

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395743	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Greentree Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1848 Greentree Road Pittsburgh, PA 15220	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>26071</p> <p>Based on observation and staff interviews, it was determined that the facility failed to ensure a clean, sanitary, functional environment in the main laundry room.</p> <p>Findings include:</p> <p>During observation of the main laundry room on 7/9/24 at 2:00 p.m., revealed that there are three professional commercial sized washing machines and three commercial sized dryers. Only one of the three washing machines was functional, and two of the three dryers were functional. The soiled linen holding area had approximately eight bags of soiled linen laying in the laundry chute, and over 15 bags of soiled linen, and a large bin of overflowing soiled linen waiting to be laundered. There was a strong odor of feces and urine noted.</p> <p>During an interview with The Director of Housekeeping and Laundry Employee E1 on 7/9/24 at 1:15 p.m., revealed We are getting it done, but not fast enough. Some of the bags that are piled up will have to be thrown out. It has been like this since I started in February.</p> <p>During an interview with laundry aide Employee E2 on 7/9/24, at 2:00 p.m. revealed The washers have been out of service since December 2023. We are doing the best we can.</p> <p>During an interview with the Nursing Home Administrator (NHA) on 7/9/24 at 2:30 p.m., confirmed that the two washing machines and one dryer were not functional. The NHA communicated during the interview that one of the washing machines is waiting repairs and the third has quotes to be replaced.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b) Management.</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
---	-------	-----------