at 59 degrees Fahrenheit for Resident R2. -The water temperature of the resident room sink registered at 77 degrees Fahrenheit for Resident R3. -The water temperature of the resident room sink registered at 55 degrees Fahrenheit for Resident R4. -The water temperature of the resident room sink registered at 73 degrees Fahrenheit for Resident R5. -The water temperature of the resident room sink registered at 79 degrees Fahrenheit for Resident R6. Interview on 2/25/26, at 9:00 a.m. Resident R1 indicated it's very cold. It's been that way for six months when asked if the water temperature in the room was acceptable for bathing. Interview on 2/25/26, at 9:03 a.m. Resident R2 indicated it is ice-cold, I wouldn't wash a dog in water that cold, when asked if the water temperature in the room was acceptable for bathing. Observation on 2/25/26, at 9:25 a.m. Resident R4 sink had water running from the faucet and no staff in the room. Interview on 2/25/26, at 9:27 a.m. Nurse Aide (NA) Employee E2 indicated staff must let the water run sometimes for up to 30 minutes to get it warm enough for bathing. Interview on 2/25/26, at 9:30 a.m. NA Employee E3 indicated sometimes we use the sinks in the hallways because they're used more often and tend to have warmer water than the resident rooms. Interview on 2/25/26, at 9:30 a.m. Maintenance Director Employee E1 confirmed that the facility failed to provide a clean, safe, comfortable, and homelike environment by not maintaining an acceptable water temperature for bathing for six of seven residents sampled (Resident R1, R2, R3, R4, R5, and R6). 28 Pa. code: 201.14 (b) Responsibility of licensee. 28 Pa Code: 201.18 (e)(1)(2) Management. 28 Pa Code: 201.29 (a)(c) 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395732
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